

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



## Montana Chapter

January 9, 2021

Dear Members of the House Judiciary Committee:

I am a pediatrician and the Vice President of the MT Chapter of the AAP. My testimony is on behalf of that organization, which represents the 130 pediatricians in Montana. I am writing to urge you to oppose HB 113, which would cause incredible harm to the health of transgender youth in Montana.

Additionally, this bill would harm the large number of Montana pediatricians, family doctors, nurse practitioners and physician assistants who collaborate with Montana endocrinologists and psychologists to provide comprehensive, team-based care for transgender youth. This bill would penalize us simply for following best medical practices to provide appropriate care.

1.8% of youth identify as transgender, and a further 1.6% are questioning or gender diverse.<sup>1</sup> This is not an easy path for many children and teenagers. Around half consider suicide, and a third attempt it. We know that if youth are provided with appropriate gender affirming care, the risk of suicide falls dramatically, and transgender people have every opportunity to live their lives in good health.<sup>2</sup>

Medical care for transgender youth is evidence-based and has proven effectiveness. Guidelines for appropriate treatment have been carefully developed and endorsed by the American Academy of Pediatrics<sup>3</sup>, the American College of Obstetrics and Gynecology<sup>4</sup>, the Pediatric Endocrine Society<sup>5</sup>, the American College of Physicians<sup>6</sup>, World Professional Association for Transgender Health<sup>7</sup>, and the American Psychological Association.<sup>8</sup> Medicaid and major insurance companies in Montana cover gender affirming care; in fact, until very recently the HHS Office of Civil Rights required coverage from all insurers, and these rules will likely be reinstated.

These medical guidelines provide for the evaluation of children with gender diversity or gender dysphoria. Some of these patients identify as transgender. Most transgender patients I have encountered have expressed the feeling that they are a different gender by age 4, and continue to express this consistently. Before puberty, there is no medical or surgical treatment that is used at all; guidelines emphasize supporting children as they express themselves. Treatment for these children can include letting them select clothing they prefer, getting a new haircut, or using a different name. This is called "socially transitioning", and this alone has been shown to decrease suicide rates.<sup>9</sup>

Children with gender dysphoria undergo detailed, repeated psychological and medical evaluation, with the participation and consent of their parents. Only after the onset of puberty is medical treatment ever used, and only in some patients. Treatment with medications to temporarily suppress puberty is reversible and allows the patient time, with the ongoing medical supervision of their doctor, to explore their gender identity before committing to a treatment path. These puberty suppressing medications are commonly used for other conditions as well, such as early puberty in children and prostate conditions in men, and their safety is well-established. Later, teenagers can elect to receive hormonal therapy if it is indicated, generally after the age of 16 and after living

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in their authentic gender for some time. Fewer than one quarter of transgender patients ever have surgical procedures, and these are generally recommended after age 18.

This bill would make prescribing any of these medications, with parental consent, a crime. This will cause immediate and irreversible harm for patients currently under treatment in Montana. Being unable to access gender affirming care will increase the risk of suicide for trans youth. Lives are at stake here.

As pediatricians, we fail to see how it is the duty of the Montana legislature to interfere in our ability to provide the best possible care to our patients, in accordance with well-recognized national guidelines. Providing patient care that helps rather than harms is our duty according to the oaths we took as we became doctors. We do not appreciate the Montana legislature putting us in conflict between the law and the needs of our patients.

This bill is an extreme rejection of thoughtful and effective medical treatment for a vulnerable group of children. It would enact barriers that would cause Montana families irreversible harm, and ultimately cost lives. We urge you to reconsider this intrusion into our exam rooms, and this attack on the well-being of Montana youth.

Sincerely,



Lauren Wilson, MD  
Vice President  
Montana Chapter of the American Academy of Pediatrics

<sup>1</sup> Johns M, Lowry R, Andrzejewski J, et al. Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students—19 states and large urban school districts, 2017. *MMWR Morb Mortal Wkly Rep*. 2019;68(3):67-71

<sup>2</sup> Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*. Feb 2020;145(2):doi:10.1542/peds.2019-1725

<sup>3</sup> Achille C, Taggart T, Eaton NR, et al. Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *Int J Pediatr Endocrinol*. 2020;2020:8. doi:10.1186/s13633-020-00078-2

<sup>4</sup> Rafferty J. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence and Section on Gay, Lesbian, Bisexual and Transgender Health and Wellness. *Pediatrics*. Oct 2018, 142 (4) e20182162; DOI: <https://doi.org/10.1542/peds.2018-2162>

<sup>5</sup> Care for Transgender Adolescents. Committee on Adolescent Health Care, American College of Obstetricians and Gynecologists. Committee opinion, January 2017 number 685 (Reaffirmed 2020). <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/01/care-for-transgender-adolescents>

<sup>6</sup> Hembree W, Cohen-Kettenis P, Gooren L, Hannema S, Meyer W, Murad M, Rosenthal S, Safer J, Tangpricha V, T'Sjoen T. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, <https://doi.org/10.1210/jc.2017-01658>

<sup>7</sup> Safer J, Tangpricha V. Care of the Transgender Patient. *Annals of Internal Medicine*. July 2, 2019. <https://doi.org/10.7326/AITC201907020>

<sup>8</sup> Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People. The World Professional Association for Transgender Health. 2011. <https://www.wpath.org/publications/soc>, Accessed January 9 2021.

<sup>9</sup> Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychological Association. *American Psychologist*, December 2015. Vol. 70, No. 9, 832–864 <http://dx.doi.org/10.1037/a0039906>