



STATE HEALTH POLICY

Lawmakers push to restrict gender-affirming care for transgender minors as legislative session nears its end

A flurry of bills which have moved quickly in the past two weeks would limit gender-affirming care for teens and create other restrictions on the lives of transgender youth.

by **Rachel Crumpler** and **Lucas Thomae**

June 22, 2023



Rep. Timothy Reeder (R-Ayden) presented Senate Bill 631, which restricts gender-affirming care, at several committee meetings Tuesday and Wednesday. The bill garnered opposition from transgender rights advocates – some of whom are seated behind him. Credit: Screenshot from NC General Assembly YouTube feed

By Rachel Crumpler and Lucas Thomae

As this legislative session and Pride Month celebrations come to a close, state lawmakers are making a final push to pass legislation affecting transgender youth.

Rowan Bilodeau, a 15-year-old transgender teen, came to Raleigh on Tuesday to speak to his legislators directly in the House Health Committee. He had 1 minute and 30 seconds to make his point as the only member of the public allowed to speak in opposition to a bill limiting gender-affirming care for some transgender minors.

“My access to gender-affirming care saved my life,” he testified. “I want others to have that same opportunity. I’m tired of seeing my brothers and sisters die because they are being denied their rights.”

With the support of his mom and stepdad, Bilodeau started taking testosterone — something he said helped him.

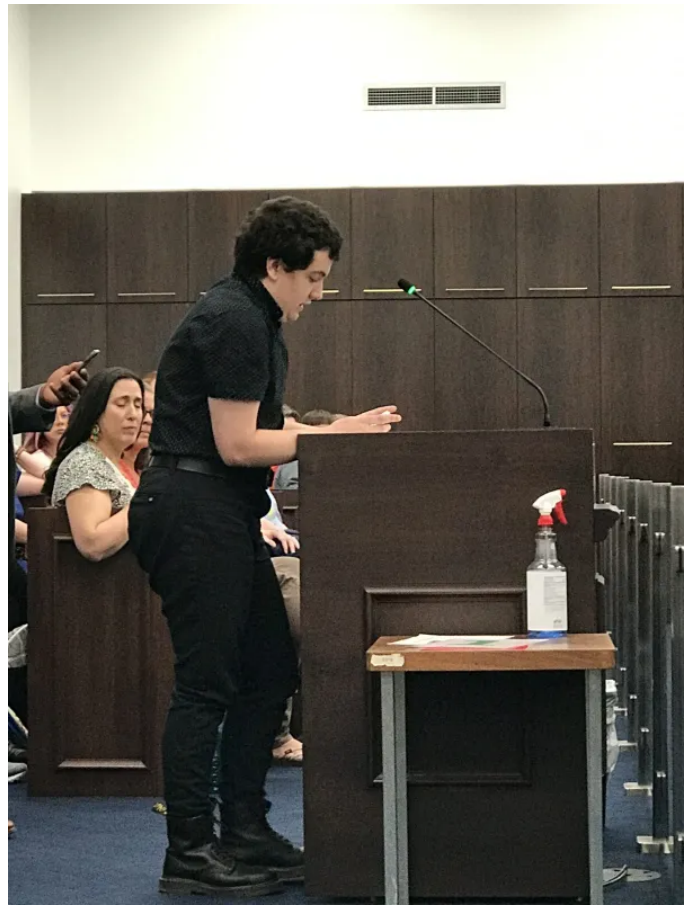
But that access could be in jeopardy as two separate bills — one in the House and one in the Senate — are seeking to limit access to gender-affirming care for transgender minors.

Supporters say bills such as these are needed to protect children from making ill-advised irreversible changes to their bodies.

“This is a commonsense bill that seeks to prevent these unproven treatments on minors,” Rep. Timothy Reeder (R-Ayden), said Tuesday when introducing the legislation. “The bill is not an attempt to limit treatment for children suffering from gender dysphoria, or those struggling to form their identity.”

