Senate State Affairs Committee
Senate Bill 1646 by Sen. Charles Perry
Testimony by Marjan Linnell, MD

On behalf of the:
Texas Pediatric Society
Texas Medical Association
Texas Academy of Family Physicians
American College of Physicians Services – Texas Chapter
American College of Obstetricians and Gynecologists – District XI (Texas)
Texas Association of Obstetricians and Gynecologists

April 12, 2021

Chair Hughes, Vice Chair Birdwell, and committee members,

My name is Dr. Marjan Linnell, and I am a practicing pediatrician in Austin. Thank you for the opportunity to testify on behalf of the more than 4,500 pediatrician, pediatric subspecialist, and medical student members of the Texas Pediatric Society, the Texas Chapter of the American Academy of Pediatrics, the Texas Medical Association, the Texas Academy of Family Physicians, the American College of Physicians Services – Texas Chapter, the American College of Obstetricians and Gynecologists – District XI, and the Texas Association of Obstetricians and Gynecologists. We strongly urge you to oppose Senate Bill 1646, which would cause incredible harm to the health of transgender youth in Texas and criminalize physicians for following best-practice medical care.

Nearly 2% (1.8%) of youth identify as transgender, and an additional 1.6% are questioning or gender-diverse.[1] **Transgender children are first and foremost, children**. Transgender children and teens are particularly at risk of feeling unsafe and reporting suicidal ideations – more than 50% have suicidal ideations, and one-third attempt suicide.[2] We know that when youth are provided with appropriate gender-affirming care, including puberty suppressors, the risk of lifetime suicidal ideation falls dramatically.[3]

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,[4] the American College of Obstetrics and Gynecology,[5] the Pediatric Endocrine Society,[6] the American College of Physicians,[7] the World Professional Association for Transgender Health,[8] and the American Psychological Association.[9]

The decision of whether and when to initiate gender-affirmative treatment is personal and involves careful consideration of risks, benefits, and other factors unique to each patient and family. The process involves repeated psychological and medical evaluation, with the participation and consent of a child's parents. Gender-

affirming care for children with gender diversity or gender dysphoria begins with social affirmation. Before puberty, no medical or surgical treatment is used at all. Care for these children includes allowing them to express themselves for who they are – including living with the name and pronouns that are true for them. We know that social transitioning alone reduces the risk of suicide for transgender youth.[10]

Only after the onset of puberty is medical treatment used, and only in some patients – again, with complete consent of the child's parents. **Treatment with medications to temporarily suppress puberty is reversible and allows patients and their family time, with the ongoing medical supervision of their doctor, to explore their gender identity, access psychosocial supports, and further determine their treatment goals**. Puberty-suppressing medications delay the development of secondary sex characteristics that often spark intense distress for transgender patients. Data show that puberty suppression leads to improved mental health and decreases in suicidal ideations for transgender youth. These same medications are commonly prescribed for other conditions, such as early puberty in children and prostate conditions in men, and their safety is well documented.

Later, teenagers can elect to receive hormonal therapy if it is indicated, generally after the age of 16 and after living in their authentic gender for some time. Again, this treatment is safe, evidence-based, and occurs only after extensive discussion with the patient, family, and health care team. Fewer than one-quarter of transgender patients ever have surgical procedures, and these are generally recommended after the age of 18.

As physicians, we must be able to practice medicine that is informed by our years of medical education, training, and experience, and available evidence, freely and without threat of punishment. Providing patient care that helps rather than harms is our duty according to the oaths we took as doctors. Gender-affirming care is part of the comprehensive, primary care we provide to our patients and should not be criminalized or stigmatized. This bill rejects thoughtful and effective evidence-based treatment for a vulnerable group of children. It creates barriers that will cause Texas families irreversible harm and increases the risk of negative health outcomes for transgender youth.

Thank you for the opportunity to testify against SB 1646. For any questions or follow-up, please contact Clayton Travis, director of advocacy and health policy, Texas Pediatric Society, Clayton.Travis@txpeds.org.

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[1] Jones B, Arcelus J, Bouman W, Haycraft E. Sport and Transgender People: A Systematic Review of the Literature Relating to Sport Participation and Competitive Sport Policies. *Sports Med*. 2017; 47(4): 701–716.

[2] Ibid.

[3] 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

[4] 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

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

[6] 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

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

[8] Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People. The World Professional Association for Transgender Health. 2011. www.wpath.org/publications/soc. Accessed Jan. 9, 2021.

[9] 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

[10] Ibid.