

ABSTRACT

Singleton, Nicholas B., Legislature Impacting Transgender Health: A Literature Review Exploring the Possible Implications on Medical Providers. Master of Science (Clinical Research Management), December 2023, 42 pp., 2 tables, 7 titles. The 2023 midterm cycle saw an increase in bills restricting gender-affirming medical care for transgender Americans. These bills go against the standards of care for the treatment of gender dysmorphia. In this review, the laws from Texas, Oklahoma, and Florida were analyzed along with transgender healthcare literature to postulate the consequences for medical providers if these bills were passed. Additionally, literature describing similar experiences in restrictive healthcare law for undocumented people in the Latinx community were considered. This review showed that the bills from the 2023 midterm cycle poses financial, moral, and professional hardships on providers. To counteract these laws, it is necessary for providers to mobilize and voice their concerns as an advocate for their patients.

LEGISLATURE IMPACTING TRANSGENDER HEALTH: A
LITERATURE REVIEW EXPLORING THE POSSIBLE IMPLICATIONS
ON MEDICAL PROVIDERS

APPROVED

Major Professor

Committee Member

Director and Graduate Advisor

Dean, Graduate School of Biomedical Sciences

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Nicholas Singleton
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CHAPTER I

INTRODUCTION

Legislation in the United States involving the LGBT community has attempted to create an inequitable country for LGBT Americans. Faced with laws aimed at denying legal protection in the workplace, denying disclosure of non-heterosexual sexual orientations in the military, and marriage equality, the LGBT community overcame many challenges to achieve an equitable life (Gonzalez et al., 2020). These laws and their supporters have created an environment where members of the LGBT community are led to believe that they are unwelcome or marginalized. Numerous efforts have been made to promote a heterosexual, more traditional lifestyle. In doing so, the thoughts, emotions, and experiences of the LGBT community are ignored. Unfortunately, these discriminatory ideals are supported by politicians who hold the power to pass such laws. Undefeated, the LGBT community continued to make progress towards their goal of equal protection under the law. This attitude explains why LGBT identifying Americans are more engaged in politics than their heterosexual counterparts (Flores et al., 2020). This engagement has allowed the LGBT community to pressure Congress and move stepwise towards equity that spans multiple decades, presidential administrations, and social environments. The 2015 Supreme Court opinion in the Obergefell v. Hodges case legalized same-sex marriage across the nation (Flores et al., 2020). The Supreme court decision made in the 2015 case was revered as a major step for LGBT Americans in their pursuit for equal protection under the law. Although the Obergefell v. Hodges case was pivotal for the LGBT community, there were still areas of discrimination and inequality that needed to be addressed.

The presidential election of 2016 showed a shift in the social climate as issues involving LGBT rights were brought to the forefront. In the first 100 days of President Trump's term in office, his administration prohibited transgender individuals from enlisting in the United States military, stated that LGBT people should not be protected under the Civil Rights Act of 1964, and removed discrimination protections for federal employees who are LGBT identifying (Gonzalez et al., 2020). This new movement into an anti-LGBT environment showed a reemergence of discriminatory policies targeting LGBT Americans. The new policies during this era of American politics threatened to repeal many of the laws that helped advance the LGBT community towards equality. It is suggested that anti-LGBT climates such as the one in 2016 can cause long-lasting impacts on the well-being of LGBT people (Gonzalez et al., 2020). The impact of 2016 on the LGBT community reemerged in the 2023 midterm election cycle.

In 2023, 80 anti-transgender bills passed across the nation with 37 pertaining to healthcare (*What anti-trans bills passed in 2023?*, 2023). These proposed laws primarily target access to care for transgender youth, their parents, and healthcare providers who offer gender care. In states such as Arkansas, Texas, Florida, and Oklahoma, bills passed that ban surgical and medicinal treatment for transgender youth (*Equality Maps: Transgender Healthcare 'Shield' Laws*, 2023). Overall, the attack on the transgender community is evident. The rhetoric used in this previous session perpetuates discrimination against transgender individuals.

Proposed Bills

The United States Census Bureau has categorized the states into 4 regions: Northeast, South, Midwest, and West ("Census Regions and Divisions of the United States," 2021). According to data from the Movement Advancement Project, there are 14 states and the District of Columbia with laws or executive orders in place that protect access to transgender healthcare (*Equality Maps: Transgender Healthcare 'Shield' Laws*, 2023). These laws, termed "shield" laws have been passed to protect transgender patients and medical providers in response to anti-transgender healthcare bills across the country. Using the regions from the Census Bureau, these states are solely in the Northeast and West regions. Of those states, 11, California, Colorado, Connecticut, District of Columbia, Illinois, Massachusetts, Minnesota, New Mexico, Oregon, New York, Vermont, and Washington, have legislation that has passed (*Equality Maps: Transgender Healthcare 'Shield' Laws*, 2023). The overwhelming majority of the states do not have protection for transgender Americans seeking medical care. Leading up to the 2023 legislative session there was already a major barrier to receiving care for transgender individuals. With only 13 states protecting access to gender-affirming care, it would be natural to find that many transgender individuals were fearful of the bills in state congress. Both the Midwest and South regions possess no states with protection for transgender care.

