Research Report

IMPACTS OF A FLORIDA LAW RESTRICTING ACCESS TO GENDER-AFFIRMING MEDICAL CARE

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Abstract

Since 2023, several states have introduced or enacted laws that restrict access to gender-affirming medical care, including hormone blockers, hormone replacement therapies, and gender-affirming surgery. To explore the impact of such laws, this study used qualitative research interviews with 17 mental health professionals to explore the impacts of Florida Senate Bill 254, which specifically prohibits gender-affirming medical care for minors and places restrictions on access to such care for adults. These restrictions encompass regulations on who can prescribe hormone therapies, mandatory in-person informed consent processes with medical providers, and a prohibition of state-funded Medicaid for gender-affirming medical care. Research participants identified ten primary impacts of the law: reduced access to gender-affirming medical care; extra time, bureaucracy, and costs to access gender-affirming medical care; emotional, mental health, and social concerns; increased discrimination, transphobia, and harassment; instances of out-migration from Florida; reliance on gray market hormones; uncertainty and confusion among patients; impacts on family members; instances where the law had no discernable impact; and a rise in advocacy and mobilization efforts. Research participants supported an evidence-based approach to gender-affirming care, emphasizing the the best interests of individuals seeking these services.

* **Note:** The information provided in this research manuscript does not necessarily reflect the views of Florida Atlantic University or any other organizations with whom Dr. Barsky is affiliated. This article may be cited as: Barsky, A. E. (2024, October 28). Impacts of a Florida law restricting access to gender-affirming medical care (research manuscript), Florida Atlantic University, Boca Raton, FL.

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Imagine a transgender adult who has been receiving hormone therapy to transition into the person they know themselves to be. With a recent change in the law, Medicaid no longer covers gender-affirming care and this individual's access to hormone therapy faces abrupt termination. What are the impacts on this individua? More broadly, what are the overall effects of a law that bans gender-affirming medical care for minors and restricts access for adults a variety of ways?

On May 17, 2023, Florida Senate Bill 254 (SB-254), titled "Treatments for Sex Reassignment," became effective. This bill imposes significant restrictions on gender-affirming medical care, including:

- a prohibition of "sex reassignment prescriptions or procedures" (hormone blockers, hormone therapies, and surgeries) for individuals under 18 years, with limited exceptions for minors already receiving such treatments;
- a requirement that sex reassignment prescriptions and procedures for adults be prescribed only by licensed physicians, including medical, allopathic, or osteopathic physicians;
- a mandate that consent sex reassignment treatments for adults be voluntary, informed, and written, and the treating physician "physically present in the same room" as the patient providing consent; and
- a prohibition against using the state's Medicaid funds for sex-reassignment prescriptions or procedures.

This research examines the impacts of HB-254, including its effects on the psychological and social wellbeing of transgender and gender diverse (TGD) individuals and family members. Specifically, this research explores the perspectives of mental health professionals (MHPs) working with TGD clients in Florida. The findings of this research may be used to inform policy development and further research on the regulation of access to gender-affirming medical care.

Literature Review

Key Concepts

For the purposes of this article, transgender "describes a person whose gender identity and/or expression is different from their sex assigned at birth, and society and cultural expectations around sex" (Health and Human Services, 2022, p.1). Gender diverse is "an umbrella term for a person with a gender identity and/or expression broader than the male or female binary" (Health and Human Services, 2022, p.1). Gender-affirming care (GAC) refers to any forms of medical, social, psychological, behavioral, voice and communication, or financial interventions or care that respects and supports a client's gender identity and expression (Coleman et al., 2022). Gender-affirming medical care (GAMC) refers more specifically to medical treatments such as hormone blockers, hormone treatments, and surgeries supporting the client's gender identity and expression. Although SB-254 uses the term "sex reassignment prescriptions or procedures," the term gender-affirming care is used by medical and mental health professionals to acknowledge that the goal is to support the person's authentic gender identity and expression, not to change or reassign their sex. Social transition is the process by which an individual begins to live their lives within their identity, and may include changing pronouns, selecting a new name, and changing appearance (Reynolds & Goldstein, 2014). Although SB-254 explicitly prohibits hormone treatment and surgery for minors, it does not ban assistance with social transitions or other forms of gender-

affirming care. Further, it is important to note that while some TGD individuals desire or have had GAMC, many do not desire or seek hormone treatment or surgery (Bhatt et al., 2022).

Effectiveness and Risks of Gender-Affirming Medical Care

Recent years have seen various debates about the effectiveness and risks associated with GAMC. The World Professional Association for Transgender Health (WPATH) conducted rigorous GAMC research reviews to inform its "Standards of Care for the Health of Transgender and Gender Diverse People" (Coleman et al., 2022). According to these standards, health care systems should provide access to GAMC, viewing it as medically necessary for those TGD people in need. While many health systems require a diagnosis of gender incongruence or gender dysphoria for GAMC, WPATH standards suggest that gender diversity is not a pathology and that decisions about GAMC should be individualized. Although some research supports the effectiveness of early GAMC interventions for minors, WPATH standards suggest further longitudinal studies with larger samples are needed, particularly the long-term outcomes for GAMC in minors. The standards suggest that medical and mental health professionals work collaboratively with TGD minors and their caretakers, conducting comprehensive biopsychosocial assessments and educational discussions before making treatment decisions.

Despite the WPATH standards and research supporting the efficacy of GAMC in reducing gender incongruence and promoting positive psychosocial wellbeing, Florida and 24 other states have imposed restrictions on GAMC, including specific bans for minors (Human Rights Campaign, 2024). Proponents of such bans have suggested: transgender identity is not real (people cannot change their sex); minors lack the mental capacity to make informed decisions about GAMC; GAMC interventions are irreversible; parents and guardians should not be making such decisions on behalf of minors; many minors later regret having GAMC;[1] GAMC constitutes mutilation and child abuse; some physicians provide GAMC without taking sufficient time and assessments to determine their necessity or safety; and transgender activists (including some physicians and mental health providers) push for GAMC for minors whose transgender identity or concerns may be transitional (Doe v. Ladapo, 2024; Levine & Abbruzzese, 2023; Paul, 2024). Although there are risks associated with GAMC and some patients may later regret particular procedures (Cass, 2024), proponents of access to GAMC suggest that critics have politicized the debate, rely on research lacking scientific rigor (Reed, 2024), overemphasize problems and undervalue the benefits of GAMC, and base arguments on religious convictions rather than research evidence. Abreu et al. (2022a) suggest that laws banning GAMC are based on hyperbole and misinformation, including mistaken beliefs that puberty blockers are irreversible and that TGD minors frequently undergo permanent alterations. For example, while many TGD minors undergo *social transitions* before they turn 18 (Cass, 2024), surgeries like mastectomies and gonadectomies for minors are relatively rare (Bhatt et al., 2022; *Doe v. Ladapo*, 2024). National health associations such as the American Psychological Association, American Medical Association, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and American Academy of Family Physicians recognize GAMC as evidence-based interventions (American

[1] In a study of 300 transgender children between 3 and 12-years-old at the time of their social transition, Olson et al. (2022) found that 94% continued to identify as transgender at a five-year follow-up after transition. Another 3.5% identified as nonbinary and only 2.5% identified as cisgender. Most of those who identified as cisgender were under 6 at the time of their social transition. Turban et al. (2023) also note that regret is not synonymous with transition, as TGD people who transition often do so for external reasons such as pressure from family, school, or work, rather than due to regret.

