

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 06.2024-13
(A-25)**

Introduced by: Morgan Kinsinger, Lindsay J. Wegner, Katie Owens, Christopher Eyo, Alyssa Chao, Rebecca Arteaga, Swathi Bhuma and Shruthi Bhuma, ISMS Members

Subject: Supporting Evidence-Based Gender Healthcare for Minors

Referred to: Council on Medical Service

1 Whereas, an estimated 0.7% to 2.7% of teenagers in the United States identify as
2 trans and gender (TGD) youth, and a growing number of TGD youth are presenting for
3 gender healthcare (1); and
4

5 Whereas, trans and gender diverse (TGD) youth have been shown to have higher
6 rates of depression, suicidality, substance abuse, self-harm, and eating disorders when
7 compared with their peers (2); and
8

9 Whereas, The World Professional Association For Transgender Health, Inc.
10 (WPATH) has established internationally accepted Standards of Care for providing
11 medical treatment for TGD adolescents including mental health care and hormone
12 therapy, which are designed to promote the health and welfare of TGD people and are
13 recognized within the medical community to be the standard of care for this population
14 (3); and
15

16 Whereas, the following medical societies have statements or policies in support
17 of gender healthcare for minors: the American Medical Association (AMA) (4), the
18 American Academy of Pediatrics (AAP) (5), The Federation of Pediatric Organizations
19 (6), The American Psychiatric Association (7), and The American Academy of Child &
20 Adolescent Psychiatry (8), The American Academy of Family Physicians (9), The
21 Endocrine Society (10), The Pediatric Endocrine Society (11), and The American
22 College of Obstetrics and Gynecology (12); and

23 Whereas, the Illinois State Medical Society (ISMS) has previously endorsed
24 “initiatives and research developed by specialty societies and other relevant stakeholders
25 to establish standardized protocols for patient selection, surgical management, and
26 preoperative and postoperative care for child and adolescent transgender patients
27 undergoing sex reassignment surgeries; and implementation of standardized tools, such
28 as questionnaires, developed by specialty societies and other relevant stakeholders to
29 evaluate outcomes of sex reassignment surgeries on children and adolescents.” (2021
30 Annual Meeting; BOT 2019-OCT; Last BOT Review 2019); and

31
32 Whereas, access to gender healthcare among TGD youth, including assessments
33 by medical and psychiatric professionals as well as puberty blockers and hormone
34 therapy, shows improved mental health outcomes, with significantly reduced odds of
35 depression, anxiety, self-harm, and suicidality (13, 14); and

36
37 Whereas, TGD youth who received medical puberty suppression therapies in
38 addition to psychological treatment had significantly better psychosocial functioning
39 after twelve months than those who received psychological care alone (15); and

40
41 Whereas, the ongoing Trans Youth Care–United States (TYCUS) Study has so
42 far demonstrated that transgender and nonbinary youth using gender-affirming hormone
43 therapy experienced increases in appearance congruence, positive affect, and life
44 satisfaction, as well as decreases in depression and anxiety symptoms, at the two-year
45 mark (16); and

46
47 Whereas, youth who access gender healthcare later in puberty (after age 15) are
48 more likely to report self-harm, suicidal ideation, and suicide attempts compared to TGD
49 youth who present to care at earlier ages (17); and

50
51 Whereas it is the ethical duty of physicians to not withhold from engaging in
52 informed decision-making regarding any treatments that would be to the benefit of their
53 patient; and

54
55 Whereas, the impacts of puberty blockers on bone health, growth potential, and
56 fertility are understudied, yet research so far suggests that these can be preserved after
57 receiving puberty blockade therapy (18, 19, 20); and

58
59 Whereas, WPATH and The Endocrine Society have recommendations regarding
60 potential side effects of GnRH agonists and gender-affirming hormone therapies such
61 as obesity, cholesterol changes, and changes in bone mineral density, which may be
62 monitored for and managed (21, 22); and

63 Whereas, legislative bans on gender healthcare have been linked to increased
64 depression, suicidal ideation and risk of suicide, anxiety, gender dysphoria, stigma, and
65 decreased safety and access to medical care among transgender and youth (23); and
66

