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THE EXPERIENCES OF GENDER-AFFIRMING CARE PROVIDERS in States Without Laws Restricting Access to Care

April 2025

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EXECUTIVE SUMMARY

Gender-affirming care (GAC) refers to a wide range of treatments sought by transgender youth, adults, and their families. In recent years, many states have moved to restrict access to this care, particularly for transgender minors, while other states have increased their legal protections to protect access to this care. This study aimed to understand the experiences and challenges facing GAC providers in states that, at the time of data collection, had not passed any legislation limiting or banning the provision of GAC to youth or adults. We specifically sought to engage providers who were less vulnerable to legal action but also potentially more burdened as they continue to provide GAC to a wide range of individuals, including those coming from out of state because of new barriers to access in their home states.

Using a mixed-methods, anonymous survey that was partially informed by focus groups with GAC providers, we examined how GAC providers in states without laws restricting access to care were being impacted both professionally and personally by bans in other states and corresponding declines in GAC provision in various states and communities. We focused on multiple impacts, including impacts on medical practices and institutions, clients, providers themselves, and the profession more broadly. We also assessed responses to these impacts taken by providers and their institutions.

Our non-representative sample of 133 GAC providers included those who worked at least partly with youth (82%) and those who worked with adults only (18%). It included mental health providers (e.g., social workers, psychologists; 55%) and medical providers (e.g., physicians, nurses, physician assistants; 45%). Most participants (80%) were LGBQ, and 44% were transgender.

KEY FINDINGS

Characteristics of Survey Respondents

Demographics

- Most (80%) participants were LGBQ, and 20% were heterosexual. Just over half of participants were cisgender, and 44% were transgender or nonbinary.
- In terms of race and ethnicity, most participants were white (87%). About five percent identified as Asian (4.5%), 2.3% Hispanic, 2.3% Latino/a/x, 1.5% Black, 0.8% American Indian/ Alaska Native, and 3.8% as something else (e.g., Middle Eastern, multiracial).
- The largest number of participants worked in Massachusetts (29%), Minnesota (15%), California (15%), New York (11%), Illinois (7%), and Oregon (5%), with smaller numbers (1-3%) in Colorado, Connecticut, Delaware, Maryland, Michigan, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, Wisconsin, and Washington, D.C.

Types of GAC Offered and Professional Responsibilities

Client Population

- Almost all participants (97%) provided care for adults, and the majority of participants (82%) served at least some youth. Three percent served youth only.

Provider Responsibilities

- All but one provider in the study participated in direct patient care (99%), and the average amount of time spent in patient care was 66%.
- Most respondents (84%) did at least some administrative duties.

Workplace Setting and Focus of Practice

- Approximately 60% worked in a clinical care setting (e.g., medical school, clinic, health center), and 40% worked in a therapy/counseling center (e.g., individual or group therapy practice, college counseling center).
- Almost three-quarters (72%) said that their practice/clinic was LGBTQ or transgender-focused, with 8% saying it was not and 20% indicating that their answer was complicated.

Impacts of Recent Legislation

Impact on Practices and Institutions

Burden on Workload and Demand for Services

- Some providers reported very long waitlists, with 4% saying that over 300 people were on their waitlists and 2% saying 101-300 were on their waitlists. Most (81%) said 0-20 people were waiting, and 12% said they had between 21-100 people.
- Many providers were seeing out-of-state clients, with some reporting that they saw hundreds of people from other states.
- Nearly one-third (31%) of providers said that their out-of-state clients were seeking care because of restrictive laws in their states.

Demand for GAC

- Over half of providers reported that the demand for GAC among adults (54%) and youth (55%) at their practice had increased as a result of recent legislation limiting access to care.
- Only 1% said that demand for GAC had decreased among youth, and no providers reported that demand had decreased among adults.

Health Insurance Coverage for GAC

- Over half (53%) of participants said that they had encountered issues or changes with regard to insurance coverage of GAC over the past few years.

Impact on Clients

Personal Impacts and Access to Care

- Nearly half of providers (48%) reported growing waitlists for youth, and 38% reported increasing waitlists for adult clients.
- Forty-one percent of providers said that their youth clients expressed hesitancy around accessing GAC. Forty-two percent said the same about their adult clients. About three-quarters of participants said their youth clients (72%) and adult clients (77%) were more worried about their continued ability to access care.

