August 16, 2019

Stephen ‘Brint’ Carlton, JD
Executive Director
Texas Medical Board
P.O. Box 2018
Austin, TX 78768-2018

Dear Mr. Carlton,

The Texas Medical Association appreciates the opportunity to provide you information pertaining to our work on caring for children and adolescents with gender dysphoria. Our comments reflect our responsibility, as an organization representing nearly 53,000 physicians and medical students, to provide evidence-based care and support for all children, including those who do not identify with the sex they were assigned at birth.

We are still in the early stages of assessing the health needs of those who do not identify as being the sex they were assigned at birth. Much more rigorous study and research is needed to support children who question their sexual orientation or may identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). LGBTQ youth and adolescents face unique health barriers and risks, as well as legal and social bias that contribute to health disparities among this group. Youth with gender dysphoria are especially vulnerable – they are more likely to be homeless and are at increased risk of substance use disorders and suicide attempts. Pubertal manifestation of secondary sexual characteristics not matching one’s gender identity can cause extreme stress to transgender adolescents.

We recognize that some physicians and mental health providers work to change the sexual orientation of children, a practice commonly identified as “conversion” or “reparative” therapy. This may include a variety of practices such as psychotherapy or other treatment aimed at changing a child’s sexual orientation, gender identity, or expression. In 2015, an expert panel of representatives of the American Psychological Association and the U.S. Substance Abuse and Mental Health Services Administration reviewed the literature and provided guidance on therapies related to children’s sexual orientation and gender identity.¹ The summary report of this expert panel affirms that:

- Same-gender sexual orientation and variations in gender identity and expression are a part of the normal spectrum of human diversity. These variations are not mental disorders.
- Research does not support the notion that mental or behavioral health interventions can alter gender identity or sexual orientation.
- Interventions aimed at changing gender identity or expression, or sexual orientation should not be considered behavioral health treatment but are considered coercive and can be harmful.
The extent of these unproven therapies’ used in Texas or the United States is not well known, but we are aware that therapists advertise services in Texas. As the evidence does not support conversion therapy, it is not clear how the state or Medicaid managed care organizations or other health care payers handle claims for these services. A number of states and the District of Columbia already prohibit mental health practitioners from engaging in conversion therapy with a minor patient.

TMA and other recognized medical associations strongly recommend that health care for sexual minority youth be rooted in acceptance and support of the individual’s identity, and the provision of accurate information on the development of sexual orientation and gender identity. We support the prohibition of any person licensed to provide mental health counseling from engaging in sexual orientation change efforts with patients younger than 18 years of age. The professional care for each of our minor patients must be built in an environment that supports an open, safe, and confidential patient-physician relationship – but also upon sufficient and adequate evidence-based care that supports the child’s development. In our support of evidence-based therapies, we will aggressively oppose the use of potentially harmful, unproven therapies for children.

Sincerely,

David C. Fleeger, MD
President

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TMA House of Delegates’ Policy 55.058 Sexual Orientation Change Efforts in Minors

(1) The Texas Medical Association supports treatment and therapies rooted in acceptance and support regarding an individual’s sexual orientation and gender identification and therefore opposes practices aimed at changing an individual’s sexual orientation, including conversion therapy; (2) TMA supports the prohibition of any person licensed to provide mental health counseling from engaging in sexual orientation change efforts with patients younger than 18 years of age. TMA supports the practice of evidence-based therapies and will aggressively oppose the use of potentially harmful, unproven therapies for children. In addition, the association supports any regulatory changes to prohibit coverage for conversion therapy under the state’s Medicaid program as well as any health insurers in the state; (3) TMA encourages physicians to stay informed on the potential harms associated with sexual orientation change efforts (CM-CAH & TF Rep. 4-A-17).