



February 5, 2023

**Email: [BOMPublicComment@flhealth.gov](mailto:BOMPublicComment@flhealth.gov)**

**Florida Board of Medicine**

4052 Bald Cypress Way Bin C-03  
Tallahassee, FL 32399-3253

**Florida Board of Osteopathic Medicine**

4052 Bald Cypress Way Bin C-06  
Tallahassee, FL 32399-3257

**Dear Members of the Florida Boards of Medicine and Osteopathic Medicine,**

On behalf of over 30,000 medical students, pre-medical students, advocates and alumni physicians at the American Medical Student Association (AMSA), we would like to convey our firm belief that rule 64B8-9.019 Standards of Practice for the Treatment of Gender Dysphoria in Minors be reconsidered and rejected. As it stands, this rule constitutes an egregious ban on medically necessary care for many transgender and nonbinary (TNB) youth and stands as one of the most extreme anti-transgender healthcare proposals in the United States. We urge the Florida Boards of Medicine and Osteopathic Medicine to consider existing medical evidence and widely accepted professional medical standards when determining the standards of clinical practice in Florida.

Gender affirming care for TNB youth is safe and evidence-based care. Current standards of care established by the World Professional Association for Transgender Health (WPATH) support gender-affirming medical treatment for TNB adolescents, noting that treatment is “effective and helpful for many transgender adolescents seeking these treatments.” WPATH also states that, from an ethical standpoint, “allowing irreversible puberty to progress in adolescents who experience gender incongruence... may have immediate and lifelong harmful effects for the transgender young person.”<sup>1</sup>

Existing research clearly demonstrates the high prevalence of negative mental health outcomes in TNB youth, including depression, anxiety, self-harm, and suicidality. These negative mental health outcomes are attributable to the chronic stress TNB youth experience, stemming from societal stigma and discrimination.<sup>2,3</sup> For such youth who desire it, gender affirming care for has been repeatedly shown to produce short-term and long-term improvements in their mental health.<sup>4,5,6</sup> Existing literature further illustrates low rates of regret or cessation of treatment in TNB youth who desire and receive gender affirming care.<sup>7</sup>

Undermining direct condemnation and statements made by the American Medical Association<sup>8</sup>, the American Academy of Pediatrics<sup>9</sup>, the Endocrine Society<sup>10</sup>, American Psychological Association<sup>11</sup>, and the World Professional Association for Transgender Health<sup>12</sup>, the boards' efforts to curtail access to gender affirming care will unequivocally place the most vulnerable members of Florida's youth at risk of harm. Inability to access gender affirming care has been clearly linked to worse mental health outcomes for transgender and nonbinary youth, including increased psychosocial stress and increased suicidality.<sup>4,13</sup>

AMSA staunchly denounces the boards' cruel ban on adolescent gender affirming care. We urge the members of the Florida Boards of Medicine and Osteopathic Medicine to act in the best interests of Florida's transgender and nonbinary youth and reject rule 64B8-9.019.

#### Citations

1. Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*. 2022;23(sup1):545-547. doi:10.1080/26895269.2022.2100644
2. Becerra-Culqui TA, Liu Y, Nash R, et al. Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics*. 2018;141(5). doi:10.1542/peds.2017-3845
3. Tebbe EA, Budge SL. Factors that drive mental health disparities and promote well-being in transgender and nonbinary people. *Nature Reviews Psychology*. 2022;1(12):694-707. doi:10.1038/s44159-022-00109-0
4. Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Network Open*. 2022;5(2). doi:10.1001/jamanetworkopen.2022.0978
5. van der Miesen AIR, Steensma TD, de Vries ALC, Bos H, Popma A. Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *Journal of Adolescent Health*. 2020;66(6):699-704. doi:10.1016/j.jadohealth.2019.12.018
6. Turban JL, King D, Kobe J, Reisner SL, Keuroghlian AS. Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLOS ONE*. 2022;17(1). doi:10.1371/journal.pone.0261039
7. Olson KR, Durwood L, Horton R, Gallagher NM, Devor A. Gender identity 5 years after Social Transition. *Pediatrics*. 2022;150(2). doi:10.1542/peds.2021-056082
8. AMA reinforces opposition to restrictions on transgender medical care. June 2021. <https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care>. Accessed January 24, 2023.
9. Rafferty J, Yogman M, Baum R, et al. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*. 2018;142(4). doi:10.1542/peds.2018-2162

10. Endocrine Society condemns Florida ban on gender-affirming care. November 2022. <https://www.endocrine.org/news-and-advocacy/news-room/2022/endocrine-society-condemns-florida-ban-on-gender-affirming-care>. Accessed January 24, 2023.
11. APA decries Florida guidance calling for withholding treatment for gender non-conforming children. April 2021. <https://www.apa.org/news/press/releases/2022/04/florida-withholding-treatment-nonconforming>. Accessed January 24, 2023.
12. WPATH/USPATH STATEMENT OF OPPOSITION TO FLORIDA DRAFT RULE BANNING GENDER AFFIRMING CARE FOR ADOLESCENTS. November 2022. <https://www.wpath.org/policies>. Accessed January 24, 2023.
13. Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*. 2020;145(2). doi:10.1542/peds.2019-1725

Respectfully yours,



Michael Walls, DO, MPH  
National President, American Medical Student Association



Nikitha Balaji, incoming M1  
LGBTQ+ Health Coordinator, American Medical Student Association



Anna Hindman, OMSIII  
Vice President for Leadership Development, American Medical Student Association

**About the American Medical Student Association:** AMSA is the oldest and largest independent association of physicians-in-training in the United States. Founded in 1950, AMSA is a student-governed, non-profit organization committed to representing physicians-in-training, advocating for quality and affordable health care for all, and building the next generation of physician leaders. To join our community, visit [AMSA.org](https://www.amsa.org).

AMSA believes reproductive health services are essential to comprehensive health care, and we support full access to the entire range of reproductive services. We believe legal, safe, voluntary abortions should be available to all who need them regardless of how much they earn, who they work for, or what state they live in.

The [AMSA Abortion Care & Reproductive Health Project](#) works with AMSA members, chapters, alumni, and allies to advance these beliefs, and ensure a diverse physician workforce that includes highly skilled, culturally sensitive physicians prepared to provide abortion services to those who need them in various health care workplaces.