The absence of shield laws leaves states vulnerable to bills that further restrict access to gender-affirming care. There are 21 states with bans on medically necessary surgery and medication for transgender youth (*Equality Maps: Bans on Best Practice Medical Care for Transgender Youth.*, 2023). The bans began in 2021 with Arkansas. The following year two more states, Arizona, and Alabama passed bans on gender-affirming care for adolescents. In

2023 there were 19 additional states that passed laws banning medically necessary surgery and medications for transgender youth (*Equality Maps: Bans on Best Practice Medical Care for Transgender Youth.*, 2023). This past midterm election cycle has shown a significant increase in restrictive laws to gender-affirming care. These new laws have detrimental consequences for patients, families, and medical providers.

Oklahoma Senate Bill 613 was introduced by Senator Julie Daniels in January 2023. Bill 613 prohibits gender transition procedures for children, including hormone replacement therapy, and medical intervention used to treat gender dysmorphia ("SB 613," 2023). Violators of this Oklahoma bill would have their medical license immediately revoked pending a hearing for a licensing board. The bill continues to include additional medical specialties, including licensed vocational nurses, registered nurses, and advanced unlicensed assistants ("SB 613," 2023). Ultimately everyone involved with gender gender-affirming care of a patient would be disciplined. Senate Bill 613 was passed by an overwhelming majority in the Oklahoma Senate and House and was signed into law on May 1, 2023 ("SB 613," 2023). Senate Bill 613 was followed from its inception to its passage. Three days after the bill was signed into office, 5 families supported by the American Civil Liberties Union, Lambda Legal, and Jenner & Block, LLP, filed a lawsuit against Senate Bill 613. There is a temporary injunction in place that was signed by the governor of Oklahoma on May 18, 2023 ("Poe v. Drummond," 2023). Currently, the bill is not in effect due to pending lawsuits.

Gender-affirming care came under attack in Florida with the introduction of Senate Bill 254 in March of 2023. Following the precedent of other anti-transgender healthcare-related bills, the primary focus of Senate Bill 2544 was to prohibit basic practice gender-affirming care to Floridians under the age of 18 (*CS/SB 254: Treatments for Sex Reassignment, 2023*). While Senate Bill 254 in Florida showed similarities to Senate Bill 213 in Oklahoma, the Florida bill further attacks caregivers of transgender youth. The original bill included language that would protect other parents and state entities from removing a child from their household if they received gender-affirming care (*CS/SB 254: Treatments for Sex Reassignment, 2023*).

Interestingly, along with a related house bill, there was a ruling from the Florida Board of Medicine that revised the standards of medical care. This revision included language that prohibited surgical and hormone replacement intervention for minors. Additionally, the bill limits access to care for transgender adults. To receive hormone replacement therapy or gender-affirming surgery, patients are required to see a physician and are unable to seek care from other midlevel medical providers such as physician assistants and nurse practitioners (*CS/SB 254: Treatments for Sex Reassignment, 2023*). The clinicians who provide hormone replacement therapy to physicians have a great impact on the transgender community, as transgender individuals are more likely to go to income-based clinics that are staffed primarily by midlevel providers (Macapagal et al., 2016). Florida took an aggressive approach this legislative session with the two bills proposed in Congress and a ruling from their Board of Medicine. The efforts of the state to decrease transgender care in the state were aligned with the goals of the 80 anti-transgender bills proposed in 2023. However, like Oklahoma, the opponents of the bills took an equally aggressive approach. There is a temporary injunction in place that put a pause on the enactment of the bill (*CS/SB 254: Treatments for Sex Reassignment, 2023*).

Texas showed the greatest pushback from supporters of anti-transgender legislature with Senate Bill 14 and 625 introduced on March 8, 2023. The Senate bill restricted access to gender care to patients under the age of 18 years old. The bill also provided revisions to the Texas Board of Medicine code that will require the removal of a medical provider's license if they provide gender-affirming care to adolescents ("S.B. No. 14," 2023). Moreover, the Texas House introduced a companion bill, House Bill 1686, which targeted public assistance for gender-affirming care ("H.B. 1686," 2023). House Bill was soon abandoned when Senate Bill 14 was passed in the Senate. After passing in the House and its signature by the governor of Texas, there was a temporary block on its enactment due to the *Loe v. Texas* lawsuit ("*Loe v. Texas*"). Unfortunately, the attorney general appealed the decision, allowing Texas Senate Bill 14 to go into effect on September 1, 2023.

Standards of Care

The International Journal for Transgender Health published a set of recommendations for the care of gender diverse patients. The recommendations set by the standards of care involve cultural competency, mental health considerations, and medical/surgical treatment for the treatment of gender dysphoria (Coleman et al., 2022). These standards act as a guideline for providers to follow when treating a gender diverse patient. Recommendations are separated into treatment for transmasculine and transfeminine individuals, as well as adolescents who are seeking treatment. Most notably, surgical intervention is not recommended for patient below the age of 18 (Coleman et al., 2022). This safeguard was recommended to all adolescents to explore their gender identity, without causing permanent changes. The first line treatment for gender diverse adolescent is puberty blockers, as it halts the progression of primary sex characteristics

(Coleman et al., 2022). The patient would be able to delve deeper into their symptoms and work with mental health professionals to address gender dysphoria. It is argued that the anti-transgender legislation proposed in 2023 goes against the standards of care. Laws proposed in states such as Texas, Oklahoma, and Florida targets surgical and hormone treatment for adolescents; however, surgical treatment is not recommended in the standards of care for adolescents. Additionally, hormone treatment in the form of puberty blockers were recommended as a first line treatment of adolescent gender dysphoria as the results can be reversed (Hembree et al., 2017).