- Many also said that their youth (43%) and adult (61%) clients expressed concerns over the privacy and security of their personal information related to accessing GAC.
- Two-thirds (67%) of youth clients and their families were paying more attention to where they chose to live or were considering moving.

Impact on the Profession of GAC

- Almost three-quarters (72%) of providers said that the rise in legislation around GAC had increased visibility and focus on GAC providers and services.
- Around two-thirds of participants said that they perceived a recent increase in burnout among providers (66%) and increased worry about criminal liability and penalties (62%).
- At the same time, over three-quarters of participants believed that providers experienced an increased commitment to providing such care (79%) and increased solidarity among care providers (77%) due to the recent rise in legislation related to GAC.

Impact on Providers

Victimization and Safety

- About one-quarter (26%) of providers had been personally threatened online, and more than one in 10 had been threatened in person (13%) or via phone (16%).
- Over one-quarter said that their place of employment had received threats related to their provision of GAC (29%).

Health and Well-Being

- About 80% of respondents reported increases in stress related to the rise in legislation around GAC, more than three-quarters reported increases in anxiety (77%), and more than half reported increases in depression (53%).
- More than one-third reported more difficulty sleeping (36%), and more than one-quarter reported increased physical challenges (26%) as a result of the increase in legislation.

Professional and Personal Life

- Participants reported increased worry about others due to the increase in anti-transgender legislation. For example, 79% of respondents have spent more time worrying about the health and well-being of their patients as a result of increased legislation related to GAC, and 65% have spent more time worrying about the health and well-being of their more vulnerable colleagues, such as transgender colleagues.
- Nearly 40% of providers spent more time worrying about their financial stability (38%), and 6% had lost professional opportunities due to their visibility as a provider of GAC. About 20% questioned whether they had made the right professional choice to enter the field of GAC (19%).

Stress, Burnout, and Job Satisfaction

- Regarding burnout, on average, participants felt personally burned out or experienced work burnout approximately half of the time (55% and 49%, respectively).
- Lower levels of burnout were experienced in their actual interactions with clients. On average, participants experienced client burnout 29% of the time.

- Participants were, on average, somewhat satisfied with their jobs.

Support from Coworkers and Institutions as a GAC Provider

- Although most participants felt very supported (62%) or somewhat supported (20%) by their employers as a gender-affirming care provider, 12% did not feel this way. More specifically, 7% said they received ambivalent/mixed support, 4% said they felt not very supported, and 1% said they felt not at all supported. Six percent did not answer the question because it was not applicable to them (e.g., because they were self-employed and/or their own "boss").

Additional Challenges as a Transgender or Nonbinary Provider

- 100% of transgender and nonbinary participants said that being transgender or nonbinary made providing GAC more complicated.

Actions Taken in Response to Recent Legislation

Changes in Employer Actions Related to Provision of GAC

- Many providers reported changes in employer practices, such as changes related to the visibility of GAC services. Overall, 65% reported one or more actions that enhanced the visibility and feasibility of GAC provision, including increasing staff who provide GAC and increasing visibility around the provision of GAC. Another 47% reported actions aimed at supporting the well-being and safety of GAC providers.
    - This includes over a quarter (28%) of providers who reported that their employer had increased security in their building to manage existing or possible threats.
- By contrast, 27% of participants reported that their employer had taken one or more actions to reduce their visibility around the provision of GAC.

Changes to Scope of Services

- Thirteen percent of respondents indicated that they have had to apply to new funding streams and grants to provide GAC; 4% have had budget cuts affecting their ability to provide GAC.
- Similar percentages of providers said that they increased the types or scope of GAC they provided (12%) or reduced the types or scope of GAC they provided (9%) as a result of recent legislation.
- Eight percent (8%) said their job responsibilities had changed, and 23% said they were now working with external organizations to coordinate access to GAC.

Changes in Approach to Care

- Over half (57%) said their approach to counseling youth, adults, and families had changed due to recent legislation.
- GAC providers described spending more time discussing risks, protections, and safety, including potential moves out of the state or country and how to protect their personal information, obtain legal documentation, be safe in public, and maintain access to gender-affirming care.
- GAC providers also spent much more time discussing community support and resources.

