

Equality Utah: HB 449 Fact Sheet

1. Doctors have rigorous standards regulating the diagnosis, treatment, and care of transgender minors, which are based on peer-reviewed studies.

- The diagnosis, treatment, and care of gender dysphoria in childhood and adolescence is guided by the WPATH (World Professional Association for Transgender Health) standards, which are widely accepted and evidence based.
- The WPATH standards are endorsed by all of the major associations of medical and mental health professionals in the United States—including the American Medical Association, the American Academy of Pediatrics, the American Psychological Association, and the American Psychiatric Association and Endocrine Society.

2. The WPATH standards are supported by numerous peer-reviewed studies on the diagnosis, treatment, and care of transgender minors.

- In 2016, a study published in the journal of the American Academy of Pediatrics found that allowing a transgender minor to socially transition improves the minor's mental health, making them just as healthy as non-transgender minors. Kristina Olson, et al., *Mental Health of Transgender Children who are Supported in Their Identities*, 137 Pediatrics 1 (2016).
- In 2018, a study published in the Journal of Adolescent Health found that allowing a transgender child to use a chosen name and pronouns was associated with significant reductions in depression and suicidality. Stephen Russell, et al., *Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth*, 63 J. Adol. Health 503 (2018).
- In 2019, a study published in the Proceedings of the National Academy of Sciences found that the gender identity of transgender minors is as strong and consistent as the gender identity of other minors. *Similarity in transgender and cisgender children's gender development*, 116 Proceedings of the Nat'l Acad. of Sciences 24480 (2019).

3. Puberty-delaying medications have been safely used to treat a wide range of medical conditions in children for more than forty years.

- These medications have been used to treat gender dysphoria in adolescents for more than twenty years.
- These medications are the only safe and effective treatment for the severe physical and psychological distress experienced by transgender youth after puberty begins.

4. Numerous peer-reviewed studies have already found that puberty-delaying medications are safe and effective.

- A 2012 study published in the Journal of Sexual Medicine concluded: "Behavioral and emotional problems and depressive symptoms decreased, while general functioning improved significantly during puberty suppression. . . . Puberty suppression may be considered a valuable contribution in the clinical management of gender dysphoria in adolescents." De Vries, et al., *Puberty Suppression in Adolescents With Gender Identity Disorder: A Prospective Follow-Up Study*, 8 Journal of Sexual Medicine 2276 (2011).

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- A 2014 study published in the Journal of the American Academy of Pediatrics concluded: “A clinical protocol of a multidisciplinary team with mental health professionals, physicians, and surgeons, including puberty suppression . . . provides gender dysphoric youth who seek gender reassignment from early puberty on, the opportunity to develop into well-functioning young adults.” De Vries, et al., Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment, 134 Pediatrics 1 (2014).
- A 2015 study published in the Journal of Sexual Medicine concluded: “Psychological support and puberty suppression were both associated with an improved global psychosocial functioning in [gender dysphoric] adolescents. Both these interventions may be considered effective in the clinical management of psychosocial functioning difficulties in [gender dysphoric] adolescents.” Costa, et al., Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria, 12 Journal of Sexual Medicine 2206 (2015).
- A 2016 study in the Journal of Sexual Medicine noted: “[Gonadotropin-releasing hormone agonists] have been used for many years for the treatment of children with precocious puberty and no side effects on liver or kidney function have been reported.” The study concluded: “These data suggest routine monitoring of gonadotropins, sex steroids, creatinine, and liver function is not necessary during treatment.” Schagen, et al., Efficacy and Safety of Gonadotropin-Releasing Hormone Agonist Treatment to Suppress Puberty in Gender Dysphoric Adolescents, 13 Journal of Sexual Medicine 1125 (2016).