Gender-affirming care

While gender-affirming care is under legislative attack, there are noted positive outcomes of the procedures and therapies that aid transgender youth. Usage of puberty blockers and hormone treatment is associated with 60% lower odds of depression and 73% lower odds of self-harming and suicidal ideation (Tordoff et al., 2022). With these mental health outcomes, it can be deduced that providers would be compelled to treat gender-diverse youth and that Congress at the local, state, and national levels would support such medical care. Unfortunately, there has been an increase in proposals to criminalize gender-affirming care (Hughes et al., 2022; Tordoff et al., 2022).

Organization	Date of Statement	Includes adolescent care
Federation of Pediatric Organizations	2022	*
Pediatric Endocrine Society	2020	*
Endocrine Society	2020	*
American College Health Association	2020	*

Society for Adolescent Health and Medicine	2019	*
World Professional Association for Transgender Health	2018	*
American Academy of Pediatrics	2018	*
American Academy of Child and Adolescent Psychiatry	2012	*
American Academy of Family Physicians	2021	
American Psychological Association	2021	
American College of Nurse-Midwives	2020	
American Medical Association	2020	
American Academy of Dermatology	2019	
American Nurses Association	2019	
American Heart Association	2019	
GLMA: Health Professionals Advancing LGBTQ Equality	2018	
American Psychiatric Association	2018	
American Society of Plastic Surgeons	2017	
National Association of Nurse Practitioners in Women's Health	2017	
American Medical Student Association	2017	
American College of Obstetricians and Gynecologists	2017	
American Academy of Physician Assistants	2017	
American Public Health Association	2016	
American Academy of Nursing	2016	
World Medical Association	2015	
National Commission on Correctional Health Care	2015	
American Osteopathic Association	2015	
American College of Physicians	2015	
American Counseling Association	2011	
National Association of Social Workers	2009	

Table 1. Medical organizations in support of gender-affirming for adults and adolescents.

There are numerous methods of treatment for transgender individuals to align their phenotype to their intrinsic gender identity (Kyriakou et al., 2020). The two primary classifications for these treatments are hormone replacement therapy and surgical intervention. These bills attempt to eradicate gender care for adolescents, but there are standards to protect the patient from more invasive treatments. While those above 18 can choose which treatment path best suits them, adolescents are encouraged to hold sexual hormone therapy until the age of 16 and gender surgery until 18 (Kyriakou et al., 2020). Additionally, these bills add further barriers for transgender individuals. Due to social, political, and economic factors, transgender patients are unable to get their care covered by insurance. The majority of transgender patients are uninsured or on public insurance (Downing et al., 2022). Laws, such as Senate Bill 14 in Texas, are attempting to restrict public funds coverage of gender-affirming care, meaning that those on public insurance plans would not be able to afford the gender care they need. For those with private insurance, there was a more considerable increase in claim denials compared to Medicare and Medicaid (Bakko & Kattari, 2020). No matter the insurance status, gender-affirming care is still not covered which provides a significant financial dilemma for patients.

Gender-affirming treatment has been shown to provide positive mental health outcomes to transgender individuals. States where anti-transgender healthcare bills were introduced, primarily the South- and South-Central regions of the United States, showed a significant correlation between depression and geographic location (Sinnard et al., 2016). While gender-affirming care is seen to improve mental health systems, state governments attempt to restrict access to such care despite positive outcomes. These laws not only influence healthcare but also have the social consequence of increasing anti-transgender discrimination (Eisenberg et al.,

2020; Goldenberg et al., 2020). Therefore, these laws are in opposition to medical organizations and evidence-based medicine. While these laws have a large impact on patients, there are possible consequences for medical providers. If these anti-transgender care bills were to pass, it would result in training for gender-affirming care decrease. Specifically in rural America, 20% of patients did not believe that their provider was equipped to handle gender-affirming care, and 45% were unsure (Gandy et al., 2021). There is an agreement between the LGBT+ community and the medical community that additional training is necessary to provide better gender-affirming care (Barbee et al., 2022; Pampati et al., 2021). This training would be beneficial in primary care as they are the referral source for gender care. Pediatric providers can provide resources to parents and their patients on options for gender-affirming care. With new laws in place, these providers could be criminalized or even lose their licenses for aiding in transgender care for their pediatric patients (Taliaferro et al., 2019). In this thesis, I argue that anti-transgender healthcare legislation that was proposed in the 2022 election has the potential for moral, financial, emotional, and professional repercussions for medical providers. I support this argument through a review of the literature on healthcare access, societal impact on mental health, and insurance coverage for transgender Americans.

CHAPTER II

METHODS

The goal of this study is to review the current literature on transgender health access and the consequences of barriers to access. Using the legislation from the 2023 election cycle, the possible implications for medical providers of gender-affirming care was postulated. The data collected in this study was in the form of articles. Data was collected, reviewed, and chosen based on key inclusion/exclusion criteria. Data analysis was conducted using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).

