

## Support Access to Gender Affirming Care for Minors in Idaho

- Physician Workforce: Idaho is currently 50<sup>th</sup> in the nation for access to primary care. The criminalization of evidence-based medicine in Idaho is causing good physicians to leave our state and making medical students and residents question whether they want to receive training here or practice in Idaho long-term. Some residency programs in Idaho noticed a significant drop in interest this year, with a decline in applications of 6-11% in some programs, and a decline in WWAMI applications of 15-28% in some programs. This alarming trend will be exacerbated if HB 71 becomes law.
- Gender affirming care reduces suicidality: Suicide is the third leading cause of death among adolescents and young adults and the second leading cause of death among younger adolescents (ages 10-14 years). <sup>1</sup> Youth suicide is a significant Idaho problem. Evidence shows that transgender and nonbinary youth face elevated risk for depression, thoughts of suicide, and attempting suicide compared to cisgender youth.<sup>2</sup> A JAMA study published in 2022 showed 60% lower odds of depression and 73% lower odds of suicidal thoughts for transgender youth receiving gender-affirming care and support. <sup>3</sup>
- Parental rights: Idaho state government should not interfere with family decisions made with their doctors. No one knows their child better than a parent. We need to trust parents to be parents and let them do the parenting. That is the Idaho way. If we tell parents they can't make these medical decisions about their children, what sort of precedent does that set for the rights of parents in the future?
- Gender affirming care is individualized, slow, and thoughtful: Families go through several months to years of in-depth, multi-faceted assessment before medication is an option. Gender affirming care starts with therapy, psychological assessments and social transition before medical treatment is started, if it is started at all. You cannot just walk into a physician's office and come out with a prescription.
- NO surgeries are being done on minors in Idaho: This is not the standard of care, and this is not happening in Idaho. None of the surgeons in Idaho want to or will do these surgeries on minors. Everyone involved, providers and parents alike, wants these decisions to be made in adulthood.
- Puberty blockers are safe, reversible, and do not cause infertility: Puberty blockers are meant to be a pause; to give families more time to decide on the best course of treatment. They can be stopped at any time and the patient will then proceed through normal puberty. They have been used for decades to treat early onset puberty and are not associated with any short- or long-term side effects.

Puberty Blockers do not cause Infertility: Fertility specialists do not consider history of puberty blocker use to be a concern. Studies show no difference in fertility for anyone after treatment when compared to the general population. <sup>45</sup>

Puberty Blockers are fully reversible: In one study, all patients returned to full normal pubertal function by 12 months after cessation of puberty blockers. Once stopped, patients proceed through normal puberty. <sup>6</sup>

Bone Density: There is no evidence that puberty blockers cause clinically significant changes to adult bone density. There is no evidence that puberty blockers cause an increased risk of fracture or osteoporosis. <sup>7</sup>

Brain Development: There is no evidence that puberty blockers have any clinically significant impact on brain development. <sup>8</sup>

- De-transitioning is rare: This is because gender affirming care is slow, thoughtful, and individualized. Patients go through a long assessment process before they are offered medical options. Multiple studies have shown that providing comprehensive gender affirming care is associated with low rates of patient regret and high rates of patient satisfaction. <sup>91011</sup> Puberty blockers are a fully reversible treatment that helps families make decisions about how to proceed. While rare, some families and young people stop puberty blockers and decide not to pursue hormonal treatment because the puberty blockers gave them time to decide how they want to move forward. Multiple Dutch longitudinal studies of adolescents with childhood gender dysphoria who received puberty suppression, gender-affirming hormones, or both, found that none of the youth in adulthood regretted the decisions they had taken in adolescence. <sup>1213</sup> In a 2022 US study, 94% of transgender youth were stable in their transition. <sup>14</sup>
- Gender affirming care is recommended by all major medical organizations in America and Idaho, including the AMA, AAFP, the AAP, the IMA, the IAFP, and the IAAP. These organizations are recognized as the authorities of their respective fields of medicine. They use careful research and collaboration with topic experts to develop policies and recommendations that are considered the standards of care by physicians across the country and world. HB71 would make it a felony for doctors to provide evidence based, well-established standards of care.

## Citations

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