But opponents assert that making access to gender-affirming care more difficult will harm **already vulnerable children**.

“At the end of the day, we are going to put children at risk,” Sen. Sydney Batch (D-Raleigh) said during Wednesday’s Senate Health Committee meeting. “Children are going to kill themselves. They already are. And by passing this bill, we’re going to see a higher rate.



Rowan Bilodeau, a 15-year-old transgender teen, shared his own story of accessing gender-affirming care with lawmakers on Tuesday, June 20, during the House Health Committee meeting. “I should be out enjoying my teenage years but instead I’m speaking to my representatives, asking them to fight for my right to live,” he said. Credit: Rose Hoban

“Suicide is already high enough with our youth and I don’t think that putting a target on their backs and putting them in a position where they could lose their lives is worth what this bill is trying to do.”

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2023 is a record year for anti-trans legislation across the country, and it's only April



by [Rachel Crumpler](#)

Multiple approaches

This week, multiple bills addressing the status of transgender youth are moving in the legislature, some of them similar, some of them receiving legislative attention at the same time. Lawmakers almost need a scorecard to keep up.

Two bills affecting access to gender-affirming care are moving quickly through legislative committees. They've drawn both people in support and against the bills to Raleigh, though there's often been limited — or sometimes no — time allowed for public comment.

The first, [Senate Bill 631](#), makes it unlawful for a public health care facility — the UNC Health Care System or its affiliates, state institutions or local health departments — to provide gender-affirming care to minors,

including gender transition surgery, puberty-blocking drugs or cross-sex hormones. The bill also restricts the use of state funds for gender transition procedures.

“It’s wrong to use the resources of the state to enable unproven interventions to be done on children,” Reeder, an emergency physician at ECU Health in Greenville, said while speaking on that bill during a House Health Committee on Tuesday.

Reeder said that North Carolinians who are currently undergoing gender-affirming treatment at a public health care facility would have to switch to a non-state facility. Rep. Maria Cervania (D-Cary), argued that taking away state funding would make a “stratification of class” when it comes to seeking treatment. She said that many people rely on state-funded health care facilities when they can’t afford private hospitals or clinics.

“Healthcare should not be classist and only be able to be afforded by only certain people,” Cervania responded to Reeder.

The bill when it was originally filed was intended to **restrict sports participation for transgender athletes**. Lawmakers opted last week to advance a companion **House Bill 574**, which restricts transgender females from playing on women’s sports teams at the middle school, high school and college levels. So members of the House replaced the language from the Senate bill to instead encompass restrictions on gender-affirming care.

After the bill with its new language advanced through committees in less than two days, the House **voted 66-47** along party lines to pass Senate Bill 631 on Wednesday.

Another proposed bill, **House Bill 808**, is similar to Senate Bill 631, but more expansive. It prohibits all health care providers in the state from providing gender-affirming care to a minor, drawing no distinction between public and private health care institutions.

House Bill 808 also outlines specific punishments and courses of action that Senate Bill 631 does not. Medical professionals who violate the provisions of the bill would have their licenses revoked. The bill also allows minors who “suffered harm” from gender-affirming care to recover damages from the medical professional who provided care up until 25 years after the minor turned 18.

In both bills, there are some exceptions carved out for minors with sexual development disorders, such as those who are born with both sets of genitalia, a condition known as intersex.

Democrats have consistently pointed out that they believe medical decisions regarding minors should be left up to the discretion of parents.

“We are now going to pass a bill that is going to prevent parents from doing what they think is best for their children,” Batch said. “And we continue to have a ridiculous amount of hypocrisy in some of the bills that we pass by saying parents in one instance should be able to make all these decisions with regards to their children. But when it comes to this, they can’t. I wish we would pick a lane in this building and decide which one we’re going to be on.”