Changes to Visibility as a Provider

- Nearly half (47%) of participants had sought to become more visible as a GAC provider as a result of the recent rise in legislation around GAC. Just 14% had sought to become less visible as a provider over the past few years.
- Several providers reported seeking to increase professional visibility while minimizing personal and family visibility.

Actions Taken by Providers Personally

- Participants reported taking various actions to help deal with the rise in recent legislation over the past few years. Close to or more than half of the participants were spending time with and seeking support from family and friends (59%), setting boundaries between work and home (51%), exercising/meditating (48%), and engaging in advocacy work on behalf of transgender youth or adults (51%).
- One in five (20%) were considering leaving their current job.
- Many also reported taking actions to protect their safety. Over one-third (39%) were trying to decrease their visibility online, and 30% removed private information about themselves or their family on the internet.
- Some types of providers were more likely to take protective actions. For example, providers who served youth were more likely than those who served adults only to take steps to remove their personal information online (34% versus 12%). They were also more likely to install security systems than those who served adults only (14% versus 0%). Transgender providers were more likely than cisgender providers to take steps to remove their personal information online (38% versus 24%).

Thinking About the Future

Thinking about the future of GAC, providers reported many concerns, including:

- Further restrictions on care
- Funding or resource challenges
- Difficulties facing their state, community, or clinic in managing a continued influx of out-of-state patients
- Concerns about their own personal safety
- Escalation of mental health challenges and suicidality among transgender people

Some providers also spoke about concerns over their own personal capacity to provide GAC in the future.

- At the time of the study, 44% of respondents were not at all worried, and 29% were not very worried about job security. Cisgender providers were less likely to be concerned about their jobs than transgender providers (78% vs. 67%).
- When asked what advice they would give to future health professions students interested in GAC, most emphasized the rewards of providing such care. However, some also emphasized challenges alongside such rewards.

BACKGROUND

GENDER-AFFIRMING CARE

Gender-affirming care commonly refers to health services that support a person in living in alignment with their gender identity when their gender identity differs from their sex assigned at birth.[1] This care may include talk therapy, the use of hormones to delay puberty in adolescents and to promote the development of secondary sex characteristics that are consistent with a person's gender identity, or, in some cases, various surgical interventions.[2] Such treatments are considered evidence-based and typically follow standardized practice protocols.[3] Access to gender-affirming care is supported by a consensus of major medical associations in the U.S.[4]

LEGAL LANDSCAPE OF GENDER-AFFIRMING CARE

Over the past five years, there has been a dramatic rise in anti-transgender legislation across the U.S. In 2024, 672 anti-transgender bills were introduced, making it the fifth consecutive year of record-breaking anti-trans bills introduced. By comparison, 615 bills were introduced in 2023—more than triple the record set in 2022.[5] Of the 672 anti-transgender bills introduced in 2024, 585 were state-level bills filed in 49 states, and 87 were federal bills.[6] A total of 186 of these bills involved health care, typically gender-affirming care (GAC).[7]

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[1] *See generally,* E. Coleman, et al., Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, 23 Int. J. Transgend. Health S1 (2022) (also known as the "World Professional Association for Transgender Health Standards of Care").

[2] Id.

[3] *See e.g.* Wylie C. Hembree, et. al, *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. of Clinical Endocrinology & Metabolism 3869-903 (2017); *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* American Psychiatric Association *(2022)*; E. Coleman, et al., Standards of Care for the Health of Transgender and Gender Diverse People, E. Coleman, et al., Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, 23 Int. J. Transgend. Health S1 (2022) (also known as the "World Professional Association for Transgender Health Standards of Care"); Jason Rafferty, et. al*.,* Am. Acad. of Pediatrics Comm. on Psychosocial Aspects of Child & Fam. Health, AAP Comm. On Adolescence, AAP Section On Lesbian, Gay, Bisexual, And Transgender Health And Wellness, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 Pediatrics 1-14 (2018); *See e.g.* Stephanie L. Budge, et al., *Gender Affirming Care Is Evidence Based for Transgender and Gender-Diverse Youth, 75* J. Adolesc Health 851 (2024); Meredithe McNamara et al., An Evidence-Based Critique of "The Cass Review" on Gender-Affirming Care for Adolescent Gender Dysphoria (2024), https://law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf; *c.f.* The Cass Review, Final Report: Independent Review of Gender Identity Services for Children and Young People (2024), https://cass.independent-review.uk/wp- content/uploads/2024/04/CassReview_Final.pdf.