Psychological Association, 2024; *Doe v. Ladapo*, 2024; GLAAD, 2024). Following a systematic review of GAMC research, Cass (2024) highlights the need for further research on the longterm effectives of puberty blockers and hormone treatments for adolescents. To advance evidence-based practice, she suggest cautious clinical approaches under specific research protocols. McNamara et al. (2024) provide a critique of Cass's systematic review methods and conclusions about the risks and benefits of GAMC for minors; however, they note that many of Cass's suggestions are consistent with the WPATH standards and that Cass did not call for bans on GAMC for minors.

Impacts of Antitransgender Legislation

According to the minority stress model (Hendricks & Testa, 2012), TGD individuals may experience higher levels of stress than cisgender people due to exposure to transphobia and transdiscrimination, including antitransgender laws and antitransgender political rhetoric (Abreu et al., 2022a).[2] Empirical research on the effects of specific legislative bans on TGD individuals is limited. In a multi-state survey study of 134 parental figures of TGD youth, Abreu et al. (2024b) found that laws banning GAMC for minors led to higher levels of depression, suicide ideation, anxiety, and gender dysphoria, as well as decreased safety, increased stigma, and reduced access to medical care. Participants urged legislators not to politicize the issue of transgender health, but rather, decriminalize GAMC for minors. Removing bans on GAMC would allow minors and their caretakers to determine appropriate medical treatment in conjunction with their physicians and mental health providers. Participants also believed that removing such bans would reduce antitransgender stigma.

Kidd et al. (2020) conducted an online survey of 273 caretakers of TGD minors, inviting their responses about legislation proposed in several states that would ban GAMC for minors. The caretakers' primary concerns were that such legislation would decrease access to needed medical care, impede their children's autonomy over medical decisions, and lead to increases in mental health concerns and suicidal ideation. They encouraged lawmakers to leave medical decisions for their children to families and their medical providers.

Constitutional Challenges to Antitransgender Legislation

Some courts have issued injunctions against GAMC bans, finding they violate the due process and equal protection clauses under the Fourteenth Amendment of the U.S. Constitution (Doe v. Ladapo, 2024; Poe v. Labrador, 2023). These courts have found that since GAMC bans criminalize providing certain types of medical care for TGC minors but not for cisgender minors, they discriminate based on sex and transgender status. Other courts have upheld the validity of laws banning gender-affirming care (The Guardian, 2024). Although the constitutionality of GAMC bans is still working its way through various courts, the United States Supreme Court has allowed states to continue to enforce such bans (SCOTUSblog, 2024).

This study is designed to explore the impact of Florida's legislative restrictions on GAMC. This information may be used to guide legislators and public policy makers regarding the future

[2] In a Florida committee hearing on SB 254, a legislator described transgender witnesses as "mutants" and "demons" (*Doe v. Ladapo*, 2024).

of GAMC for minors and adults, including possible regulations, funding, and measures to improve access to evidence-based GAMC services.

Methods

This study used a qualitative, phenomenological approach to examine the impact of SB-254 (Denzin & Lincoln, 2017). Convenience sampling was used to identify 17 licensed mental health professionals who currently work with TGD clients in Florida. The researchers emailed invitations to participate in the research to practitioners who identified that they worked with transgender clients, including those who advertised this specialization on their website or were members of professional groups serving this population. Upon receiving consent to participate, the author conducted in-depth semistructured interviews with each participant via videoconferencing. The open-ended questions focused on the impact of SB-254 on their clients. During interviews, participants were encouraged to share specific narratives of how their clients were affected by this law, and were prompted for further details and examples of its impacts. Each interview was videorecorded to facilitate transcription. The author transcribed each interview, anonymized the transcripts by removing identifying information, and deleted the videorecordings to protect the privacy of research participants and the people they served.

The transcripts were analyzed through thematic qualitative analysis using an inductive, semantic approach (Iphofen & Tolichm, 2018). The author analyzed the data by thoroughly reviewing all transcripts and using word coding to discern patterns of words, phrases, and meanings within the responses. The author then identified common themes among various research participants (Denzin & Lincoln, 2017).

Findings

Demographics

Of the 17 research participants, 10 were licensed clinical social workers, 5 were licensed mental health professionals, 1 was a licensed psychologist, and 1 was a licensed family and marriage therapist. Regarding post-licensure practice experience, 3 had 1 to 5 years, 8 had 6 to 10 years, 2 had 11 to 15 years, 2 had 21 to 25 years, and 2 had 25 to 30 years of experience. In terms of geographic distribution, 14 had offices in South Florida, 3 in Central Florida, and 1 North Florida. One had offices in more than one region. In addition, 10 served clients throughout Florida through telemental health services.

Impacts of SB-254

Upon analyzing MHP's responses about the impacts of SB-254, 10 themes emerged: reduced access to GAMC; extra time, bureaucracy, and costs to access GAMC; emotional, mental health, and social concerns; increased discrimination, transphobia, and harassment; left Florida; gray market hormones; uncertainty and confusion; impact on family members; no impact; and mobilization. The following sections explore each of these themes in the order of the frequency of examples provided by research participants.

1. Reduced Access to GAMC

The most frequently noted impact of Bill 254 is that it reduced access to gender-affirming medical care (GAMC), including hormone replacement therapy, hormone blockers, and surgery. In terms of minors, MHPs noted that GAMC providers immediately stopped providing hormone blockers and hormone treatments unless the minor was already receiving them: "You can't find a pediatric endocrinologist anymore… All those clinics are closed." MHPs noted that doctors were not willing to put their "licenses on the line" by challenging the law and providing GAMC to minors. Some MHPs wondered whether they could lose their license for simply writing a letter in support of hormone blockers for minors. Although minors receiving hormones were not prohibited from continuing them, one MHP noted that a father refused to allow his minor-child to continue hormone treatments due to passage of the law and related messaging about the risks of hormone treatments, believing SB-254 legitimized concerns about the risks of hormone therapy. Various MHPs explained that surgery for minors was not that common prior to enactment of Bill 254, but all surgeries for minors were stopped after its enactment.

