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3 Title: Protecting Access to Gender-Affirming Care  
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5 Introduced by: Ashton Lewandowski, for the Medical Student Section  
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7 Original Author: Darian Mills  
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9 Referred To: Reference Committee D  
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11 House Action: **APPROVED**  
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14 Whereas, the World Health Organization (WHO) defines gender-affirming care as, “any  
15 single or combination of a number of social, psychological, behavioral or medical (including  
16 hormonal treatment or surgery) interventions designed to support and affirm an individual’s  
17 gender identity,” and  
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19 Whereas, according to a JAMA published analysis of a survey of 27,715 transgender and  
20 gender-diverse patients, gender-affirming surgery is associated with decreased odds of  
21 psychological distress, tobacco smoking, and suicidal ideation compared to transgender and  
22 gender-diverse patients with no history of gender-affirming surgery, and  
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24 Whereas, according to a prospective cohort study of adolescent patients published by  
25 JAMA, gender-affirming care, including puberty blockers and gender-affirming hormones, is  
26 associated with 60 percent lower odds of experiencing moderate or severe depression and 73  
27 percent lower odds of suicidal ideations, and  
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29 Whereas, a large survey of 35,000 LGBTQ+ youth found that 94 percent of LGBTQ+ youth  
30 reported recent politics surrounding threats to care negatively impacted their mental health, and  
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32 Whereas, a large number of medical associations, including the American Psychiatric  
33 Association, the American Academy of Family Physicians, the American Academy of Pediatricians,  
34 and the Pediatric Endocrine Society, support comprehensive access to gender-affirming care for  
35 transgender and gender-diverse patients, including children and adolescents, and  
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37 Whereas, a large number of medical associations, including the American Medical  
38 Association, American Psychiatric Association, the American College of Gynecologists and  
39 Obstetricians, and the American Association of Clinical Endocrinology, oppose legislation that seek  
40 to restrict patient access to gender-affirming care for transgender and gender-diverse patients, or  
41 that seek to punish, imprison, or fine healthcare providers who provide gender-affirming care, and  
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43 Whereas, since 2021, four states (Arkansas, Tennessee, Arizona, and Alabama) have  
44 implemented bans restricting or banning access to gender-affirming care, and  
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46 Whereas, in 2022, the governor of Texas ordered the state’s child welfare agency to  
47 investigate gender-affirming care as child abuse cases, and  
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49           Whereas, nine states' Medicaid policies explicitly exclude trans health care from their  
50 services covered, and

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52           Whereas, over the past two years, there were more than 20 bills in 25 states filed in state  
53 legislatures that would target transgender medical care, and there are at least 20 bills in 9 states  
54 filed in state legislatures that could be passed in 2023, and

55           Whereas, pending bills in multiple states, such as House Bill No. 6454 in Michigan, would  
56 charge parents who help their children receive gender-affirming care, as well as health care  
57 providers providing gender-affirming care, with first-degree child abuse, punishable by life  
58 imprisonment, and

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60           Whereas, legislation punishing health care providers for providing gender-affirming care  
61 has created undue emotional stress on providers, with many citing anxiety from the uncertainty of  
62 needing to close their practice, radically transform their clinical practice and research, or move to a  
63 different state, and

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65           Whereas, in response to the many bans over the past year, eight states and Washington,  
66 D.C. introduced legislation to protect access to gender-affirming care, and

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68           Whereas, the American Medical Society and Michigan State Medical Society have already  
69 demonstrated a commitment to oppose any efforts that deny an individual's right to determine  
70 their gender identity, to speak against policies that are discriminatory and create greater health  
71 disparities in medicine, and to support increased access for gender affirming treatments; therefore  
72 be it

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74           RESOLVED: That MSMS support legislation that seeks to protect patient access to gender-  
75 affirming care; and be it further

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77           RESOLVED: That MSMS oppose legislation that seeks to ban or restrict patient access to  
78 gender-affirming care; and be it further

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80           RESOLVED: That MSMS oppose legislation that seeks to punish, imprison, or fine health  
81 care providers for providing gender-affirming care as recommended by established medical  
82 guidelines.

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85   WAYS AND MEANS COMMITTEE FISCAL NOTE: \$16,000-\$32,000

**Relevant MSMS Policy:**

**Support of \*LGBTQIA Anti-Discrimination Legislation**

MSMS opposes discrimination based on gender identity and sexual orientation.

*\*Lesbian; gay; bisexual; transgender; queer; intersex; asexual/ally (ally—a person who does not identify as LGBTQIA but supports the rights and safety of those who do)*

**Promotion of LGBTQ-Friendly and Gender-Neutral Intake Forms**

MSMS encourages the use of intake forms in health care settings including private medical practices and hospitals that allow patients to share their biological sex, current gender identity, sexual orientation, and preferred gender pronoun(s) in a culturally-sensitive and voluntary manner.

## **Sex and Gender-Based Medicine in Clinical Medical Education**

MSMS encourages the inclusion of sex and gender-based medicine in clinical medical education in Michigan, including but not limited to, medical schools, residency programs and Continuing Medical Education programs.

## **Oppose Criminalization of Physicians and Patients for Evidence Based Standard of Medical Care (41-20)**

RESOLVED: That MSMS oppose the criminalization of physicians for delivering evidence-based standard of medical care, as well as for refusing to engage in care that is neither safe nor evidence based.

## **RELEVANT AMA POLICY:**

### **Affirming the Medical Spectrum of Gender H-65.962**

Our AMA opposes any efforts to deny an individual's right to determine their stated sex marker or gender identity.

### **Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991**

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

### **Discriminatory Policies that Create Inequities in Health Care H-65.963**

Our AMA will: (1) speak against policies that are discriminatory and create even greater health disparities in medicine; and (2) be a voice for our most vulnerable populations, including sexual, gender, racial and ethnic minorities, who will suffer the most under such policies, further widening the gaps that exist in health and wellness in our nation.

## **Healthcare Equity Through Informed Consent and a Collaborative Healthcare Model for the Gender Diverse Population H-140.824**

Our AMA supports: (1) shared decision making between gender diverse individuals, their health care team, and, where applicable, their families and caregivers; and (2) treatment models for gender diverse people that promotes informed consent, personal autonomy, increased access for gender affirming treatments and eliminates unnecessary third party involvement outside of the physician-patient relationship in the decision making process.

## **Right for Gamete Preservation Therapies H-65.956**

1. Fertility preservation services are recognized by our AMA as an option for the members of the transgender and non-binary community who wish to preserve future fertility through gamete preservation prior to undergoing gender affirming medical or surgical therapies.

2. Our AMA supports the right of transgender or non-binary individuals to seek gamete preservation therapies.

## **Nondiscriminatory Policy for the Health Care Needs of LGBTQ Populations D-65.996**

Our AMA will encourage and work with state medical societies to provide a sample printed nondiscrimination policy suitable for framing, and encourage individual physicians to display for patient and staff awareness-as one example: "This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or gender identity."

## **Reaffirm the MSMS and AMA's Commitment to Diversity and Tolerance**

RESOLVED: That MSMS reaffirms its commitment to diversity and inclusion and condemns all attempts by agencies, be they government or private, to discriminate based on race, religion, sexual orientation, creed, sex, gender identity, disability, ethnic origin, national origin, or age as stated in "MSMS Position on Discrimination;" and supports current AMA Policies H-65.965, H-65.978; and D 160.988.

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