[4] GLAAD, Medical Association Statements in Support of Health Care for Transgender People and Youth (June 26, 2024), https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/; *See also* Press Release, Am. Med. Ass'n., AMA to States: Stop Interfering in the Health Care of Transgender Children (April 26, 2021), https://www.ama-assn.org/press-center/press-releases/ama-states-stop-interfering-health-care-transgender-children.

[5] 2025 Anti-Trans Bills Tracker, Trans Legislation Tracker, https://translegislation.com/ (last visited Apr. 11, 2025).

[6] Id.

[7] Id.

By the end of the 2024 legislative sessions, 26 states had banned some form of GAC for transgender youth. One state passed a ban in 2021, two states in 2022, 19 states in 2023, and two states in 2024.[8] Before 2021, no states banned GAC for transgender youth.[9] None of these laws prohibit the use of these treatments for cisgender youth.

Figure 1. Number of US states with bans on GAC for transgender youth, 2020-2024

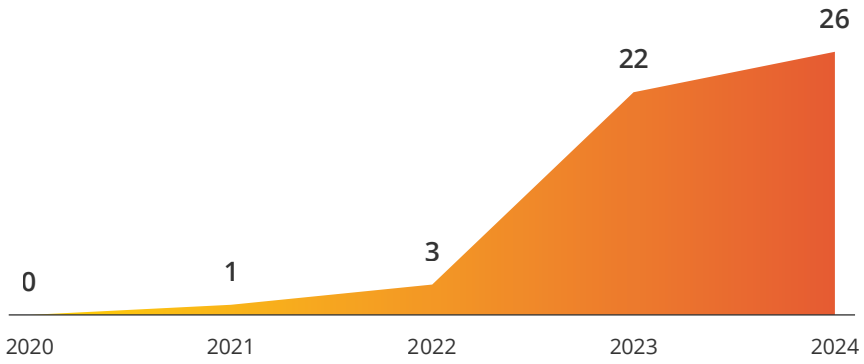
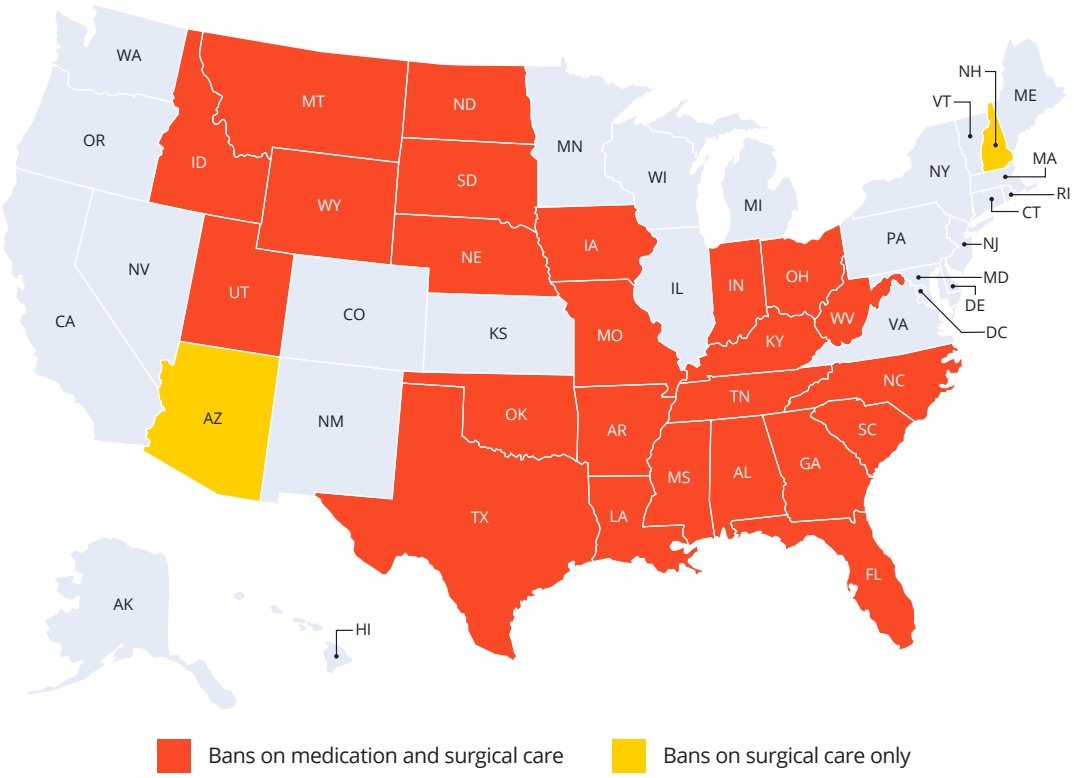