Although Bill 254 did not ban GAMC for adults, it placed restrictions on GAMC that impeded access for many TGD clients. MHPs noted that many medical professionals and clinics stopped providing services or closed their clinics completely due to Bill 254. One MHP noted:

> [A]ny clinic that offers gender-affirming care to anyone who is over the age of 18 must have a full-time medical doctor on staff… So, there was a very crafty way for DeSantis's administration to also eliminate gender-affirming care for adults… they had to shut down [GAMC] services because they did not have a… full-time medical doctor on staff. And that is a very unrealistic thing for a small clinic in [name of small town in central Florida].

MHPs suggested that some GAMC providers were scared about legal liability, so they stopped providing services rather than incur legal risks. Some MHPs framed the reluctance of providers to continue GAMC as overcompliance:

> I kind of perceived this like over-compliance… there were these parameters that said, "You can provide gender-affirming care, you know, within these parameters. And if you use these informed consent forms, etc. And our [clinic's board of directors] was saying, "No. We're not going to, you know, it's not going to happen."

Given the complexity of following the law, some GAMC providers stopped offering GAMC due to fear of losing their license, being fined, or risking prosecution.

MHPs reported that some hormone-providing clinics closed because they did not have medical doctors on staff, noting that SB-254 prohibits nurse practitioners and physician assistants from prescribing hormone treatments, with one MHP reporting:

> [W]ell over 60% of our trans clients were seen by a physician's assistant and he could no longer prescribe. So, my employer decided to put a pause on all gender-affirming care, like many agencies did.

Other MHPs mentioned that they contacted numerous to whom they previously referred clients, only to find that many of them closed or no longer advertised that they provided GAMC. As one MHP noted, "[W]e contacted somewhere between 8 and 10 agencies that used to provide gender-affirming care and received the same shutdown response from all of them." Another MHP reported, "There's a [gynecologist] that I know of in [name of city] and I noticed that she's, you know, taken down her website associated with transgender health." Although some clinics were

able to hire doctors, others were unable to do so. MHPs suggested the greatest impact of this prohibition may be on people in smaller communities and people who live far from larger centers (as discussed further in the following section).

MHPs noted that some mental health colleagues had stopped writing WPATH letters for TGD clients. Some MHPs were concerned about legal liability, as well as negative repercussions from their employers. The reduction in MHPs and social agencies serving TGD clients may make it more difficult for them to access GAMC as well as psychotherapy and social support services. Some MHPs who stopped providing assessments and referrals for GAMC continue to provide other counseling and support services.

MHPs noted that SB 254 prevented clients on Medicaid from receiving GAMC.[3] These clients on Medicaid were particularly vulnerable since they do not have the means to purchase private insurance, pay fee for services, or travel to another state or country where they might access GAMC. As one MHP noted:, "I have a client on Medicaid. His HRT [hormone replacement therapy] was paid by Medicaid. Now he has to pay $120/month. He can't afford it…"

Some MHPs noted that certain private health insurance companies stopped paying for hormone treatments and surgeries. Others placed limitations on who may qualify. Forcing some clients to pay "out of pocket." One MHP reported:

> I've also noticed a significant increase in difficulty with surgeries for some reason…There's a lot a lot more limitation with insurance companies pushing back, or you know, making…the surgery not valid.

Another MHP noted, "This [law restricting access to GAMC] is affecting poor people more than people with means." In contrast, an MHP said that clients eligible for healthcare through the Veterans Administration and Medicare may receive GAMC since these are both federal programs, not affected by state law.

While most MHPs reported a significant decline in providers of GAMC for adults, some reported that they were still able to identify physicians who provided hormones and surgery.

2. Extra Time, Bureaucracy, and Costs to Access GAMC

Whereas the first theme focused on SB-254's prohibitions on GAMC, this theme focuses on how the law made it more difficult or complicated to obtain GAMC in terms of additional time, bureaucracy, and costs to clients. The first part of this section explores these impacts for adults. The balance of this section explores these impacts for minors.

MHPs identified that SB-254 created new hurdles, such as requiring additional assessments and signatures to authorize GAMC for adults. For example, some MHPs said certain insurance companies were requiring as many as four professionals to authorize surgery: two physicians and two MHPs. Others suggested that clients generally needed one physician and one MHP. They noted that consent requirements changed when the state issued new consent forms. One MHP said that full psychological evaluations could cost $1,500. They said that under the International Classification of Diseases (2024) gender incongruence is not considered a mental health issue, but rather an issue related to sex. They did not believe that a full psychological evaluation was needed for someone seeking gender-affirming surgery. They noted that people could obtain cosmetic

[3] In *Dekker v. Weida* (2023), the court held that Florida could not bar people from using Medicaid for hormone therapy. Despite this ruling, research participants believed their clients were still being barred from using Medicaid.

surgery without the need for a full psychological evaluation. They also noted that surgeons questioned the need for psychological evaluations.

Several MHPs expressed concerns about the requirements for multiple assessments and signatures, noting that by the time all the assessments were completed and the person was scheduled for surgery, the earlier assessments and signatures may have expired; accordingly, the insurance companies could refuse to authorize the surgery and the person would have to return to providers for new assessments. One MHP shared:

> I had one patient come to me … they wanted to get, you know, top surgery. So, they needed my letter. They need to see a physician. They need to go get an EKG; they need to go get like 3 blood tests… They finally got it done, but… it took them an additional like 3 or 4 months just to get it all through.

Another MHP reported that some surgeons are no longer willing to navigate the bureaucracy imposed by SB-254 and related regulations to assist TGD clients.

Another hurdle identified by MHPs was the requirement to provide in-person consent for HRT. Previously, clients could provide consent online. The requirement for in-person meetings creates particular hardship for people who live far from larger cities with HRT providers and for people who have difficulty traveling due to lack of a private vehicle or lack of funds for travel. As one MHP noted:

> This has put a significant damper on accessibility… not every adult has access to a car and then can drive to a doctor's office to get hormones. I have several patients that can't do that. They just don't have a vehicle or anything, and so, it makes it harder for them to go and have to sign a form that could pretty much be done online.

Given that many clinics with nurse practitioners had to close, clients in small communities have had to drive farther to provide in-person consent with their new providers. One MHP noted that some TGD clients cannot rely on family members to help drive them for GAMC services because they are not out to their families or do not have supportive families. One client has to drive two hours each week in complete secrecy, so her family does not know she is receiving hormones. In addition to providing in-person consent to initiate HRT, clients also had to go in-person for renewals. An MHP reported:

> [P]eople were no longer allowed to renew hormones [prescriptions] online or on the phone. They had to go into appointments which meant they had to take off work, and again felt really marginalized. I can get somebody to renew a *controlled substance* without seeing me…It's up very objectifying and essentializing and marginalizing that you have to come in every time.

MHPs identified the costs of HRT as another hurdle. Some individuals who were previously able to obtain HRT locally have been forced to purchase them online, incurring additional expenses of up to $120 per month due to the loss of Medicaid or private insurance coverage. One MHP also noted that clinics are experiencing higher costs as a result of SB-254. Clinics that had to hire physicians to do work previously performed by nurse practitioners incur extra costs for those physicians.