Bills affecting transgender youth at a glance

Senate Bill 631: Prohibits public health care facilities — the UNC Health Care System or its affiliates, state institutions or local health departments — from providing gender-affirming care to minors, including gender transition surgery, puberty-blocking drugs or cross-sex hormones. No state funds can be used for gender transition procedures.

Status: Passed Senate and House, returned to Senate for concurrence

House Bill 808: Prohibits all medical professionals from providing gender-affirming care to minors, with some exceptions. This includes performing gender transition procedures and providing puberty-blocking drugs and cross-sex hormones, and no state funds can be used.

Status: Passed House, in Senate committees

House Bill 574: Restricts transgender females from playing on women’s sports teams at the middle school, high school and college levels.

Status: Passed House and Senate, returned to House for concurrence

Worries over transition intervention for minors

Reeder said on Tuesday at the House Health Committee meeting that Senate Bill 631 was not meant to restrict treatments for minors with gender dysphoria. The **American Psychiatric Association** defines the condition as “clinically significant distress or impairment related to gender incongruence.” Not all transgender people experience gender dysphoria.

Reeder argued that state agencies “should offer robust mental health and psychologic support for these children” rather than providing transition procedures.

“We know that children with these disorders suffer a high rate of mental illness and suicidal tendencies,” Reeder said. “Many children are calling out for help and treatment. It is right and noble that we offer help and try to relieve suffering, but we must not jump to unproven remedies for these children.”

He asserted that surgery and hormone therapy do not reduce suicides and there is limited data that it helps improve psychological well-being in children and adults.

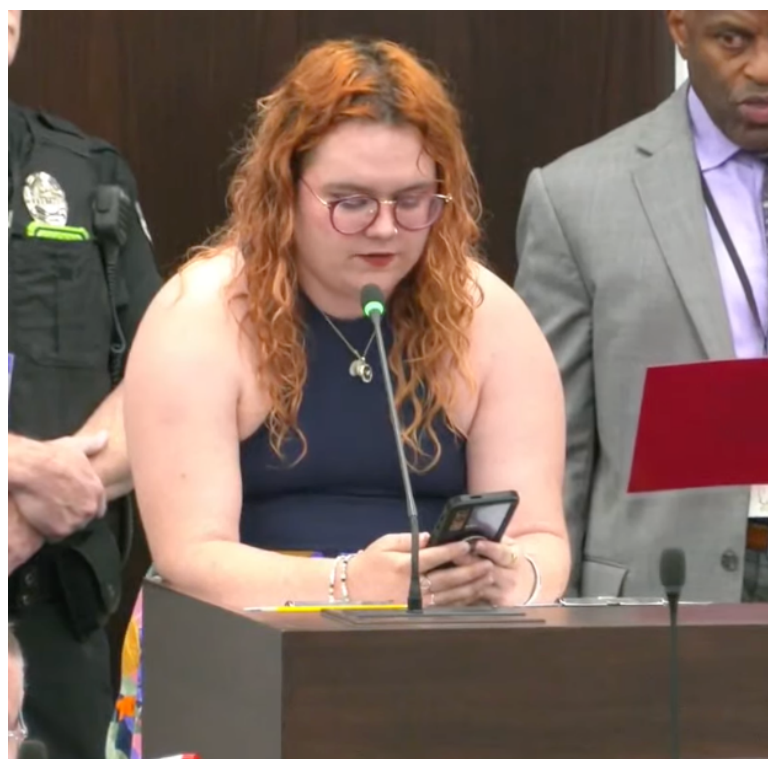
His statements stand in contrast to statements from at **least 30** leading professional medical associations, including the American Academy of Pediatrics, which have issued statements supporting health care for transgender people and youth. The American Medical Association **passed a resolution** this month to protect access to evidence-based gender-affirming care, noting that more than 2,000 scientific studies have examined aspects of gender-affirming care since 1975, including more than 260 studies cited in the Endocrine Society’s **Clinical Practice Guideline**.