Figure 2. US states with bans on GAC for transgender youth at end of 2024 legislative sessions



[8] Annette Choi, *26 States Have Passed Laws Restricting Gender-Affirming Care for Trans Youth*, CNN.com, Dec. 3, 2024, https://www.cnn.com/politics/state-ban-gender-affirming-care-transgender-dg/index.html.

[9] Movement Advancement Project, LGBTQ Policy Spotlight: Bans on Medical Care for Transgender People (2023), https://www.mapresearch.org/file/MAP-2023-Spotlight-Medical-Bans-report.pdf.

In addition to state bans, mounting political pressures and threats (e.g., of violence, from community members, or loss of funding from state officials) have led several gender clinics, including those situated at major hospitals and medical schools, to close their doors at least to youth patients.[10] These threats to care have only escalated under the current presidential administration, which, after the completion of this study, issued multiple executive orders designed to restrict all federal funding to institutions offering gender-affirming care to youth as well as potentially allowing for criminal prosecution against individual providers.[11] This has led to temporary and ongoing shutdowns of care in states where it is otherwise legal due to concerns about the impact of federal enforcement.[12]

Existing state-level restrictions on GAC vary widely but often criminalize health care workers and sometimes parents, prohibit insurance coverage of GAC, and prohibit state funding to facilities that provide GAC.[13] Some states have also extended the timeframe to sue GAC providers for dissatisfaction with outcomes from the treatments they receive, leaving providers liable for decades.[14] As Kim et al. (2024) note, "proposed policies have a chilling effect on GAC provision via more stringent restrictions on gender affirmation set by clinics such as arbitrary age restrictions or increased mental health clearance requirements), targeted harassment of HCW [health care workers] and facilities, and organizational divestment from services due to risk concerns."[15] In turn, many providers in affected states have had to refer patients to nearby states that do not have such legislative restrictions. Even for patients who are able to travel for care, continuity of care can be undermined by the costs associated with travel and time, inadequate insurance coverage, and growing waitlists at facilities in states without restrictive legislation.[16] Providers in these states have been warned to prepare their institutions and clinical teams for potential increases in patients, prioritize care for those low on medication and those experiencing high distress, use telehealth to facilitate equitable distribution of care, and collaborate and form coalitions with clinics in the same geographic area to further reduce barriers for families.[17]

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[10] Orion Rummler, *Political Pressure Led to Shutdown of Texas' Largest Gender-Affirming Care Program*, texastribune.org, Mar. 11, 2022, https://www.texastribune.org/2022/03/11/texas-genecis-closure-transgender/; Ron Southwick, *Threats and Harassment: 24 Hospitals Targeted for Providing Gender-Affirming Care*, chiefhealthcareexecutive.com, Dec. 19, 2022, https://www.chiefhealthcareexecutive.com/view/two-dozen-hospitals-targeted-for-providing-gender-affirming-care-report.

[11] Elana Redfield, Williams Institute, Impact of Ban on Gender-Affirming Care on Transgender Minors (2025), https://williamsinstitute.law.ucla.edu/publications/impact-gac-ban-eo/.

[12] Selena Simmons-Duffin, *Trump's Ban on Gender-Affirming Care for Young People Puts Hospitals in a Bind*, NPR.org, Feb. 10, 2025, https://www.npr.org/sections/shots-health-news/2025/02/10/nx-s1-5292390/trump-transgender-gender-affirming-care-hospital.

[13] Hyun-Hee Kim et al., *On the Frontlines of Gender-Affirming Care in a Hostile Sociopolitical Environment*, 40 J. Gen. Int. Med. 458 (2024).

[14] Christy Mallory, Madeline G. Chin & Justine C. Lee, *Legal Penalties for Physicians Providing Gender-Affirming Care*, 326 JAMA 1821 (2023).

