

Resolution to End Health Care Discrimination for Transgender People

WHEREAS transgender individuals make up a small, though substantial, population in the United States,^{1 2} and

WHEREAS transgender individuals experience significant discrimination in multiple areas of their lives, including employment, housing, public accommodations, and health care³ and

WHEREAS the National Transgender Discrimination Survey⁴, completed by over 7,000 transgender individuals in the U.S., found that 19% of respondents had been denied medical treatment due to their gender identity, that 28% had been harassed in a medical setting, and that 50% reported having to teach their provider about basic transgender health in order to obtain appropriate care, and

WHEREAS the AAFP's policy on Patient Discrimination "opposes all discrimination in any form, including . . . gender identity,"⁵ and

WHEREAS physicians are inadequately prepared to provide care to transgender individuals – Obedin-Maliver et al (2011) found that only 30.3% of U.S. medical schools report teaching about gender transitioning⁶, and

WHEREAS the 7th version of the World Professional Association for Transgender Health (WPATH) Standards of Care for the health of Transsexual, Transgender, and Gender Non-Conforming People, released September 2011, states that, "Many of the screening tasks and management of co-morbidities associated with long-term hormone use, such as cardiovascular risk factors and cancer screening, fall more uniformly within the scope of primary care rather than specialist care,"⁷ and

WHEREAS many transgender people are unable to access medical care related to gender transition due to specific exclusion of coverage related to gender transition on the part of public and private insurers, and

WHEREAS cross-sex hormone treatment and gender-confirming surgeries have been linked to improved quality of life for transgender people,^{8 9} and lack of access to transition-related care has been shown to lead to negative health outcomes as well as increased poverty and other negative social outcomes,¹⁰ and

WHEREAS the American College of Obstetricians and Gynecologists (ACOG) recently released a committee opinion that ob-gyns should prepare to provide routine screening and treatment to transgender individuals, or refer them to other physicians¹¹, and

WHEREAS ACOG and the American Medical Association (AMA) have issued statements in support of insurance coverage of medically indicated transition-related care,^{12 13} now therefore be it

RESOLVED that the __AFP supports public and private insurance coverage for treatment of gender identity disorder/ gender dysphoria, and be it further

RESOLVED that the __AFP recognizes that care of transgender individuals, including providing or referring for cross-gender hormone treatment, is within the scope of family medicine, and be it further

RESOLVED that the __AFP recommends that all medical students and family medicine residents receive training that will enable them to meet the basic primary care needs of transgender individuals in a competent and respectful manner, and be it further

RESOLVED that the __AFP will instruct its delegates to present this resolution to the AAFP Congress of Delegates.

¹ Proulx AM, Morgan SL. "Transgender care resources for family physicians." *Am Fam Physician*. 2006; 15;74(6):924-926. <http://www.aafp.org/afp/2006/0915/p924.html>

² ACOG. "Ob-Gyns: Prepare to treat transgender patients." News release. 11/21/11. http://www.acog.org/About_ACOG/News_Room/News_Releases/2011/Ob-Gyns_Prep_to_Treat_Transgender_Patients.aspx

³ Grant JM et al. "National transgender discrimination survey report on health and health care." Findings of a study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force. October 2010. http://transequality.org/PDFs/NTDSReportonHealth_final.pdf

⁴ Ibid.

⁵ American Academy of Family Physicians. "Patient Discrimination." Policy Statement. 1996. 2010 COD. <http://www.aafp.org/online/en/home/policy/policies/d/discrimination.html>

⁶ Obedin-Maliver J et al. "Lesbian, Gay, Bisexual, and Transgender-Related Content in Undergraduate Medical Education." *JAMA*. 2011;306(9):971-977.

⁷ World Professional Organization for Transgender Health. Standards of Care Version 7. 2011. <http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf>

⁸ Newfield E, Hart S, Dibble S, Kohler L. Female-to-male transgender quality of life. *Quality of Life Research*. 2006;15(9):1447-1457.

⁹ Ainsworth TA, Spiegel JH. Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery. *Quality of Life Research*. 2010;19(7):1019-1024.

¹⁰ Gehi PS, Arkles G. Unraveling injustice: Race and class impact of medicaid exclusions of transition-related health care for transgender people. *Sexuality Research and Social Policy*. 2007;4(4):7-35.

¹¹ ACOG. Committee Opinion #512 "Health Care for Transgendered Individuals." *Obstetrics & Gynecology*. Dec. 2011. http://www.acog.org/About_ACOG/News_Room/News_Releases/2011/Ob-Gyns_Prep_to_Treat_Transgender_Patients.aspx

¹² Ibid.

¹³ American Medical Association. H-185.950 Removing Financial Barriers to Care for Transgender Patients. 2008. <https://ssl3.ama-assn.org/apps/ecom/PolicyFinderForm.pl?site=www.ama-assn.org&uri=%2fresources%2fdoc%2fPolicyFinder%2fpolicyfiles%2fHnE%2fH-185.950.HTM>