Data Collection

The search for articles began by reviewing legislation from the South Central region of the United States. Bills from Florida, Texas, and Oklahoma were analyzed for this review. Arkansas legislation was not considered as anti-transgender healthcare laws in Florida were not proposed in 2023. Senate bill 14, 613, and 254 from Texas, Oklahoma, and Florida, respectively, were compared from commonalities. Issues of treatment for transgender adolescents, insurance coverage for gender-affirming care, and restrictions on providers were chosen as common themes when comparing bills. It is essential to understand the impact of

healthcare-related anti-transgender on transgender individuals. Themes such as their access to gender-affirming care, mental health concerns in an anti-transgender healthcare environment, and financial barriers that make their healthcare needs unattainable. Using these themes, the impact of anti-transgender bills on providers who care for transgender patients can be theorized. Most importantly to directly see the impact on medical providers, themes of medical provider relationships with patients and the possible impact on their practice and patients were considered.

Search terms were chosen using the themes considered during the initial brainstorming session. Initial search terms included “gender-affirming care”, “transgender access to care”, and “gender-affirming care laws.” These search results yielded a total of 283 search results, with 4 of those coming from “gender-affirming laws.” Parameters used included articles that were published in the last 5 years and full-text availability. The literature parameters included only articles, systematic reviews, case studies, and perspective articles. The initial search showed that literature involving laws affecting transgender people is sparse. Inclusion criteria for the articles used in this review include articles published in the last 5 years, written in English, from the United States of America, and articles that include topics involving the transgender experience with access to healthcare. There were 211 articles that met the inclusion criteria. The advanced search feature was used to combine search terms to source articles that were more likely to discuss transgender healthcare and laws that influence it. Using Boolean operators, search terms were refined to further specify the topics in this review. Search terms used were “transgender AND legislation,” “transgender AND mental health impact” “LGBT AND legislation” “Election AND transgender health.” Twenty-five articles were chosen following the final review.

Data Review

The 20 articles chosen following the initial review were analyzed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). PRISMA was used as it allows for a systematic categorization of articles and allows for easy synthesis of information (Page et al., 2021). Key terms discovered from PRISMA included access to care, insurance coverage, the impact on mental health, and perspectives on gender-affirming care.

To theorize the implications for medical providers, it was important to understand the specifications of the anti-transgender healthcare bills. The Movement Advancement Project (MAP) created interactive maps of the United States and the status of anti-LGBTQ bills. Using the equality maps on the Movement Advancement Project website, the healthcare laws affecting transgender Americans by state were selected.

CHAPTER III

RESULTS

At the conclusion of the literature search, 20 articles were selected based on their relevance to transgender access to healthcare, insurance coverage, mental health impact, and perspectives on gender-affirming care. To further theorize the implications on providers, bills that impact transgender healthcare were selected from states in the Southern region of the United States. Most notably Senate Bill 14 from Texas, Arkansas, Oklahoma, and Florida. Although every attempt was made to source articles involving the current impact on providers during this legislative session were made, there were not any articles found for this review.

Represented Journals	
Article	Journal
Senate Bill 14	Texas State Senate
Senate Bill 254	Florida State Senate
Senate Bill 613	Oklahoma State Senate
Transgender-Related Insurance Denials as Barriers to Transgender Healthcare: Differences in Experience by Insurance Type	Journal of General Internal Medicine
Prevalence of private and public health insurance among transgender and gender diverse adults	Med Care
Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline	Journal of Clinical Endocrinology & Metabolism
Trans*Forming Access and Care in Rural Areas: A Community-Engaged Approach	International Journal of Environmental Research and Public Health
Anti-Transgender Legislation-A Public Health Concern for Transgender Youth	JAMA Pediatrics
Legislation restricting gender-affirming care for transgender youth: Politics eclipse healthcare	Cell Reports Medicine
Pediatric Provider Perspectives on Laws and Policies Impacting Sports Participation for Transgender Youth	LGBT Health

Current approach to the clinical care of adolescents with gender dysphoria	Acta Biomed
Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults	Transgender Health
The Association Between Geographic Location and Anxiety and Depression in Transgender Individuals: An Exploratory Study of an Online Sample	JAMA Open Access
Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care	JAMA Network Open
“These Laws Will Be Devastating”: Provider Perspectives on Legislation Banning Gender-Affirming Care for Transgender Adolescents	Journal of Adolescent Health
State-Level Transgender-Specific Policies, Race/Ethnicity, and Use of Medical Gender Affirmation Services among Transgender and Other Gender-Diverse People in the United States	The Milbank Quarterly
"It's kind of hard to go to the doctor's office if you're hated there." A call for gender-affirming care from transgender and gender diverse adolescents in the United States	Health and Social Care in the Community
“We deserve care and we deserve competent care”: Qualitative perspectives on health care from transgender youth in the Southeast United States	Journal of Pediatric Nursing

Social Connectedness Factors that Facilitate Use of Healthcare Services: Comparison of Transgender/Gender Non-Conforming and Cisgender Adolescents	Journal of Pediatrics
Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study	PEDIATRICS
The Impact of the 2016 Presidential Elections on Transgender and Gender Diverse People	Sexuality Research and Social Policy
Standards of Care for the Health of Transgender and Gender Diverse People, Version 8	International Journal of Transgender Health
The Relationship Between States' Immigrant-Related Policies and Access to Health Care Among Children of Immigrants	Journal of Immigrant and Minority Health
Immigrant health access in Texas: policy, rhetoric, and fear in the Trump era	BMC Health Services Research
The Health of Undocumented Latinx Immigrants: What We Know and Future Directions	Annual Review of Public Health