Still, some argue that these treatments can be harmful to minors, who may be too young to make an informed decision about their identities. Prisha Mosely, a 25-year-old woman who detransitioned after receiving gender-affirming care in North Carolina, gave her personal testimony during public comment on Tuesday and Wednesday.

“At 17, after meeting with me for a matter of minutes, a counselor told me that I was actually a boy and that changing my body to be more like a boy’s would fix my mental health issues,” Mosely said.

She said she began hormone replacement therapy at 17 and received gender-affirming top surgery at 18 but regrets ever receiving the treatments.

“As a result of these healthcare providers’ actions I have suffered severe and lasting injuries,” Mosley said. “These injuries are both psychological and



Prisha Mosely, a 25-year-old woman who detransitioned after receiving gender-affirming care in North Carolina, shared her personal testimony during public comment on Tuesday and Wednesday. Credit: Screenshot from NC General Assembly YouTube feed

physical in nature. My body did not develop the way it should have and does not function normally.”

Mosley’s [full statement](#), published by the conservative [NC Values Coalition](#), states that this type of legislation could have “protected me and many others like me.”

Katie Jenifer, an Orange County mother of a transgender teen daughter, told NC Health News on Wednesday that while she felt empathy for Mosley’s experience, her child’s transition has been an overwhelmingly positive and measured journey.

Jenifer said that her teenage daughter Maddie first verbalized her questions about her gender identity when she was 4 years old. She had years of counseling but didn’t receive any medical interventions until she started puberty blockers at 11 years old. At 13, she began hormone treatment at

[Duke’s Child and Adolescent Gender Care Clinic](#).

“There’s never been a moment where she’s ever swayed or said, ‘Well, maybe this isn’t for me.’ And again, if she did, so be it,” Jenifer said. “We make informed consent decisions with our medical and mental health professionals.”



Katie Jenifer and her daughter Maddie, who is transgender. Jenifer came to the legislature to oppose the bills restricting gender-affirming care for minors, arguing that it is a private matter that should be decided by providers, parents and the individual, not lawmakers. “You’ve all researched this maybe a couple of weeks, maybe a couple of months, maybe even a couple of years,” she told lawmakers. “I’ve been researching this issue for over 12 years with the top medical professionals, mental health providers and organizations.” Credit: Courtesy of Katie Jenifer

Connection between gender-affirming care and mental health

LGBTQ+ advocates say gender-affirming care is the best treatment for transgender youth struggling with their mental health. The bill makes no provisions to bolster mental health services for those who will be affected by its passage.

According to data from the [2015 U.S. Transgender Survey](#), 40 percent of transgender Americans have attempted suicide in their lifetime, which is nearly nine times the suicide attempt rate for the whole U.S. population.

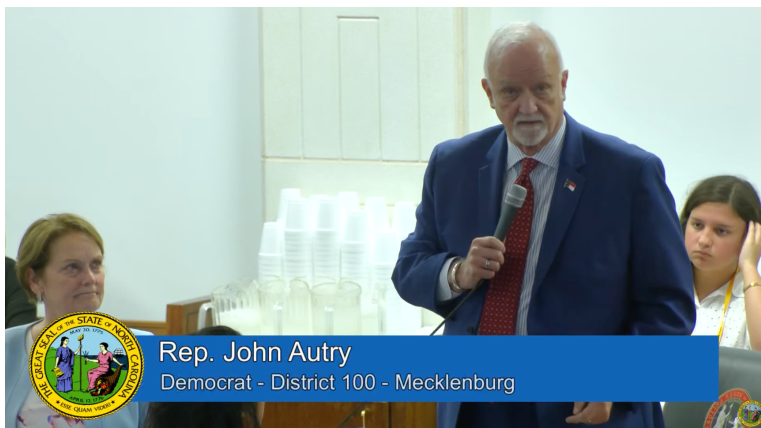
[State-level results from the same survey](#) showed that 46 percent of transgender respondents from North Carolina reported “serious psychological distress” in the month before completing the survey.