[15] Kim et al., *supra* note 13 at 458.

[16] Id.; Emma Davis, *Death Threats, Legal Risk and Backlogs Weigh on Clincians Treating Trans Minors*, NBCnews.com, Aug. 28, 2024, https://www.nbcnews.com/nbc-out/out-news/trans-minors-treatment-clinicians-laws-bans-rcna164515; Meredithe McNamara et al., *Bans on Gender-Affirming Healthcare: The Adolescent Medicine Provider's Dilemma*, 73 J. Adolesc. Health 406 (2023).

[17] McNamara et al., *supra* note 16.

PRIOR RESEARCH

Prior research has identified challenges facing GAC providers in states that have introduced or passed legislation related to the provision of GAC, including institutional pressures, concerns about legal action, career worries, and safety concerns.[18] This work has found that GAC providers who serve children and adolescents (i.e., youth) face the challenge of providing quality care amid the politicization of such care.[19]

Other studies have examined the experiences of GAC providers in states without restrictive legislation. This research has found that providers in these states, at some of the country's most established hospitals, have been attacked, particularly online, as a result of the visibility of these facilities combined with the current national sociopolitical landscape vis-à-vis GAC.[20] Such online harassment has led employers and individuals to safeguard their privacy and safety by removing online resources, websites, and provider descriptions, installing security systems at work and home, and hiring attorneys.[21] For example, a 2023 study of 117 providers of GAC to adolescents found that 70% reported that they or their clinic had experienced threats related to their provision of GAC—most commonly social media posts (44%) or phone calls (38%), with almost one-quarter reporting threatening emails and 21% reporting that protesters had come to their clinic.[22] These threats contributed to a heavier workload (e.g., it took time to respond to such threats and develop system changes to improve security) and poorer psychological well-being.[23] Other research indicates that GAC providers experience additional stresses related to remaining compliant with institution and state regulations, retaliation from local or state authorities, and legal consequences[24]

Research indicates that some providers in states regarded as safe havens for GAC have seen increased patient demand and intensifying scrutiny due to the current politicization of GAC, particularly for youth.[25] In turn, such providers may face high levels of stress due to the complexity of accommodating an influx of new patients and the demands of dealing with heightened levels of national scrutiny and increased intrusions on their privacy (e.g., attacks on social media). Transgender providers, in particular, may be exposed to additional scrutiny for their engagement in GAC.[26]

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[18] Pranav Gupta et al., *Exploring the Impact of Legislation Aiming to Ban Gender-Affirming Care on Pediatric Endocrine Providers: A Mixed-Methods Analysis*, 7 J. Endocrine Soc. 1 (2023); Ari S. Gzesh et al., *"Death Threats and Dispair": A Conceptual Model Delineating Moral Distress Experienced by Pediatric Gender-Affirming Care Provideers*, 9 Soc. Sci. & Hum. Open 100867 (2024).

[19] Gzesh et al., *supra* note 18; Ahona Shirin, Maya Daniello & Laura Stamm, *Providers' Beliefs and Values: Understanding Their Approach to Gender-Affirming Care*, 16 J. Primary Care & Comm. Health 1 (2025).

[20] Davis, *supra* note 16; Human Rights Campaign Foundation, Online Harassment, Offline Violence: Unchecked Harassment of Gender-Affirming Care Providers and Children's Hospitals on Social Media, and Its Offline Violent Consequences (2022), https://hrc-prod-requests.s3-us-west-2.amazonaws.com/HRCF-OnlineHarassmentOfflineViolence.pdf.

[21] Davis, *supra* note 16; Landon D. Hughes et al., *Adolescent Providers' Experiences of Harassment Related to Delivering Gender-Affirming Care*, 73 J. Adolesc. Health 672 (2023).

[22] Hughes et al., *supra* note 21.

[23] Id.

[24] Jessie Melina Garcia Gutiérrez, *A Narrative Synthesis Review of Legislation Banning Gender-Affirming Care*, 12 Current Pediatrics Report 44 (2024).

[25] Davis, *supra* note 16; Elana Redfield et al. Williams Institute, Prohibiting Gender-Affirming Medical Care for Youth (2023), https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Youth-Health-Bans-Mar-2023.pdf.