"Transgender-Related Insurance Denials as Barriers to Transgender Healthcare: Differences in Experience by Insurance Type"

The association between transgender and non-binary individuals' experiences of different forms of transgender-related insurance denials and insurance type was researched in this study. The affordable care act made it mandatory for providers to provide care to transgender individuals, but there was an injunction in 2016 that put a hold to it. In 2014, Medicare exclusion of transgender care was overturned. Results: no form of insurance was associated with a greater likelihood of denials. Those with Medicare were 1.84 times more likely to be covered for gender affirming surgery but did not have a provider in network. Those with Medicaid were 1.54 times more likely. Residents in the Midwest and South were more likely to experience denials. 54.6% were denied surgery for transition. Medicaid and Medicare had less denials for surgery than private insurance. 5.8% of military insurance have no provider in the area. Insurance plays a

large role in the ability of providers to give care. Transgender individuals who are covered under federal programs are doing better than privately insured patients, but new legislature that is passed will have a large effect on them.

Prevalence of private and public health insurance among transgender and gender diverse adults

The objective of this study was to examine the difference in prevalence of private and public insurance among transgender and gender diverse (TGD) adults. TGD adults are less likely to have employee sponsored insurance and are either uninsured or on public insurance. TGD prevalence of public insurance was higher than cis-men but lower than cis-women. Compared to TGD, cis women had a lower odd of uninsurance. The difference in Medicaid-eligible individuals showed TGD has less coverage than cis-women, but more than cis-men (men are more likely than women to be uninsured). Many transgender individuals are unaware of the insurance coverage available to them, causing additional gaps in access to care.

Trans*Forming Access and Care in Rural Areas: A Community-Engaged Approach

The primary aim was to research TGD in rural Appalachian Region of the United States. Major barrier found in this study included TGD and their parents having a hard time finding a well-educated provider in their region. TGD in states where there is no anti-discrimination

policy are more likely to not avoid medical and gender-affirming care due to fear. 20% of participants believed that their healthcare provider was not skilled to handle gender-affirming care, 45% were unsure. 60% of participants said that their healthcare provider provides gender inclusive terminology in their care. Thus, providers in rural areas are less likely to be knowledgeable about gender-affirming care. If laws restrict gender care, then the number of providers able to provide care in these areas will diminish.

Legislation restricting gender-affirming care for transgender youth: Politics eclipse healthcare

Alabama, Arkansas, and Arizona have laws restricting gender affirming care for minors. These laws are based on false claims about standards of care and health outcomes for trans individuals (according to and supported by AMA). Alabama's law prohibits puberty suppression or gender-affirming hormones to minors and is a class C felony punishable with up to 10 years in prison. Some states, such as Texas, went through their executive branch when bills didn't pass. Texas governor Greg Abbott issued a non-binding opinion that gender-affirming care constitutes child abuse. The standards of care for youth include a stepwise treatment from most to least reversible in terms of transition related care.

Current approach to the clinical care of adolescents with gender dysphoria

Medical professionals have moved away from psychiatric terms to describe gender dysmorphia which aids de-medicalization. Studies show that the critical time for gender dysphoria persistence is from 10 to 13 years of age. The proposed treatment options should be tailored to the individual person. Adolescents are less likely to express gender dysphoria before

puberty. There was an emphasis on treatment for children being reversible. GnRH, gonadotropin releasing hormone, was discovered in the Netherlands as a puberty blocker in the 1990s. GnRH is deemed appropriate for children with persistent gender dysmorphia beyond the onset of puberty. Criteria for GnRH treatment from the Endocrine Society: gender dysmorphia has been diagnosed, beginning of puberty has been confirmed and no contraindications to GnRH, informed consent of adolescent and parents, proposed by a transgender health provider. Appointments with endocrine should be every 6 months. The efficiency of treatment is confirmed by slow height velocity and halt of puberty progression. While in the treatment phase, providers should monitor mental health status to ensure that it is improving with treatment. Hormone treatment may be used to develop secondary sex characteristics. The Endocrine Society does not currently have minimum age requirements for hormone treatment; however, the consensus is 16 years of age. Gender affirming surgery is only an option after an agreed upon amount of time and after the child has turned 18 years old. Overall, there should be a discussion regarding fertility before beginning treatment, possibility to fertility preservation techniques.

Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults

In this article we see that LGBT adults are more likely to have unmet health needs as they skip needed medical care compared to cis-gender heterosexuals. Often their gender-affirming care is not covered by insurance. When they do not receive the care that they need, they are more likely to report their concerns than other individuals. It was found that 46.1% of participants used community clinics as their primary place of care. Additionally, the results showed 70% of trans individuals postponed care due to identity, 57% had a negative experience. Overall, 84% of participants were not denied service or equal treatment. This article shows that there is a trust

between providers and patients in some settings. This would be affected with new laws.

Essentially, transgender individuals are concerned about their health and willingly seek treatment when needed.

“These Laws Will Be Devastating”: Provider Perspectives on Legislation Banning Gender-Affirming Care for Transgender Adolescents

Many states included provisions that would require school officials to disclose whether a child is experiencing gender dysmorphia to their legal guardians. Consequence arises for parents if their child receives gender care. Legislation stands in opposition to standards of care. TGD families have difficulty finding pediatricians trained in providing gender-affirming care. These laws create a legal-structure barrier to care. In this article, providers describe how this interferes with medical decision making, which goes against evidence-based medicine and would increase their need for mental health services. Some providers considered moving states and there were additional financial burden of hiring lawyers for their practice.