A final barrier to treatment relates to paperwork, including the length of the consent forms and the numbers of signatures required. One MHP said:

> I looked into the paperwork for… the new consent forms… for the male transitioning, there's something like 38 places where the person has to initial or sign, and for the female, I think it was 43 places. And I think that, in and of itself, is an administrative burden and barrier that no one should have to initial a piece of paper 40 odd times to consent to treatment.

Although most MHPs expressed concerns about the additional time, bureaucracy, and costs in relation to the implementation of SB-254, one MHP thought that some changes were warranted. In particular, he believed that physicians were better able than nurse practitioners to assess who needed GAMC. He also believed that it was important for physicians to meet clients in-person prior to prescribing HRT. He suggested that many of the challenges were transitional and that, over time, clinics have adapted by hiring physicians. He noted that some providers were offering "pop-up clinics" to serve smaller communities that no longer had permanent clinics. Other MHPs felt that nurse practitioners were well-qualified and that in-person meetings were not required. They believed that the state government's primary rationale for requiring in-person visits and physicians (rather than nurse practitioners) was to make it more difficult for people to receive GAMC.

For minors who were not already receiving GAMC, the primary effect of SB-254 is that they must delay GAMC until they are 18 years old (unless they go out of state, as discussed under the heading, "Left Florida"). Several MHPs noted that transgender children may experience body dysphoria from a very early age (5 to 7 years old) and that they should not be denied GAMC until they are adults. They noted that puberty blockers are helpful in preventing development of secondary sexual characteristics such as body hair, changes in voice, height, and breast development. These MHPs saw puberty blockers as "buying time," allowing them to make social transitions and reducing their experiences of gender dysphoria. They noted that hormone blockers could improve their mental health, reducing issues such as depression, anxiety, and suicidal ideation (as described further under "Emotional, Mental Health and Social Concerns"). Thus, MHPs believed that waiting for care could have deleterious effects on TGD youth. Three MHPs said they did not support GAMC for minors. One believed that GAMC should not be provided to people of any age because transgenderism is caused by "heavy metals that have been absorbed by the brain and the whole system in utero." This MHP suggested that her role was to help them accept their biological sex rather than support gender-affirming hormone therapies or surgery. The other two MHPs believed that GAMC was irreversible, so minors should have to wait until they are adults to make such decisions, thus indicating that delaying GAMC in youth as directed in SB-254 was inconsequential. Most MHPs however, believed that minors, with the assistance of their parents and health care professionals, should be able to make decisions about GAMC. MHPs noted that decisions about surgery for minors should not be rushed. Some said they are hesitant about recommending surgery because it is irreversible. Others noted that, for particular clients, the potential benefits of surgery could outweigh the risks that a person may want to detransition. Several noted that they had not known any clients who later decided to detransition. They acknowledged that there are some people who detransition, but that there may be instances where the professionals involved did not provide sufficient evaluations and counseling prior to providing GAMC.

3. Emotional, Mental Health, and Social Concerns

MHPs highlighted the negative effects of SB-254 on the emotional, mental, and social wellbeing of TGD clients. MHPs believed the impact of SB-254 was dramatic. As one MHP said,

people seeking GAMC are "really upset, horrified, angry, hurt, frantic…" about the prohibitions and restricted access to GAMC. They noted that while providing GAMC can reduce risks related to depression, anxiety, and suicide, self-harm, barring access increases these risks.

One of the most pervasive emotional responses was fear. One MHP said, "Fear is the first thing that comes to mind of clients expressing fear about… not just their care, but about their safety as a human being in Florida, feeling that their existence is under threat." MHPs provided examples of how clients felt unsafe physically and psychologically, in the community, in schools, and at work. Clients reported a range of fears including fear that they would not be able to obtain GAMC, fear that they the government would enact additional antitransgender laws, and fears that they would experience violence or harassment at the hands of people who were emboldened by the anti-trans sentiment and rhetoric associated with SB-254. Minors and their parents were particularly afraid that they would not be able to obtain GAMC within the state. One MHP noted "everybody's just panicked and afraid they can't get anything, and they can't, even treatment that would be clinically or medically indicated." Others suggested that their minor clients felt worried, anxious, hopeless, or frustrated because they were being denied GAMC. Clients were particularly concerned that they would not be able to live "their authentic life" and "it feels like they're not going to be able to achieve what their hopes and dreams are." Among minors who were receiving hormones prior to passage of SB-254, there were feelings of panic and fear due to uncertainty about whether they would be able to continue with their hormone blockers or hormone therapy. In addition to depression and suicidal ideation, one MHP noted that some of her minor clients engaged in self-harm because they were unable to transition and express their authentic selves.

Some clients were afraid of being in public due to fears of hate crimes and transphobia. One MHP quoted a client as saying: "I constantly worried for my safety in Florida. I'm a trans person in Florida. Have you seen these laws that have passed?" Another MHP was working with a transgender couple who both expressed fears of abuse after passage of SB-254:

> They don't have to move [out of Florida] because of HRT because they can still get it here. But they have a fear of physical harm, a fear of being outed at work.

Other clients expressed fears that the government would gather confidential health information about them, put them on some sort of registry, and use this information to discriminate against them. Some clients expressed concerns about simply having a diagnosis of gender dysphoria on their medical records. For some clients, passage of SB-254 led to fears of genocide. One MHP noted, "[G]enocide [does not] start off with, 'Let's kill all the people in a particular group.' It starts off with dehumanizing that group and separating that group, and… they felt that this [SB-254's passage] was like a step in that process, and that was very scary to them." Even if they could continue to receive GAMC, they had an increased "sense of not belonging" and a "sense of being persecuted." Another MHP suggested that TGD individuals feel "under attack by a government they don't understand, and extremely targeted…" for discrimination.

One MHP noted that more parents expressed concerns about the safety of their TGD children to the point where they were afraid to bring their children to see the MHP in her office if other people might be around. As a result, the MHP started to offer evening and weekend appointments, when no other offices were open, so the parents and children were less likely to run into people that they knew.

In terms of social impact, some clients expressed difficulty functioning at work or school due to high levels of fear, depression, or distress. One MHP described how lack of access to GAMC

led to dysthymia and depression, causing some minor clients to perform poorly in school and eventually drop out. Some fears and sources of anxiety were not related solely to SB-254, but also to other laws that had been passed. For instance, some minors were experiencing discrimination at schools because teachers believed that they had to use their students' names and pronouns assigned at birth rather than those that fit with their social identities. In describing one client, an MHP shared, "They were a senior and used their dead name[4] for the first time. They've been having heightened periods of anxiety, panic attacks." MHPs noted that some clients required medication to assist with the levels of anxiety and fear that they were experiencing. SB-254 prevents minors from having a voice about their own medical care.

