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LWVSC Testimony, Senate Medical Affairs Subcommittee on S. 627

The League of Women Voters of South Carolina supports the right of all persons to autonomy in decision-making associated with health care. The ability to control our bodies, to have privacy in medical decision-making, and the right to make personal health care decisions are fundamental to our health, dignity, and freedom. The League opposes S. 627 and its companion bill S. 623, because they violate these rights.

S. 627 prohibits medical treatments for gender dysphoria in the critical adolescent years. It prevents persons with this condition from making health care decisions for themselves in consultation with their physicians and families. S. 623 prevents persons from amending their birth certificate to accurately reflect their gender identity. The state should have a compelling overriding interest to warrant enacting these very damaging restrictions of personal freedom. The rationale that has been given is that treatments for gender dysphoria are harmful to minors. This is contrary to guidance from the most respected sources of relevant medical expertise.

The American Academy of Pediatrics (AAP)[1] [2] and the American Psychological Association (APA)[3] agree that gender dysphoria is a condition [4] that demands medical and psychological evaluation and treatment, not intrusive legislation. The American Medical Association (AMA) has made its position on medical evaluation and treatment very clear:[5]

> *The AMA opposes the dangerous intrusion of government into the practice of medicine and the criminalization of health care decision-making," said AMA Board Member Michael Suk, MD, JD, MPH, MBA. "Gender-affirming care is medically necessary, evidence-based care that improves the physical and mental health of transgender and gender-diverse people.*

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[1] American Academy of Pediatrics, "Policy Positions: Transgender Healthcare," https://en.wikipedia.org/wiki/American_Academy_of_Pediatrics#Transgender_healthcare.

[2] American Academy of Pediatrics, "AAP Policy Statement Urges Support and Care of Trans-gender and Gedner-Diverse Children and Adolescents, 17 Sep 2018, https://www.aap.org/en/news-room/news-releases/aap/2018/aap-policy-statement-urges-support-and-care-of-transgender-and-gender-diverse-children-and-adolescents/.

[3] American Psychological Association, "Understanding transgender people, gender identity and gender expression." https://www.apa.org/topics/lgbtq/transgender-people-gender-identity-gender-expression.

[4] Gender dysphoria is defined as a condition, not a disorder or pathology.

[5] American Medical Association, "AMA reinforces opposition to restrictions on transgender medical care." https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care.

In contrast, bill supporters rely on the opinions of a local orthopedist, Richard McCain, M.D. In his testimony he claimed that a study has demonstrated that social transitioning (changing pronouns, name, hairstyle, clothing) causes increased persistence of gender transition. However, that was not the conclusion reached by the authors of the recent peer-reviewed study on this subject published in the journal *Pediatrics.*[6] That research confirms that those who transition socially are indeed unlikely to revert to their previous gender identification. However, as every student of science or logic knows, correlation is not causality. There was no suggestion by the authors that social transitioning was a causal factor. Further, an accompanying commentary incorporating data from multiple studies tells us that: [7]

> *The low risk of regret should also inform the actions of legislators attempting to substitute their judgment for the judgment of patients, parents, and providers by denying transgender adolescents access to this evidence-based and potentially life-saving treatment.*

In addition, we are puzzled about why the examples of transitions gone wrong presented by several individuals who testified on March 23 are considered useful evidence in support of these bills. Such instances are sufficiently rare that relevant South Carolina cases could not be brought to the subcommittee and those who testified were from out-of-state. Furthermore, if accurately described, these testimonies suggest poor judgment by patients and doctors, perhaps even medical malpractice. We do not prohibit other medical treatments because poor judgment by a patient or malpractice by a physician may occasionally (in this case very rarely) produce harmful results. If we did, no one would ever get knee replacement or back surgery.

S. 627 would endanger individuals and intrude into their personal rights in additional ways. This bill requires that educators inform a student's parent or guardian if they suspect the child "suffers from[8] gender dysphoria, gender identity disorder,[9] or other psychological conditions that can result in a person identifying with a gender different than that of their sex." This would be required even in situations in which telling the child's family about expressions of gender dysphoria puts the child at very high risk for abuse or homelessness. It would also put yet another burden on our teachers, from whom we already ask much.

The reputable scientific and medical evidence is clear, consistent, and unambiguous. Gender dysphoria is a real condition, not a disease or pathology, and transgender minors should be able to receive medical support and treatment affirming their gender identity. This bill, which would prohibit that, emphatically does not protect children with gender dysphoria. Does it simply protect those who are uncomfortable with gender diversity from encountering

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[6] Kristina R. Olson, Lily Durwood, Rachel Horton, Natalie M. Gallagher, Aaron Devor, "Gender Identity 5 Years after Social Transition," *Pediatrics* (13 Jul 2022) Vol. 150 (2), https://publications.aap.org/pediatrics/article/150/2/e2021056082/186992/Gender-Identity-5-Years-After-Social-Transition.

[7] Christina Roberts, MD, "Persistence of Transgender Identity among Children and Adolescents," *Pediatrics* (August 2022) Vol. 150 (2), https://publications.aap.org/pediatrics/article/150/2/e2022057693/187006/Persistence-of-Transgender-Gender-Identity-Among.

[8] The authors of this bill should recognize that transgender individuals "suffer from" social and political demonization rather than from their identity.

[9] The APA does not recognize gender dysphori
a as a "disorder." It is a condition.

those who are unlike them? Is it an attempt to use the power of the state to enforce conformity with specific cultural and religious beliefs about gender and sexuality?

We frequently hear complaints of "government overreach." What could be more clearly government overreach than these intrusions into the private lives of its citizens, intrusions with the potential to do great lasting harm and even destroy lives?

We urge this subcommittee to reject S. 627 and its companion bill, S. 623.

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APPENDIX: FURTHER INFORMATION ON STUDIES MENTIONED IN THE TEXT

The authors of a recent major study of minors who had socially transitioned concluded that retransition is rare in this population.[10] Only 7% had retransitioned at least once, and only 2.5% were living as cisgender 5 years after initiation of the study. Within this group, there was a somewhat higher tendency for those who transitioned socially very early (before age 6) to retransition.[11] Gender identification stabilized at age 10-13. The authors did not suggest in any way that social transition was causal in increasing the number who did not retransition.

Pediatrics also published a commentary on this article, a meta-analysis of previous studies of a broader population of minors (including those who did not socially transition). The conclusion presented was that "The high persistence rates in this prospective study confirm previous findings and suggest that regret after starting gender-affirming treatment should be an uncommon event. This low risk of regret after gender-affirming treatment should reassure providers when recommending gender-affirming interventions to their patients. The low risk of regret should also inform the actions of legislators attempting to substitute their judgment for the judgment of patients, parents, and providers by denying transgender adolescents access to this evidence-based and potentially life-saving treatment."

[10] Kristina R. Olson and others, "Gender Identity 5 Years after Social Transition," *Pediatrics* (13 Jul 2022) Vol. 150 (2), https://publications.aap.org/pediatrics/article/150/2/e2021056082/186992/Gender-Identity-5-Years-After-Social-Transition.

[11] Important to note: These individuals were too young to have received hormonal treatment and far too young for surgical treatment.