State-Level Transgender-Specific Policies, Race/Ethnicity, and Use of Medical Gender Affirmation Services among Transgender and Other Gender-Diverse People in the United States

Previous research explored barriers to gender-affirming care, but little is known about how state-level policies influence the use of medical gender affirming service. Looking at how stigma related to multiple marginalized identities influence access to care. Transgender people of color reported higher rates of trans-related victimization and discrimination. This paper found

that Medicaid recipients were more likely to receive therapy/counseling, but not with hormone treatment use. Having more protective and fewer stigmatizing policies was significantly associated with increased use of both therapy/counseling and hormone treatment. As a result, the sociopolitical climate affects gender affirmation service use. Stigmatized policies only allow for more policies to be passed that impeded on the lives of transgender individuals.

"It's kind of hard to go to the doctor's office if you're hated there." A call for gender-affirming care from transgender and gender diverse adolescents in the United States

This paper served to describe TGD adolescents' experiences, concerns, and needs in health care settings, including their feedback on themes previously identified by health care providers (i.e., discomfort with gender-related topics, reasons for not asking patients about gender, and previous training regarding gender diversity). Providers who are unaware of gender issues may unintentionally stigmatize slights. Lack of knowledge of providers is a major barrier. Health care providers have expressed a lack of comfort with trans patients and a desire for more information, materials, and treatment guidelines. The average time dedicated to teaching in medical school is 5 hours across the entire curriculum. 14% to 18% of family medicine, OB/GYN residents, and pediatric endocrinologist reported that they received adequate training in transgender care. The results showed that providers and youth both agreed that more education and training is needed, and there needs to be more providers who can handle gender affirming care.

CHAPTER IV

DISCUSSION

There were 25 articles used in this review to theorize the possible consequences of these laws on medical providers. Bills from Texas, Oklahoma, Florida, and Arkansas were used in conjunction with the PRISMA analysis to better understand the possible implications for providers of gender-affirming care. These legislations created barriers to the medical profession providing care and showed an aggressive turn toward a more transgender-exclusive environment in healthcare. To better postulate the consequences of the 2023 anti-transgender healthcare bills, articles involving legislation impacting undocumented individuals in the Latinx community were reviewed.

Similarities to Legislation Impacting Immigrant Healthcare

Legislation that limits access to healthcare have impacted numerous cultural groups in the United States. Like the transgender community, United States immigrants from the Latinx community experience negative health outcomes from laws that restrict care for undocumented individuals. Economic hardships are seen in both the undocumented and transgender communities. Without access to insurance, it is difficult to afford medical services, both preventative and emergent. Immigration policies from the early 2000s have restricted access to health care and economic opportunity to undocumented people living in the United States (Ornelas et al., 2020). The decrease in access to care seen in the undocumented community is paralleled by the anti-transgender health laws in 2023. There is an apparent goal to reduce care for these two communities, and it further brings these people into alienation and discrimination.

These attitudes may be perpetuated by the political environment in which these laws are proposed.

In a study exploring immigrant healthcare access in Texas during the Trump administration, key themes such as growing distrust of social services and healthcare workers, and changes in executive rhetoric impeding access to health (Callaghan et al., 2019). In both themes, it is apparent that the political environment has a significant impact on the attitudes and policies of the United States. The fear brought by the media is putting a barrier between medical care and undocumented people. As seen in this study, the anti-immigration laws that have an impact on medical care for the undocumented community is seen at both the federal and state level. States can deny public health insurance to undocumented people, which greatly puts them at risk for negative health outcomes (Ornelas et al., 2020). This same issue of state's rights is seen in 2023, as it is the legislation of each state that is considering laws pertaining to gender-affirming care, not the federal government. Additionally, it is the individual state medical boards that are to change their bylaws regarding best practice medical care, not the American Medical Association as a whole.

The lack of medical care for the undocumented has significant health risks, both physical and mental. The increase in immigration enforcement policies has a direct negative impact on the mental health of the Latinx community (Koball et al., 2022). Similarly, in times when there has been an increase in anti-transgender legislation, there has been an increase in depressive symptoms in transgender Americans (Eisenberg et al., 2020). These oppressive policies have negative mental health consequences for patients in the undocumented and transgender communities, and for both communities these fears create a barrier for those seeking care. Additionally, the undocumented community was seen to have poor overall mental health because

of a low socioeconomic status (Ornelas et al., 2020). Without the necessary resources such as insurance or dispensable income, these individuals are unable to alleviate their depressive symptoms and overall health.

While there are similarities between anti-transgender and anti-immigration laws that impact the medical care of marginalized people, there is also a connection between people immigrating to the United States and the LGBT community. Members of the LGBT community who may leave their home countries to seek safety and acceptance in the United States. Migrant men who have sex with men may have an exposure to HIV, however they would be unable to get needed medical attention as they would not have access to medical care in the United States (Ornelas et al., 2020). The barriers put in place by legislation is therefore putting many people at risk as HIV can be transmitted between this community as they are unable to receive care or may not even know that they have HIV.