[26] Daran Shipman & Tristan Martin, *Clinical and Supervisory Considerations for Transgender Therapists: Implications for Working*

FINDINGS

CHARACTERISTICS OF SURVEY RESPONDENTS

Demographics

Participants were 43 years old on average (range 24-77). Just over half of our participants were cisgender (56%); 44% were transgender or nonbinary. Most participants were LGBQ (80%); 20% were heterosexual.

In terms of race and ethnicity, most participants were white (87%). About five percent identified as Asian (4.5%), 2.3% Hispanic, 2.3% Latino/a/x, 1.5% Black, 0.8% American Indian/Alaska Native, and 3.8% as something else (e.g., Middle Eastern; multiracial).

Almost half (48%) were parents. About one-third (32%) had children under 18 only, 4% had children under 18 and over 18, and 12% had children over 18 only.

Asked what states they worked in, the largest number of participants worked in Massachusetts (29%), Minnesota (15%), California (15%), New York (11%), Illinois (7%), and Oregon (5%), with smaller numbers (1-3%) in Colorado, Connecticut, Delaware, Maryland, Michigan, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, Wisconsin, and Washington DC. Most worked in urban (53%) or suburban (20%) settings, with 6% in rural areas and 20% specifying "something else"—most commonly "college town" or "multiple areas" (e.g., due to telehealth or having multiple offices). Most described the communities where they worked as very (63%) or somewhat (23%) LGBTQ friendly, with 12% saying neutral/mixed, 2% saying not very LGBTQ+ friendly, and 0% saying not at all LGBTQ friendly.

Regarding the overall climate-related to GAC in the place where they lived (e.g., the city/town), no participants described it as very hostile; 8% said somewhat hostile, 11% said neutral, 43% said somewhat affirming, and 38% said very affirming. Asked to elaborate on their response and/or describe any changes in community climate over the past few years, participants offered some thoughts, largely highlighting conflicting support within their community (e.g., liberal area, but some conservative folks are unsupportive; city is supportive, rest of state is not), but some noting conflicting support within their workplace (e.g., higher level administrators were "cautious and/or wary" about the services they provided).

With respect to religion, one-third (33%) said that they were "nothing in particular," 20% were atheist, 13% were agnostic, 13% were Jewish, 6% were Protestant, 4% were Catholic, 2% were Buddhist, and 11% described themselves as something else (e.g., Pagan, Atheist Jewish, Progressive Christian, Spiritual, Unitarian Universalist). Nearly three-quarters (72%) identified their political affiliation as Democrat, 20% as Independent, 1% as Republican, and 17% as something else.

Unsurprisingly, participants were highly educated: 42% had a Ph.D. or an M.D., 55% had a master's degree as their highest level of education, 2% had a college degree, and 2% had an associate's degree/some college. All participants were employed at least part-time, but most were employed full-time

with Clients, 45 J. of Marital and Family Therapy 92 (2019); Lauren M. Westafer, et al., *Experiences of Transgender and Gender Expansive Physicians*, 5 JAMA Network Open e2219791 (2022).

(75%); some were self-employed (17%). Just under 10% of participants made $50,000 or less annually (10%); 38% made $51K-$100K, 24% made $101K-$150K, and the remainder (28%) made over $150K, with one missing.

TYPES OF GENDER-AFFIRMING CARE OFFERED AND PROFESSIONAL RESPONSIBILITIES

Provider type. Participants were asked about the type of health care they provided. Just over half (55%) were mental health practitioners, of whom 53% were social workers, 27% were psychologists, and the remaining 20% held other mental health roles, such as licensed marriage and family therapists and licensed mental health counselors. Just less than half (45%) were medical practitioners, of whom 44% were physicians/medical doctors, whose sub-specialties included family medicine, internal medicine, adolescent medicine, pediatrics, and OB/GYN; 31% were nurse practitioners; 9% were registered nurses; and the remaining 16% were other provider types, such as physician assistants and physical therapists.

The vast majority of participants (95%) said that part of their job involved telehealth; just 5% said it did not.

Client population and services offered. Almost all participants (97%) provided care for adults, and the majority of participants (82%) served at least some youth. More specifically, over three-quarters (78%) served youth and adults, 3% served youth only, and just under one-fifth (18%) served adults only. Most had colleagues; just 4% were completely solo practitioners.

Asked what type of GAC their place of employment offered, over three-quarters (80%) said therapy/counseling, almost two-thirds (63%) said hormone therapy, and 23% said at least one type of surgical intervention/procedure. See Table 1.

