

1 **RESOLUTION #23-12**

2 **ENTITLED:** Recognition and Protection of Gender Affirming Care

3 **SUBMITTED BY:** Alison Case MD, Cynthia Heckman-Davis MD, Mary Mahern MD, Juan Carlos Venis,
4 MD, MPH

5
6 WHEREAS, rights of gender non-conforming persons are under attack across the country particularly
7 with regards to access gender affirming care, and

8
9 WHEREAS, transgender people experience worse health, compared with cisgender people due to
10 avoidance of care, stress from discrimination and alienation, and higher rates of sexual and physical
11 violence, and

12
13 WHEREAS, transgender youth are at increased risk of depression and suicidal ideation, and

14
15 WHEREAS, access to pubertal suppression treatment in adolescence has been shown to decrease
16 the risk of lifetime suicidal ideation in transgender adults, and

17
18 WHEREAS, the risk of poor mental health outcomes increases the longer gender affirming care is
19 delayed, and

20
21 WHEREAS, the Indiana General Assembly has already passed legislation limiting gender affirming
22 care for transgender and non-binary youth, and

23
24 WHEREAS, all major medical associations including the American Medical Association, the American
25 College of Physicians, the American Academy of Pediatrics, the American College of Obstetricians and
26 Gynecologists, and the American Academy of Family Physicians (AAFP) affirm the importance of
27 evidence based gender affirming care for the health and safety of gender non-conforming patients, and

28
29 WHEREAS, the AAFP specifically “supports access to gender-affirming care for gender-diverse
30 patients, including children and adolescents. Gender-affirming health care is part of comprehensive
31 primary care for many gender-diverse patients, and may include supportive behavioral health care,
32 gender-affirming hormones, puberty blockade, medical procedures, and surgical interventions”, and

33
34 WHEREAS, the AAFP has policy opposing “all discrimination in any form, including but not limited to,
35 that on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity,
36 ethnic affiliation, health, age, disability, economic status, body habitus, or national origin” and

37
38 WHEREAS, the Indiana Academy of Family Physicians (IAFP) does not have a distinct policy
39 regarding transgender care or direction for IAFP lobbyists at the Indiana General Assembly, therefore
40 be it

41
42 RESOLVED, that the Indiana Academy of Family Physicians supports access to evidence based,
43 gender-affirming care for gender-diverse patients, including children and adolescents, and be it further
44

45 RESOLVED, that the Indiana Academy of Family Physicians lobby to actively oppose any legislation
46 limiting access to gender affirming care including opposing the criminalization of physicians providing
47 that care, patients seeking that care, and any who facilitate the care, and be it further

48
49 RESOLVED, that the Indiana Academy of Family Physicians lobbying efforts in the Indiana General
50 Assembly will reflect the American Academy of Family Physicians policy

51

1 RELEVANT AAFP POLICY:

2 Family physicians are uniquely suited to provide gender-affirming care because of their whole-person
3 focus, ability to create care plans that meet the needs of diverse individuals, and longitudinal
4 relationship with the patient across the entire lifespan. Family physicians are uniquely suited to
5 provide gender-affirming care because of their whole-person focus, ability to create care plans that
6 meet the needs of diverse individuals, and longitudinal relationship with the patient across the entire
7 lifespan. Family physicians who do not provide this care should take steps to ensure that patients
8 requiring gender-affirming services are appropriately referred.

9
10 Transgender and gender nonbinary people often face social and economic marginalization, and
11 experience a variety of barriers to healthcare, including overt discrimination, inadequate health
12 insurance coverage, legislative interference in the physician-patient relationship, and poor physician
13 knowledge of appropriate treatment. The AAFP supports gender-affirming care as an
14 evidence-informed intervention that can promote health equity for gender-diverse individuals, although
15 wider sociopolitical efforts are necessary to further mitigate these barriers and advance equity. The
16 AAFP asserts the full spectrum of gender-affirming care should be legal and should remain a treatment
17 decision between a physician and their patient.

18
19 The AAFP supports education on gender diversity and gender-affirming care at all levels of medical
20 education, including medical school, residency and continuing professional development. “ (October
21 2020 BOD) (September 2022 COD)