Naturally, providers who care for the undocumented community would oppose such laws that have major negative impacts to the mental and physical health. In the study from Texas, it was noted that patients did not attend medical appointments after the strong support of deportation from President Trump (Koball et al., 2022). Providers are losing patients to these laws, and are unable to fulfill their duty to help their community. Just like providers who serve the undocumented, medical providers of gender-affirming care would also see a decrease in their patient population, and a decrease in their services.

Moral Consequences

Gender dysmorphia is a prevalent issue in the transgender community and has a major impact on the mental health of patients. Adolescents begin to show signs of gender dysmorphia during puberty, which makes treatment at this stage important to their mental health and self-esteem (Kyriakou et al., 2020). The most effective way to treat GD in adolescents is a two-step approach that includes psychology support and medical intervention via puberty suppression if requested by the patient (Kyriakou et al., 2020). Kyriakou emphasizes the use of a multidisciplinary approach to the treatment of GD in adolescents. Treating a patient for psychological symptoms but not supporting a patient's phenotypic expression exhibits an ineffective method of caring for gender diverse patients. Removing puberty suppressive medication as a treatment for adolescents experiencing gender dysmorphia ignores the multifaceted nature of this condition. Those who treat GD would find difficulty helping their patients if they cannot use the full range of resources available. Using psychological intervention without medicine or surgery poses the potential for providers to feel like they are unable to appropriately care for the patient. They are unable to fulfill their job role in adequately managing GD in their patients. Medical professions would have to refer more patients to mental health services, especially in the South Central region of the United States, where the most bills against transgender healthcare were seen in the 2023 election cycle.

Due to the conservative environment of the South, there is a higher rate of stress in transgender patients. Using Meyer's stress test, it was found that transgender individuals in states such as Texas, Louisiana, Arkansas, and Oklahoma showed a higher rate of depression and anxiety than states in other regions (Sinnard et al., 2016). These are the same states that have proposed legislature to decrease access to transition care for transgender patients, specifically adolescents. For transgender youth, there was a higher rate of mental health service utilization than other healthcare-related services (Taliaferro et al., 2019). With the proposed barrier put in place to treat an adolescent transgender patient for gender dysmorphia, it would be natural to see an increase in rates of depression and mental health utilization. There were other considerations, such as the inclusivity of the medical clinic and the level of knowledge of healthcare providers, that influenced the mental health of adolescent patients (Eisenberg et al., 2020). The climate created by the 2023 legislative session makes it difficult for patients to receive care as they are afraid of being accepted in the medical practice, and if their healthcare needs will be supported. With treatment for adolescents coming under attack, it would be natural to see training for transgender adolescent care decrease. This decrease not only puts a burden on the patient but also potentially on providers as they are losing essential training on how to support transgender youth. Medical providers in the gender-affirming care field would see a decrease in their patient population as they would not be able to provide treatment. Likewise, follow-up care would decrease as patients would be seeking mental health services instead of medical intervention.

Like the mental health implications on patients, there are possible consequences of these laws on medical providers. The stress induced by the proposition of these laws cannot be ignored, as jobs, licenses, and reputations are on the line. Not being able to make a positive impact on patient's lives undermines the purpose of providers going into gender-affirmative care. There is added stress in knowing that your patients are experiencing severe mental health symptoms that could result in a patient taking their own life (Hughes et al., 2022). The barriers placed on patients and the restrictions on providers create an unwelcoming environment, so much so that some providers must hire legal teams to support their work or even move states to continue their mission. With this, providers must re-evaluate if they want to continue in their current state or move to a state that allows them to do their job (Hughes et al., 2022). Being taken away from where you normally practice and having to acclimate to a new community would pose possible challenges for providers moving to a new area. They would have to make new professional connections and start again with a new patient population. For less experienced professionals, they may be separated from a mentor or preceptor that would provide them with additional knowledge on the field of gender-affirming care.

Financial Consequences

Insurance is a major factor in the ability of a patient to receive medical care. In the United States, employers offer employee-sponsored insurance plans, while those without jobs are either on public health insurance or uninsured. Following suit, transgender individuals are more likely to either be on public insurance or uninsured (Downing et al., 2022). The insurance status of transgender individuals impacts their access to medical care and the possibility of gender-affirming treatment. In 2014, the Affordable Care Act made it mandatory for Medicare to cover

gender-affirming care which seemingly opened the door for transgender individuals to receive care (Bakko & Kattari, 2020). The 2014 mandate expanded access for patients to seek care, which would increase the need for providers who specialized in transgender care. Those interested in the field would see a need in the field of gender-affirming care and seek education to contribute. While the Affordable Care Act allowed for an increase in gender-affirming care that medical professionals were able to provide to patients, it is important to note that insurance status within any community is not shared. Even if the patient is covered by a form of insurance, there is still no guarantee that their treatment will be partially or completely covered. Patients who reside in the Midwest and southern regions of the United States show a 54.6% higher rate of insurance denials for transition surgery (Bakko & Kattari, 2020). This not only highlights the culture surrounding transgender individuals in the South and Midwest, but it also shows that coverage varies and there is a possibility of not being able to cover their treatments.

