
From: Williams, Susan C.
Sent: Wednesday, April 20, 2022 2:14 PM EDT
To: \"\"Hamilton\"\"; \"\" Vern; Vern.Hamilton@ahca.myflorida.com
Subject: FW: Treatment of Gender Dysphoria for Children and Adolescents

FYI

From: Williams, Susan C.
Sent: Wednesday, April 20, 2022 1:14 PM
To: McGriff, Stephanie M. <SMMcGriff@magellanhealth.com>; King-Wilson, Elicia <EKingWilson@magellanhealth.com>; Flagg, LaQuanda <LFlagg@magellanhealth.com>; Moore-Simons, Leslie N. <LNMooreSimons@magellanhealth.com>
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Subject: Treatment of Gender Dysphoria for Children and Adolescents

Hi Stephanie and team,

Please forward all inquires regarding Gender Dysphoria to the pharmacy team for response. These inquiries will be sent to administration.

Thanks,

Susan

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Treatment of Gender Dysphoria for Children and Adolescents

April 20, 2022

The Florida Department of Health wants to clarify evidence recently cited on a [fact sheet](#) released by the US Department of Health and Human Services and provide guidance on treating gender dysphoria for children and adolescents.

Systematic reviews on hormonal treatment for young people show a trend of [low-quality evidence](#), small sample sizes, and medium to high risk of bias. A paper published in the [International Review of Psychiatry](#) states that 80% of those seeking clinical care will lose their desire to identify with the non-birth sex. [One review concludes](#) that "hormonal treatments for transgender adolescents can achieve their intended physical effects, but **evidence regarding their psychosocial and cognitive impact is generally lacking.**"

According to the [Merck Manual](#), "gender dysphoria is characterized by a strong, persistent cross-gender identification associated with anxiety, depression, irritability, and often a wish to live as a gender different from the one associated with the sex assigned at birth."

Due to the lack of conclusive evidence, and the potential for long-term, irreversible effects, the Department's guidelines are as follows:

- [Social gender transition](#) should not be a treatment option for children or adolescents.
- Anyone under 18 should not be [prescribed puberty blockers](#) or [hormone therapy](#).
- [Gender reassignment surgery](#) should [not be a treatment option](#) for children or adolescents.
- Based on the [currently available evidence](#), "encouraging mastectomy, ovariectomy, uterine extirpation, penile disablment, tracheal shave, the prescription of hormones which are out of line with the genetic make-up of the child, or puberty blockers, are all clinical practices which run an **unacceptably high risk of doing harm.**"
- Children and adolescents should be provided social support by peers and family and seek counseling from a licensed provider.

These guidelines do not apply to procedures or treatments for children or adolescents born with a genetically or biochemically verifiable [disorder of sex development](#) (DSD). These disorders include, but are not limited to, 46, XX DSD; 46, XY DSD; sex chromosome DSDs; XX or XY sex reversal; and ovotesticular disorder.

The Department's guidelines are consistent with the federal Centers for Medicare and Medicaid Services [age requirement for surgical and non-surgical treatment](#). These guidelines are also in line with the guidance, reviews, and [recommendations](#) from [Sweden](#), [Finland](#), the [United Kingdom](#), and [France](#).

Parents are encouraged to reach out to their child's health care provider for more information.

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