

RESOLUTION NUMBER: C- 06

REFERRED TO: Reference Committee on Public and Occupational Health

SUBJECT: Support for comprehensive gender-affirming care in South Carolina

SUBMITTED BY: Maggie Oliver, Shakti Naidoo, Allie Conry, Michelle Troup

1 **WHEREAS;** Transgender and gender nonconforming people are defined by the American
2 Psychological Association as those who have a gender identity that is not fully aligned with their
3 sex assigned at birth;¹ and

4 **WHEREAS;** An estimated 0.6% of the United States population, or approximately
5 1,637,200 Americans aged 13 and older, identify as transgender;² and

6 **WHEREAS;** An estimated 3,700 adolescents aged 13-17 years and 19,000 adults aged 18
7 years or older identify as transgender in South Carolina;² and

8 **WHEREAS;** Lack of family and social supports, gender-based discrimination,
9 transgender-based abuse and violence, gender dysphoria and body-related shame, and being a
10 member of another minority group contribute to the high rate of suicide in the transgender
11 population³; and

12 **WHEREAS;** A study from the American Academy of Pediatrics (AAP) using survey data
13 of over 120,000 youth found that transgender and non-binary adolescents had the highest rates of
14 attempted suicide (29.9% to 50.8%), compared to a 14.1% rate of attempted suicide among all
15 adolescents;⁴ and

16 **WHEREAS;** 1 in 4 LGBTQ survey respondents in South Carolina reported they have
17 thought about killing themselves - 5 times the state average for suicidality;⁵ and

18 **WHEREAS;** a gender-affirming model of care assists individuals in defining and
19 actualizing their gender identity, allowing for exploration without judgment, and for gender-
20 diverse youth should include age-appropriate psychoeducation about gender and sexuality, family
21 support, social interventions, and - for a small subset of individuals - medical interventions such
22 as puberty blockers;⁶ and

23 **WHEREAS;** As part of gender-affirming care, reversible social interventions such as
24 using a new name or pronouns are often attempted in a stepwise manner, and have been found to
25 lower the rates of depression and anxiety in transgender and non-binary youth;⁶ and

26 **WHEREAS;** Before puberty, the goal of gender-affirming care is to support the process
27 of gender development rather than direct children through a specific course of gender transition or
28 maintenance of cisgender presentation;⁷ and

29 **WHEREAS;** Puberty blockers are considered a fully reversible “pause” on puberty to
30 allow promotion of physical development that is consistent with a child’s gender identity;⁶ and

31 **WHEREAS;** Not all transgender and non-binary people desire every type of gender-
32 affirming care, but data from over a dozen peer-reviewed studies have demonstrated improved
33 mental health outcomes such as reduced levels of depression and suicidality in both adolescents
34 and adults after receiving gender affirming care;⁸⁻²³ and

35 **WHEREAS;** Transgender and gender non-conforming youth who desire but do not have
36 access to gender-affirming care have been found to have higher rates of depression and self-
37 harming behavior;²⁴⁻²⁶ and

38 **WHEREAS;** Research suggests that regret following gender-affirming care is rare and
39 that comprehensive psychological counseling before starting treatment, alongside family support,
40 can reduce chances of regret and detransitioning;²⁷ and

41 **WHEREAS;** A meta-analysis of 27 studies involving nearly 8,000 individuals who
42 underwent gender-affirming surgery found an average of 1% expressed regret, and for some that
43 regret was temporary;²⁸ and

44 **WHEREAS;** major medical organizations – including the American Academy of
45 Pediatrics, the American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the
46 American Psychiatric Association, the American Medical Association, and the American
47 Psychological Association – have published policy statements and guidelines on the provision of
48 age-appropriate gender-affirming care;⁷ and

49 **WHEREAS;** the above six specialty medical societies have found that comprehensive

50 gender-affirming care – including psychological evaluation and counseling, social
51 services, and for some individuals medical intervention – is evidence-based and medically
52 necessary, given its undeniable positive impact on mental health;⁷ and

53 **WHEREAS;** In July 2022, the Medical University of South Carolina (MUSC) stopped
54 providing hormonal care to transgender adolescents after an amendment to the state budget
55 prohibited them from spending state money to do so, resulting in disrupted or discontinued care
56 for the approximately 120 youth previously seen for gender related issues in MUSC’s clinic;²⁹

57 **WHEREAS;** as of February 1, 2023, six states have banned gender-affirming care for
58 transgender and gender non-conforming youth, and at least 21 other states including South
59 Carolina have proposed one or multiple bills to enact similar bans;³⁰ and

60 **WHEREAS;** while recognizing a physician’s right to conscience in not providing specific
61 types of medical care, the South Carolina Medical Association opposes legislation and/or
62 government actions that would criminalize physicians for providing evidence-based medical care
63 within (1) the accepted standards of care according to nationally recognized professional practice
64 guidelines, (2) the scope of a physician’s training, and (3) professional judgment;³¹ therefore, be
65 it

66 **RESOLVED;** that the SCMA oppose legislation restricting the provision of
67 comprehensive gender affirming care, including but not limited to counseling and pharmacologic
68 interventions, to transgender and gender non-conforming individuals of all ages.

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