MHPs suggested that some clients internalized the negative messaging from the debate and passage of SB-254. An MHP said one client believed "I'm not, you know, worthy of getting the care that I need, and I have to kind of drown in this dysphoria." Other clients reported feeling abandoned by their health care providers, previously seen as their "only safe place," but now rejecting them for services due to SB-254. Still others felt hopeless or frustrated because they were unable to obtain GAMC.

Various MHPs reported clients who experienced dysphoria, depression, suicidal ideation, or non-suicidal self-harm as a result of SB-254 and its impact on their ability to obtain GAMC. One MHP noted, "there's increases in possible suicidality or depression or anxiety as a result of not being able to transition within this appropriate timeframe for a lot of teens." Another MHP described a trans woman who was already experiencing economic and housing instability and was refused assistance by a physician to have her gender marker changed. The physician's refusal "really sent her over the edge, spiraling," leading to depression, suicidal thoughts, and disengagement from services. A third MHP noted that when people with gender dysphoria are unable to pursue GAMC they may be become "miserable" and "suicidal."

In terms of mental health, some MHPs noted that various clients had prior concerns around depression, anxiety, and self-esteem. They suggested that SB-254 was particularly damaging to these clients, causing further depression, anxiety, and self-questioning. In describing one client, an MHP noted "any progress that we had made toward mitigating depressive symptoms was kind of out the window. She started to report the desire for self-harm again; her sort of feelings of hopelessness." The client questioned why "trans people are so hated" and it brought back feelings of self-hate that she experienced as a child.

MHPs noted that SB-254's impact extended to relationships with intimate partners parents, and work associates. One MHP explained, "I think that just naturally sort of trickles out and transitions to everybody in their world, their professional lives, that sort of thing. That it, that it creates conflict all around them." Parents and partners experienced fear, distress, and concerns for their loved ones. One MHP noted how a client became so frustrated and withdrawn due to SB-254 that he dropped out of college. Leaving school "wreaked havoc" among his whole family, his main support system. MHPs noted that when individuals experience inner conflict and mental health issues, it creates concern and conflict among various support systems.

MHPs noted that not all clients experienced serious problems related to emotions, mental health, and social functioning as a result of SB-254. Clients already receiving GAMC prior to this law's enactment may not have had the same experiences of fear, frustration, and distress because

[4] "Dead name" is a term that some TGD people use to refer to the name on their birth certificate or the name that they used prior to their gender transition.

they previously accessed GAMC and were able to continue. For some clients, there was additional bureaucracy and stress to continue; for instance, they may have needed to find new GAMC providers or may have had to see their physicians in-person rather than online. Still, they were able to access the care they needed and were not affected as severely in terms of emotional, mental health, or social concerns.

4. Increased Discrimination, Transphobia, and Harassment

MHPs identified various ways in which their clients experienced an uptick in discrimination, transphobia, and harassment due to SB-254. Although MHPs acknowledged that it would be challenging to prove that this increase was directly caused by SB-254, they believed the uptick began when SB-254 was proposed and public debates started. Some clients shared specific examples of harassment or discrimination attributable to SB-254. One MHP quoted a client asking, "Why do my government officials hate me? Why do people not understand or like me, or want to see me harmed?" MHPs suggested that their clients associated these increases in transphobia not only with passage of the law, but also with the government's support for it

MHPs noted that SB-254 itself is discriminatory, negatively affecting the "dignity and worth" of TGD individuals. It prevents TGD people from accessing needed healthcare, singling them out as if they do not deserve the right to self-determination and bodily autonomy. An MHP suggested that SB-254 essentially tells TGD people that they are "not capable of making their own decisions… like they're sick or defective in some way." For instance, MHPs noted that Florida law allows minors to receive hormones blockers to treat premature puberty, but not to treat gender dysphoria. They also noted that while patients may be prescribed opiates without providing consent in-person, they cannot receive hormone therapy without doing so.

MHPs felt that SB-254's restrictions in were discriminatory and not rooted in evidence-based medical practice. One MHP described SB-254 as "completely unnecessary and cruel treatment. Another suggested:

> We were already dealing with a lot of, I would say, multiple [legislative] attacks on LGBT in the State of Florida. And this [passage of SB-254] just sort of solidified that it… was very personal to them, to the trans community, that it was very aggressive.

One MHP described SB-254's restrictions on GAMC as tantamount to saying, "This person's story isn't valid." They believed that MHPs are supposed to meet clients where they are, honoring their stories and self-determination. However, SB-254 prevents TGD people from living their authentic lives and suggests their stories are "illegal" or "immoral."

MHPs suggested that the discriminatory nature of SB-254 and the negative rhetoric about transgender individuals tended to embolden people to harass and mistreat TGD people. One MHP said, "When we codify transphobia, we give it permission… It was like… making transphobia the law of the land." MHPs provided several instances where coworkers, employers, customers, or other people misgendered their clients or refused to use their proper names. While incidents of misgendering occurred prior to SB-254, clients noted that misgendering was often accidental. There seemed to be more instances where people intentionally used misgendering to harass TGD people following its passage. Some MHPs suggested that discrimination was not only more frequent, but bolder and more intense, leading clients to feel singled out and more worried about their ability to find and maintain jobs, earn income, and participate in educational opportunities.

One transgender parent expressed concerns that her child was more likely to be targeted for bullying as a result of growing transphobia and stigmatization.

Mistreatment reported by TGD clients tended to be verbal rather than physical. Still, many MHPs said their clients described feeling physically unsafe, believing that SB-254 had unleashed hate toward them. MHPs reported incidents where health care providers expressed transphobia, for instance, asking inappropriate questions, speaking to clients in inappropriate manners, and not even trying to be informed about concerns of TGD individuals. One MHP recalled a client working in a retail store who was taunted by customers, "Oh, you're one of those." Despite witnessing ongoing harassment, the store manager did not intervene and showed no empathy or support for their employee.

For minors, MHPs noted increases in anti-trans discrimination within schools. Some attributed this increase not only to SB-254, but also to other recent laws that restricted what teachers and other school personnel could discuss regarding gender and sexual orientation. As noted earlier, some teachers refused to use proper pronouns and names for TGD students. In one instance, teachers began using a client's dead name rather than the name everyone had used throughout high school. This led the student to experience "heightened periods of anxiety" and "panic attacks." Another MHP reported concerns that teachers were not protecting TGD students from harassment by other students. Some MHPs related the impact of SB-254 to other anti-trans laws, such as laws requiring TGD individuals to use bathrooms associated with their sex assigned at birth. One MHP quoted a client as worrying, "I'll be forced to go into a bathroom that I don't look like I belong in" and "I'll be arrested and put in the gender-of-my-birth-type prison, and will be sexually assaulted." Although SB-254 did not relate specifically to the "bathroom bill,"[5] MHPs noted that clients felt that this bathroom law was part of a pattern of legislated discrimination. Another MHP quoted a young client as saying, "Most people around here now want me dead," highlighting the incredible threat that the client felt due to being nonbinary. This MHP suggested that TGD students' level of exposure to discrimination depended on the schools that they attended and their family's level of social privilege. Students attending more progressive private schools, for instance, may experience less discrimination. Teachers and parents may be more likely to step in and protect these students from discrimination. Parents from privileged backgrounds may be able to advocate more effectively for their children. They may also be able to remove their children from harmful school environments.