Additionally, the bills proposed in states such as Texas and Florida, limits access too insurance coverage for adolescents seeking transition care ("S.B. No. 14," 2023) (*CS/SB 254: Treatments for Sex Reassignment*, 2023). State governments restricted public funding of transition treatment, putting a significant financial burden on transgender individuals who were covered by insurance. Medical providers are compensated by insurance companies to provide the necessary care to a patient. If providers who provide gender-affirming care are unable to be compensated for the care they provide, it could have catastrophic monetary consequences for the provider's practice and personal finances (Hughes et al., 2022). The potential financial consequences imposed by anti-transgender health legislation has a large impact on medical providers from running their practice. With a decreased patient population, there is potential that practices will close, and medical providers will be without work. This drive would decrease the amount of

gender-affirming healthcare providers as these providers would have to seek work in other areas. Moving to another area produced additional monetary complications as medical providers would have to cover their moving costs, finding housing, and getting licensed in a new state.

Professional Consequences

These medical professionals went into gender-affirming care because they want to make an impact on the lives of transgender individuals in their transition. If medical providers are unable to provide care, then they have not fulfilled their reason for going into gender-affirming care. Moreover, as mentioned in numerous review articles, these laws go against the standard of care. This causes conflict for providers as they are following the standard of care, but their claim to insurance companies is not going to be covered. There is a disconnect between what is medically standard and what is covered by insurance. In essence, it is contradictory to educate a medical professional on how to care for a patient but not allowing them to do so.

Transgender individuals face significant barriers to receiving care. Looking at rural states in the Appalachian region, over half of adolescent patients were not confident in their provider's knowledge of the gender-affirming care (Gandy et al., 2021). The disconnect in knowledge would only be increased if anti-transgender healthcare laws were passed. The training needed to treat transgender youth would decrease as laws would prohibit medical professionals from providing care. Decreasing the knowledge available would further serve to stunt the field of gender-affirming care and render medical professionals who specialize in the field obsolete. As the social and political landscapes of the United States change access to care

for transgender patients fluctuates. States with more overall protective policies and fewer policies with stigmatizing language showed higher use of mental health services and hormone replacement therapy (Goldenberg et al., 2020).

CHAPTER V

CONCLUSION

Legislation during the 2023 election cycle involving transgender medical care has attempted to provide additional barriers for gender diverse Americans to seek care. These bills would create penalties for those who continue medical care for transgender youth. Medical professionals providing gender-affirming care face many risks while attempting to help their patient with symptoms of gender dysmorphia. Going against the standards of care for the treatment of gender dysphoria and the inability to do no harm would pose moral consequences. Potential financial consequences include losing a large majority of a providers patient population, hiring legal professionals to ensure they are compliant, and the costs of moving for medical providers who chose to leave their current state. Alarmingly, these bills target the professional careers of providers who prescribe hormone replacement therapy or surgical intervention or youth. The bills proposed during the 2023 election threaten to revoke the licenses of medical professionals who provide transgender care to adolescents.

A major question remaining at the conclusion of this review is the concern for how medical providers can continue to protect the rights of their patients. We have seen temporary injunctions, blocks, and court cases supported by the American Civil Liberty Union, all in response to the 2023 anti-transgender healthcare laws. The hope is that this attention would ignite the passion in providers and mobilize them to continue to fight for the rights of their patients. Ultimately, the opposition to this legislation is working and it is time for providers to voice their opinions and stand up for what is best for their patients.

The limitations to this review include the lack of research available on provider's prospective from the 2023 election cycle. Provider prospective would give better insight on how they have been affected by the proposed bills, and how they plan to continue their proactive if the bills were signed into law. A literature review with prospective from providers of gender-affirming care would give insight into the attitudes, and major effects of this legislature on medical providers.

CHAPTER VI

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CHAPTER VII

RESEARCH EXPERIENCE

I began working on this project with Dr. Nolan Kline, Ph.D. in the Department of Population and Community Health at the University of North Texas Health Science Center School of Public Health in May of 2023. He presented the idea of a literature review looking into the attitudes of providers during the 2023 legislative session, as the bills proposed in states such as Florida and Texas had a negative impact on the health of transgender Americans.

We began our weekly meetings on May 18, 2023 and my first task was to create an outline of the topics that I wanted to discuss in my project. My outline was completed on June 9, 2023. From there, my next step was to identify a research question and goals for this project. My initial research question that was presented to my committee on June 23 2023 was “what are the possible consequences of social and healthcare policies affecting transgender individuals on access to healthcare.” The month of June was spent formulating my research question and the structure of this project, as well as developing skills as a researcher. Dr. Kline brought me to the Preferred Reporting Items for Systemic Review and Meta-analysis (PRISMA) which was used to organize the articles used in this review. Although this project is not a systematic review, the PRISMA guidelines gave me the opportunity to organize my articles, key terms, and common themes seen between the literature. The literature review portion of this project took most of the summer semester, and I presented my research proposal in July of 2023.

Following my literature review, I began writing this project in August of 2023 with the intended first draft date of September 18, 2023. My first draft was submitted to Dr. Kline on the 18th of September, and edits were completed on September 27, 2023. My final draft was

presented to my committee on October 13, 2023. My final defense was completed on October 20, 2023.

I am very blessed to have had the opportunity to work on this project with Dr. Kline. I thought I had a good understanding of research before embarking on this journey, but I have learned so much from Dr. Kline when it comes to formulating a research question, organizing thoughts and ideas, completion of project milestones, and preparation for publishing.

Additionally, the kind spirit of Dr. Kline made this project both enjoyable and bittersweet as it comes to its conclusion. My experience with this capstone project has peaked my interest in additional research, and contributions to the fields of science and public health.