

Dear Members of the House Health Care Committee:

The Vermont Medical Society and American Academy of Pediatrics are reaching out to respond to some of the points raised in testimony regarding S. 37 today.

First, we would like to respond to the statement that clinicians may be forced to provide specific types of treatment. There is nothing in S. 37 that requires any clinician to provide any health care service. Further, there are existing federal Conscience protection for those who do not provide certain health care services. See

https://www.hhs.gov/sites/default/files/ocr/civilrights/provider_conscience_factsheet.pdf

In follow-up to the discussion around mental health and suicide rates for transgender youth we have pulled together some resources that may be of interest to you. The data shows that transgender adults who underwent gender affirming care (GAC), beginning in adolescence, showed **similar or better improvements** in mental health functioning compared to their cisgender peers.

The mental health **concerns** found in transgender youth are not a result of identifying as transgender-these concerns are the result of bullying, discrimination, harassment, and a lack of social acceptance among family and community members. **Research** shows that 61% of transgender youth are battling depression, 45% of transgender youth have seriously contemplated suicide, rates which far exceed their cisgender peers, and 29% of transgender youth have attempted suicide. The Trevor Project's National Survey on LGBTQ Youth Mental Health 2022 **found** that 71% of transgender and nonbinary youth have experienced discrimination based on gender identity in their lifetime, which can negatively affect their mental health. In a **study** of more than 1,000 transgender youth, researchers found transgender youth had higher chances of suicidal ideations and outcomes compared to cisgender youth. Transgender adults who underwent GAC, beginning in adolescence, showed **similar or better improvements** in mental health functioning compared to their cisgender peers.

Further, an American Academy of Pediatrics published a paper in February of 2022 and its conclusion states: **“Gender affirming medical interventions were associated with substantial improvement in both depression and suicidality (but not anxiety) over the 12 month period. Given this population's high rates of adverse mental health outcomes, including suicidality, this data provides critical evidence that expansion of access to gender affirming care will save lives.”** -

https://publications.aap.org/pediatrics/article/149/1%20Meeting%20Abstracts%20February%202022/590/186447/Mental-Health-Outcomes-and-Receipt-of-Gender?_ga=2.68837844.472524976.1674666413-770155780.1668529279?autologincheck=redirected

Also, this article from May 2021 discusses the negative effects of laws on gender diverse adolescents - <https://www.psychiatrytimes.com/view/the-negative-impact-of-current-legislation-on-gender-diverse-adolescents>

And finally attached are two articles from the parental perspective – 1) The Journal of Family Psychology on the “Impact of Gender-Affirming Care Bans on Transgender and Gender Diverse Youth”: Parental Figures’ Perspective; and 2) “I Am Afraid for Those Kids Who Might Find Death Preferable”: Parental Figures’ Reactions and Coping Strategies to Bans on Gender Affirming Care for Transgender and Gender Diverse Youth from the American Psychological Association.

This is a lot of information, but I hope it is helpful and shows clearly how important protecting access to these services is to our youth.

Thank you again for leading this important discussion and legislation.

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