One MHP noted that, since passage of SB-254, more primary care physicians were discriminating against TGD individuals by refusing to provide for medical care or by talking down to them. One MHP said that certain physicians had no understanding of how to work with TGD people and no interest in becoming more informed. They described a physician who asked intrusive and inappropriate questions to a TGD client, as well as pediatricians who misgender their patients. Given these types of experiences, some TGD clients felt unsafe about accessing medical care, including some who now avoided medical care altogether. One MHP reported that a client seeking chest reconstruction surgery felt very threatened by the way that an intake worker spoke to her about the procedure. Another MHP suggested that SB-254 confirmed people's pre-existing biases, giving precedent to the belief, "Oh, it's acceptable to be discriminatory" toward TGD

[5] Florida House Bill 1521 (2023), referred by some people as the "bathroom bill," creates a misdemeanor offence for people who use a public restroom or changing facility that does not match their sex assigned at birth.

people. One client reported leaving the state due to their inability to find a "compassionate" primary health care provider in Florida.

Most MHPs did not indicate that clients were reporting more frequent discrimination or "adverse experiences" from MHPs; however, one MHP reported that some MHPs were more likely to refer TGD clients to another provider rather than providing services themselves.

Examples of increases in transphobia were also noted within families. One MHP reported that some family members were "spouting more hateful rhetoric" as a result of SB-254 and the news that they were hearing about this bill, including transphobic messages shared through social media. As a result, MHPs suggested that some TGD clients were more hesitant to come out to their spouses due to the rhetoric around SB-254.

5. Left Florida

MHPs reported that several clients left Florida or were planning to leave due to the forementioned impacts of SB-254: restrictions on access to GAMC; negative impacts on their emotions, mental health, and social wellbeing, and experiences of discrimination and transphobia in Florida. They suggested that additional clients would have liked to leave Florida, but stayed because of family, jobs, or lack of financial resources to move. One MHP described a TGD client who was so concerned about deteriorating conditions in Florida that she left the state even though it meant being separated from her son. Another family with a transgender mom left the state because they no longer felt safe living in Florida. Not every client wanted to leave because of SB-254. Some clients wanted to stay and were motivated to resist the law. Others were able to obtain GAMC without having to leave Florida. One MHP suggested that some TGD people may have left Florida due to the impacts of this bill being overhyped by some media and activists. Some TGD people may have thought that SB-254 banned adults from all types of GAMC, even though its restrictions on GAMC adults were more limited. This MHP felt the impetus for TGD adults to leave Florida to access GAMC may lessen as they become aware of how to access GAMC within the state.

Examples of people leaving Florida to obtain GAMC included people who left temporarily to receive treatment, as well as those who moved away permanently. MHPs provided examples of clients who would have been able to access GAMC within Florida but chose to leave Florida for surgery or hormone treatments so their medical information, including their diagnosis of gender dysphoria, would not be included in any Florida medical records (including insurance records). MHPs noted key downsides to seeking GAMC outside Florida, including the added financial costs and the need to leave family, friends, and support systems. One MHP described leaving the state for GAMC as dangerous because of "no contact with providers who know their medical history, no contact with family… stress about recovery, making arrangements, not being at home, having to worry about taking off more extensive time from work." Risks were particularly significant if clients experience complications from their GAMC and do not receive proper follow-up. For instance, if they were obtaining hormones outside the state, they were not receiving appropriate follow-up and ongoing assessment from their local physicians. Even when they saw their physicians, the physicians would not have their GAMC records. Some clients who obtained surgery out-of-state were afraid to seek primary medical care or discuss their transition with Florida physicians. One MHP noted that some clients preferred to leave the country for GAMC rather than obtain GAMC within the United States: they did not want any health records accessible within the country.

One MHP noted that SB-254 may reduce the number of professionals in Florida who can provide GAMC in Florida, negatively affecting the economy as well as posing risks to people who need GAMC. Another MHP lamented that so many TGD people were leaving Florida that some of the remaining TGD individuals are losing their support systems. Yet another MHP noted that one client not only relocated herself to another state, but also her multimillion-dollar company and its employees. She wanted her employees to have access to appropriate and compassionate health care regardless of their gender identity. Another reason for leaving the state was pressure from LGBTQ+ people living in more liberal states. An MHP described a TGD client as an online influencer who felt pressured by others about why they would remain in Florida despite the anti-LGBTQ+ environment.

Although financial costs were a key barrier to accessing GAMC out of state, various MHPs noted that there were several organizations raising funds to support TGD individuals who wanted to leave the state to obtain GAMC. One MHP noted that access to funding was not the only challenge. For clients with mental health issues, for instance, dealing with the logistics of traveling abroad may be overwhelming.

Some clients left Florida due to rising violence against TGD individuals, including fears that things could get worse. One MHP noted that TGD individuals are leaving Florida because they are "really upset, horrified, angry, hurt, frantic" about SB-254. One MHP described a client who performed as a drag queen and felt that passage of SB-254 pushed her over the edge:

> She had never thought to leave Florida before, and one of the things she kept saying was, you know, "I don't know what's going to happen in Florida and this country, and I'm not going to stay around to find out. It's just, you know, I'm not going to be here when the walls get worse or when the targeting gets worse."

Another MHP also noted that access to GAMC was not the only reason TGD clients were leaving the state:

> They don't have to move because of HRT because they can still get it here. But they have a fear of physical harm, a fear of being outed at work. In [this case], it's not about being able to get their medication.

One MHP quoted a client who left the state as saying, "It just feels like… it's not legal for me to be here." She was concerned not only about SB-254, but also about the passage of an anti-drag law. This client was able to continue her job after leaving Florida because she worked remotely. Some MHPs noted that it was not only TGD people who were leaving the state because of discriminatory laws such as SB-254. They identified other people who left or were planning to leave the state because of these laws and fears about the future direction of the state.

MHPs noted that some families left Florida to obtain GAMC because they could not obtain it within Florida or because they felt their children were unsafe. Other families decided to delay GAMC until adulthood. MHPs noted specific instances of minors planning to leave Florida to go to college in states that were friendlier to TGD people. MHPs described minor clients who were currently unable to leave the state as "very unhappy and scared for what might come next." MHPs noted that leaving Florida created significant financial burdens for families.