67 Whereas, TGD individuals experience significant barriers to obtaining high-
68 quality healthcare owing in part to inadequate knowledge of transgender health issues,
69 discrimination, and transphobia among clinicians (24, 25, 26); and
70

71 Whereas, TGD individuals who experience stigma in healthcare settings have
72 poorer physical health outcomes due to higher rates of healthcare avoidance, reduced
73 healthcare utilization, decreased screenings, and delayed treatment (27); and
74

75 Whereas, the presence of mental health practitioners who specialize in children
76 and adolescents is crucial, as current evidence indicates that TGD adolescents have a
77 disproportionately greater burden of mental health challenges, typically related to family
78 rejection, non-affirming communities, and neurodiversity-related factors (28, 29); and
79

80 Whereas, the inclusion of child-adolescent mental health providers is already
81 established as a key pillar of multidisciplinary gender-affirming standards of care, and
82 gender-affirming care models offering mental and behavioral health services have been
83 shown to positively impact the health and well-being of children and their families (30);
84 and
85

86 Whereas, the National Institutes of Health (NIH) Sexual and Gender Minority
87 Research Office coordinates research related to sexual and gender minority populations
88 among its various institutes and centers (31); and
89

90 Whereas, as referenced above, the Trans Youth Care–United States (TYCUS)
91 Study is an ongoing, NIH-funded, multiyear, multicenter study investigating long-term
92 outcomes of medical treatment for TGD youth (32); and
93

94 Whereas, it is premature to limit access to gender-affirming treatments when
95 research is ongoing and no evidence to date has indicated any serious harm of these
96 treatments; therefore, be it
97

98 RESOLVED, that the ISMS adopt a stance in support of patient-centered,
99 evidence-based gender healthcare for trans and gender diverse minors; and be it further
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101 RESOLVED, that the ISMS oppose any policy or legislation which would seek
102 to restrict access to evidence-based gender healthcare among minors; and be it further

103 RESOLVED, that the ISMS advocate for public and private payers to
104 appropriately reimburse gender healthcare among minors; and be it further

105

106 RESOLVED, that the ISMS support multidisciplinary care for transgender youth
107 which includes access to mental health services; and be it further

108

109 RESOLVED, that the ISMS encourage Illinois physician investigators to engage
110 in further research into long-term outcomes of minors who receive evidence-based
111 gender healthcare.

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Fiscal Note:

n/a

Existing ISMS policy related to this issue:

The Illinois State Medical Society adopts the American Medical Association (AMA) policy titled "Patient-Reported Outcomes in Gender Confirmation Surgery, H-460.893, adopted in 2018, which supports: (1) initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and (2) implementation of standardized tools, such as questionnaires, developed by specialty societies and other relevant stakeholders to evaluate outcomes of gender confirmation surgeries. (2021 Annual Meeting; BOT 2019-OCT; Last BOT Review 2019)

Board of Trustees adopted Resolution 09.2019-07 (A-20), Sexual Reassignment Surgery on Young Patients, as amended, as follows (with title change): RESOLVED, that the Illinois State Medical Society (ISMS) adopt the American Medical Association (AMA) policy Patient-Reported Outcomes in Gender Confirmation Surgery H-460.893 adopted in 2018 which supports: (1) initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and (2) implementation of standardized tools, such as questionnaires, developed by specialty societies and other relevant stakeholders to evaluate outcomes of gender confirmation surgeries. RESOLVED, that ISMS support initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for child and adolescent transgender patients undergoing sex reassignment surgeries; and implementation of standardized tools, such as questionnaires, developed by specialty societies and other relevant stakeholders to evaluate outcomes of sex reassignment surgeries on children and adolescents. (BOT - OCT 2019)

Board of Trustees did not adopt Resolution 11.2022-25 (A-23), First Do No Harm: Medical/Surgical Gender Transition Procedures in Minors. (BOT - APR 2023)

ISMS did not affirm Board action regarding Resolution 11.2022-25 (A-23), First Do No Harm: Medical/Surgical Gender Transition Procedures in Minors. Resolution 11.2022-25 (A-23) referred to the Board for decision. (2024 Annual Meeting)