Liz Stokes is a 29-year-old Chapel Hill resident who began hormone treatment therapy seven months ago. She attended the Tuesday Health Committee meeting in opposition to the bill but was unable to speak during the public comment.

Stokes, a transgender woman, said that her transition helped with the depression that she had battled since she was 13.

“I’m not sure where [Reeder] got the idea that these treatments aren’t well studied and well understood and that there’s no evidence that they work,” Stokes said. “I am living evidence that they work.”

Rep. John Autry (D-Charlotte), explained the importance of gender-affirming care for his transgender granddaughter on the House floor as the bill came up for passage in that chamber. He said she started receiving gender-affirming care as a teenager under the thoughtful judgment of her parents, doctors and therapist.



Rep. John Autry urged House members to vote against Senate Bill 631, sharing how he has seen his granddaughter benefit from gender-affirming care. He has made several emotional pleas against passing legislation affecting transgender youth this session. Credit: Screenshot from NC General Assembly YouTube feed

“My concern would be — would she be alive at 18 had she been denied this care?” Autry asked.

“Members, this is a great opportunity to plant a flag in risk and harm mitigation for children who need this care,” he told his fellow lawmakers, his voice wavering. “Please, please vote no on this bill.”



Liz Stokes, a transgender woman, attended the House Health Committee meeting on Tuesday, June 20, but was unable to give public comment in opposition to Senate Bill 631 as only one speaker for and against the legislation was permitted. Stokes and others have been frustrated by the lack of time allowed for public comment on bills that could have serious implications. Credit: Lucas Thomae



Kyle Warren-Love, a 28-year-old transgender man from Caswell County, has testified in front of several committees in opposition to anti-trans legislation. “I am concerned that if this bill passes when a child goes to their parent and says I need help, the parent will be forced to respond ‘I’m sorry, but the government says “No,’”” Warren-Love told NC Health News. Credit: Lucas Thomae

Threatening access could lead to litigation

Twenty states have already passed laws banning gender-affirming care up to age 18, according to the **Human Rights Campaign Foundation**. **Seven** other states, including North Carolina, are currently considering legislation.

On Tuesday, a federal judge **struck down an Arkansas ban on gender-affirming care for minors** that served as a blueprint for several other states’ laws, including North Carolina’s bills.

The **Arkansas law** passed in 2021 and banned medical professionals from providing gender-affirming care, including transition surgeries, puberty blockers and hormone treatments to minors. It also prohibited the use of state funds and allowed private insurers to refuse to cover the cost for these interventions.

In his **decision**, U.S. District Court Judge Jay Moody ruled that the law violated the equal protection and due process clauses of the 14th Amendment and that it violated doctors’ First Amendment rights to refer patients

to other medical professionals for transition procedures.

That lawsuit was brought by the [American Civil Liberties Union](#), and the [ACLU of North Carolina](#) has signaled that a similar situation could happen in North Carolina if the gender-affirming care ban was to pass.

Elizabeth Barber, a policy analyst for the ACLU of North Carolina, read directly from the Arkansas decision during public comment regarding the Senate bill at the House Rules Committee on Wednesday.

“Rather than protecting children or safeguarding medical ethics, the evidence showed that the prohibited medical care improves the mental health and wellbeing of patients and that by prohibiting it the state undermined the interest it claims to be advancing,” Barber recited to the committee.

“I ask you all to listen to science. I ask you all to choose love. I ask you all to vote no,” she concluded.

Later that day, the Senate bill passed its second and third readings on the House floor in a party-line vote. Rep. Marcia Morey (D-Durham) raised concerns over litigation during the debate.

“If we pass this law, it’s going to cause more litigation. We have an indication from federal courts that this is unconstitutional,” Morey said. “We are once again interfering in a family and child’s medical decisions.”

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