In terms of the states where clients relocated, they tended to be more liberal states in the northeast or western regions of the United States. Clients chose locations not only where GAMC was more easily accessible, but also where they felt safe, there was a larger LGBTQ+ community

and more resources, there was less discrimination, they felt more accepted, and the laws were friendlier to TGD people (e.g., where it was easier to change their name and gender for legal documents). One MHP noted that some people moved to states like California because insurance not only covered hormone therapies and surgery, but also the costs of fertility assistance (e.g., freezing eggs) and other supportive resources.

Some MHPs said they have not had any clients who have left Florida. Some have worked hard to help them access GAMC within the state. Other clients have been able to work through the challenges on their own. One MHP described a community event where TGD individuals were encouraged to stay in Florida. The key message was, "Please don't leave. We need you to stay to, you know, push against these [anti-LGBTQ laws]."

6. Gray Market Hormones

MHPs noted that some clients were obtaining hormones from the "gray market," purchasing hormones from online sources without the need for medical prescriptions. The primary reason for purchasing from the gray market was due to barriers to access from authorized medical providers in Florida (e.g., clients no longer able to use Medicaid to pay for hormone treatment or minors barred from GAMC by SB-254). Some MHPs described this "do-it-yourself" hormone therapy as very risky. Although some suggested that obtaining hormones from unauthorized sources meant the hormones themselves could be suspect, others suggested that clients could find reliable sources in other countries by talking to friends in the TGD community: "The hormones are legitimate. They are not like fake hormones or deceptive hormones in any way." MHPs suggested that the primary risks were the lack of proper medical monitoring and care. Individuals may take the wrong dosages or their bodies may react in unexpected manners. When individuals are prescribed hormones by local doctors, they will undergo various types of assessments, including blood monitoring. When they buy hormones "off the street," they are unlikely to have this type of monitoring. One MHP warned that purchasing hormones off the street was illegal and could subject individuals to criminal charges. This MHP warned that there could be anti-trans dealers who sell hormones with Fentanyl or other lethal substances. No MHPs reported actual incidences where this happened.

7. Uncertainty and Confusion

MHPs reported many examples of clients and medical providers feeling uncertain about the health and wellbeing of their clients, and confused about interpreting restrictions of SB-254, including what types of procedures were being prohibited and how clients and providers would be affected. Further, some MHPs believed that the law had vague or confusing language. Certain MHPs felt the language was intentionally ambiguous. Others suggested that there was a lot of misinformation being spread before and after the bill was passed. Sources of misinformation included elected government officials, as well as changing guidelines from the state Board of Medicine or health department officials. One MHP suggested that activists on the right and left caused confusion, spreading false information about the impact of the law. He suggested that some activists use hyperbole to anger and frighten people, leading people to think the worst things about government officials. Another MHP said, "It's a time of uncertainty," with clients not knowing whether they could access GAMC this month, or what might happen next month. As noted earlier, uncertainty about access to GAMC led to anxiety, frustration, and depression.

MHPs noted that many clients were confused about was or was not allowed under SB-254. One MHP described herself as "the bearer of bad news" when telling a client that the law barred

them from obtaining hormone therapy. Other areas of confusion included the frequency of psychological evaluations that would be required, whether nurse practitioners or physician's assistants could authorize hormone therapies, whether they would be required to see hormone providers in-person, and whether particular insurance companies would continue to cover gender-affirming hormone therapy. Consent forms and guidelines changed during the first year that the new law was in effect, adding to the confusion.

MHPs noted that lawsuits also contributed to the confusion in interpreting the law. Although people could read what the law said, they would not necessarily know what court challenges had taken place, whether any injunctions had been issued, and what court proceedings were still in progress. One MHP noted that most people do not actually know what the actual bill or associated regulations say. Another MHP suggested that legal advocacy organizations should sit down with government officials and ask them to clarify what various clauses mean and what their impact is. They cited a recent example where an LGBTQ+ advocacy organization sat down with government officials to clarify the impact of a law that restricted public school teachers and employees from discussing gender and sexual orientation with students.

Several MHPs themselves said that they felt confused about the law, including what types of GAMC it prohibited and what additional steps clients needed to take to access such care. Some MHPs attended trainings from LGBTQ+ and equal rights organizations to learn more about the law. Some reported that they were still confused about the law and were therefore more reluctant to continue to provide services related to GAMC. Other MHPs noted that they were not personally providing GAMC, so they were not directly affected. One MHP noted that he could still refer a TGD client to an endocrinologist, for instance, and it was up to the endocrinologist to determine what type of help to provide. Some MHPs were still uncertain about whether they could provide WPATH letters to support minor clients seeking GAMC in other states. Some MHPs thought this would put their license at risk, while others thought it was legal as long as the actual GAMC was provided out-of-state. MHPs said certain clinics stopped providing GAMC services because they were uncertain about the law and did not want to incur legal risks. Other MHPs mentioned that they, too, personally also were now referring TGD clients to other professionals to avoid the risk legal liability or losing their license.

Some MHPs said the number of clients calling them for WPATH letters or other assistance with GAMC had fallen substantially since passage of SB 254. Although they did not know the reason for this decline with certainty, they believed that many clients may think the law prohibits them from obtaining GAMC. Further, they may not know that MHPs can provide letters for people to obtain GAMC out of state.

8. Impact on Family Members

MHPs noted that the impact of SB-254 was not only felt by TGD individuals, but also by family members, including parents, siblings, and intimate partners. Some family members felt helpless, worried, stressed, anxious, or depressed, particularly in relation to children who could not access GAMC and were experiencing high levels of distress. Some said the impact on parents was not just parents of minors, but also parents of young adults who were still dependent on their parents for financial support. Some parents became actively involved, helping to navigate barriers and determine what type of support was best for their children. Other parents were conflicted about what to do, for instance, whether to move or access GAMC from another state, or whether to

encourage their children to delay treatment until adulthood or when they went to college in another state.

MHPs reported various ways that parents, siblings, and partners were affected by the antitransgender bigotry and messaging since SB-254's passage. Some siblings, for instance, have stood up and defended their TGD siblings against increasing harassment. Others have vented frustration to their siblings with sentiments such as, "Why can't you just be normal?" One MHP noted that SB-254 created inner conflict for various clients, which eventually trickles out and affects everyone in their environment. Conflicts affecting family members included difficult decisions about whether to relocate, whether to leave a job or school (due to depression or other mental health issues), and how to adjust if they could not access GAMC within the state. Some couples experienced strife, particularly when one parent wants to advocate for GAMC and the other parent feels, "Just let it go; let's not make waves." In one situation, a college student was failing and withdrew from college. Both parents "freaked out." They were so upset that they asked him to move out of the house.

MHPs noted that supportive parents may experience bigotry when advocating or speaking up for their child. Parents who spent a lot of time advocating for children felt stress from the time it took away from their work responsibilities. Some parents felt "petrified" about their children's safety. One MHP explained:

> Parents are afraid for the safety of their children living here. They're afraid for the future of their children, particularly if they have, like Florida Prepaid [for university tuition] going to school here. They're afraid for how their children will be treated in schools.

Some MHPs suggested that SB-254 did not have a big impact on family members of the clients that they were serving, particularly when they were serving adult clients. Impacts tended to be more common for family members of minors, not only because they tend to be dependent on their parents, but also because SB-254's greatest impact on access to GAMC is for children. One MHP noted that some adult clients were not out to their parents, fearing negative reactions if they found out their child was seeing an MHP for issues related to gender identity.

9. No Impact

Just one MHP suggested that SB-254 had no impact on her TGD clients. She said none of her clients expressed any issues with SB-254. She supported the prohibition against GAMC for minors, so she supported the bill. She believed that children under 18 (and perhaps for people into their 20s) do not have a "mature enough brain" to make decisions about GAMC. She believed GAMC for minors was tantamount to child abuse.

As indicated earlier, the rest of the MHPs interviewed identified a variety of negative impacts, including negative effects on emotions, mental health, and social wellbeing. Adult clients with insurance that continued to cover GAMC tended to be the least affected by SB-254. Negative effects tended to be more intense for people who were unable to access GAMC. Still, many clients who were able to access GAMC incurred hardship such as delayed treatment, additional time and costs, and more frequent bigotry and discrimination in the wake of SB-254.

10. Mobilization

As noted earlier, MHPs reported that many people have serious concerns about SB-254 leading some people to leave Florida because they thought the state is heading in the wrong direction regarding TGD rights and access to GAMC. In contrast, they also noted that SB-254 has

led to greater mobilization of people to respond to HB-254. Various MHPs and members of the community have become better educated about the law, engaging in trainings about GAMC and becoming more involved in advocacy to change the law. One MHP noted that some people are "channeling their anger [about SB-254] into activism." In terms of advocacy, MHPs and TGD individuals provided examples of traveling to the state capitol to share their stories with legislators, encouraging them to change the law.

Some MHPs reported that medical providers were developing new resources in response to SB-254, including facilities that would be accessible to people in smaller communities who needed access to in-person services to provide consent for hormone therapies. Some organizations were raising funds to help clients access GAMC in other states. Other organizations were developing resources to connect TGD people with needed services within Florida. One MHP noted that they have been motivated by the negative effects of the law to donate more money to the LGBTQ+ community, to offer sliding-scale fees to clients in need, and to provide more advocacy for TGD clients.

Limitations

The primary limitation of this research relates to the sample size and selection. Given the small, nonrandomized sample, the findings cannot be generalized to all MHPs regarding their impressions of the impact of SB-254 on TGD clients in Florida (Denzin & Lincoln, 2017). Although the majority of MHPs were physically located in South Florida, most served clients throughout Florida via telemental health. Future research could include larger samples, include TGD individuals and family members, interview physicians who specialize in GAMC, and ensure that research participants represented a broad diversity of TGD individuals from across Florida. One advantage of gathering narratives from MHPs was that they could relate experiences of many clients, in contrast to interviewing individual clients who could primarily report their own individual experience.

Another limitation of this research is that it captured the impressions of the impact of SB-254 at a particular point in time, given that the interviews took place 6 to 11 months after SB-254 took effect. Participants noted that some confusion and concerns about SB-254 arose due to transitional issues: changes in informed consent forms, requirements from insurance companies, legal interpretations from courts, and departmental guidelines. For instance, the Joint Committee of the Board of Medicine and Board of Osteopathic Medicine determined that evaluations by a psychiatrist or psychologist for hormone replacement therapies would no longer be required, leaving it up to the endocrinologist to decide what types of evaluations should be provided (Maulden & Shalom, 2023). The impact of this law may change over time as TGD individuals, family members, health professionals, and other service providers adapt to the law and determine whether there are alternate ways of accessing appropriate GAMC.

Discussion

The purpose of this research was to explore the impact of a law that restricted access to GAMC for adults and banned GAMC for children. According to the narratives gathered from MHPs serving TGD clients, SB-254 not only restricted access to health care but also led to increased anxiety, depression, fear, and other mental health issues, as well as more frequent

experiences of discrimination and transphobia. The results of this study align with the findings of Abreu et al. (2022b) who found that antitransgender laws not only decrease TGD clients' rights to access desired and needed health care, but also led to increased stigma and decreased feelings of safety.

The vast majority (16 of 17 participants) believed that TGD clients should have a right to access GAMC, particularly as adults. They supported the use of evidence-based approaches to GAMC, with many noting that they supported the approaches defined in the WPATH Standards: working collaboratively with clients, caretakers (of minors), endocrinologists, surgeons, and other health and mental health professionals; engaging in thorough assessments and education before providing GAMC; and exploring various options with clients to make individualized decisions about GAMC, social transitions, and supportive care (Coleman, et al., 2022; Taylor et al., 2024).

Although most participants supported access to GAMC for minors, some noted that there is need for further, more rigorous research on the longterm effects of hormone blockers, hormone replacement therapy, and surgery for minors. It is also important to ensure that health and mental health professionals are properly trained in the use of evidence-based care for TGD clients, including medical, psychological, and social forms of intervention and support (Cass, 2024). Participants emphasized the importance of not politicizing the debates about GAMC, but rather, ensuring that law, policy, and individual decision making about GAMC be based on fact and rigorous evidence-based research. Several participants noted that they did not rush minors into GAMC, but instead engaged clients and caretakers in thorough assessments and explored social transitions prior to any medical interventions. They acknowledged that hormone blockers or replacement therapies may be appropriate for youth who have persistent concerns about their gender identity, but that the youth and caretakers need to be aware of all the potential benefits and risks to make informed decisions.

Key takeaways from this study include:

- When laws restrict access to GAMC for TGD adults, they may experience an increase in mental health issues that affect themselves, their families, and other support systems.
- When laws ban GAMC access to minors, they may be at increased risk of suicide, school dropout, and other psychosocial issues.
- Rhetoric supporting GAMC bans may provide people with a sense of permission to harass and discriminate against TGD individuals.
- Restricting GAMC access to adults may result in increased costs not only to the individuals, but also to the health providers and systems paying for such services.
- In response to laws restricting GAMC, some individuals will seek such care by moving out of state or by accessing hormones from the gray market; both alternatives may lead to increased costs, as well as increased risks (e.g., loss of support systems and loss of continuity of care for those who leave the state; and loss of continuity of care and proper monitoring for those who purchase gray market hormones).
- The impact of laws restricting GAMC may create the greatest harm for people who are already marginalized (Kraschel et al., 2020), including people who do not have the financial means or psychosocial resources to access care out of state.

As debates about GAMC continue, it is vital that social policy makers, researchers, health and mental health practitioners, the TGD community, media, and the public engage in frank and

honest discussions, utilizing the best research evidence and focusing on the rights and interests of TGD individuals seeking care.

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