Table 1. Gender-affirming care services offered

SERVICES OFFERED	PERCENT WHO SAID THEIR OFFICE/ WORKPLACE OFFERED THIS SERVICE
Therapy/counseling	80%
Hormone therapy/cross-sex hormones and/or puberty blockers	63%
Surgical procedures (e.g., masculinizing chest surgery, vaginoplasty, hysterectomy)	23%
Other services, including: • Support with binding/tucking • Assessments/evaluations for referral for gender-affirming medical procedures • Case management, coordination of care/facilitation to specialty services • Medication management • Group therapy, peer support groups	37%

Provider responsibilities. Participants were asked whether they participated in a variety of activities and what percentage of time they spent in each activity. All but one participant participated in at least some direct patient/client care (99%), and most (84%) did at least some administrative duties.

Participants' time was largely spent in patient care. The average percentage of time spent in direct client care was 66%; the percentage of time participants spent on all other activities was 17% or less, with wide ranges (e.g., although participants spent just 5% of their time, on average, in research, the range was 0-90%). See Table 2.

Table 2. Provider responsibilities

TYPE OF ACTIVITY	PARTICIPANTS WHO ENGAGED	AVERAGE PERCENT OF TOTAL TIME IN THIS ACTIVITY			
	%	%	MDN	SD	RANGE
Direct patient/client care	99%	66%	70%	23.7	0-100
Administrative duties	84%	17%	10%	15.3	0-95
Supervision	44%	6%	6%	11.2	0-60
Teaching	32%	3%	0%	7.9	0-50
Research	24%	5%	0%	15.3	0-90
Public education (e.g., giving talks, training health professionals, providing outreach to clients)	22%	2%	0%	6.3	0-50
Something else (e.g., care coordination, patient consultation, program development	5%	0.5%	0%	2.8	0-25

Workplace setting and focus of practice. Approximately 60% worked in a clinical care setting (e.g., medical school, clinic, health center), and 40% worked in a therapy/counseling center (e.g., individual or group therapy practice, college counseling center). Almost three-quarters (72%) said that their practice/clinic was LGBTQ or transgender-focused, with 8% saying it was not and 20% indicating that their answer was complicated. Most clarified that their practice saw multiple types of issues/concerns, but gender care was a focus (e.g., they were in adolescent medicine, which included a large gender program, or that while their practice/clinic was not gender-focused, they personally saw a disproportionate number of transgender clients. For instance, "We are family medicine, but I am LGBTQ/trans focused."). Some noted that their practice was not advertised as LGBTQ-focused but nevertheless attracted a larger number of LGBTQ clients.

IMPACTS OF RECENT LEGISLATION

Impact on Practice and Institutions

Burden on Workload and Demand for Services

Waitlists. Participants were asked how many people were currently on their waitlist for gender-affirming care. Some reported very long waitlists, with 3% saying over 300 and 4% saying 100-300. Most (81%) said 0-20, 5% said 21-40, 5% said 41-60, and 2% said 61-100. Some participants described feeling stress related to long waitlists caused by constraints on timely caregiving and also how much was at stake.

Said one focus group participant[27]:

> *Because of my work and where I am, I've consistently had a waitlist that's lasting about 12-18 months, and I have clients that are waiting on the waitlist, and I'm managing it in the most ethical possible way that I possibly can and getting consultation around the waitlist in and of itself. There's definitely a higher urgency of providing gender-affirming care … and other providers also have insane waitlists. Anxiety is up, depression is up, suicidality is up, and just the overall intensity of the work [is up], in addition to the clients coming in being really quite terrified about our country and what's happening and what has happened. The stress as a provider, even though I'm in a really safe spot, mostly, has become very intense. I do have clients and families that have come from other states, like some of those really unsafe Southern states. They're reaching out, they're getting added to the waitlist … There is an intense demand for providing really exceptional care.*

Out-of-state caseload. Many providers were seeing out-of-state clients, with some reporting that they saw hundreds of people from other states. Three percent said they were seeing over 300 out-of-state clients, 2% were seeing 101-300, 2% were seeing 61-100, 6% were seeing 41-60, 9% were seeing 21-40, and 78% were seeing 0-20 out of state clients. See Table 3.

Figure 3. Waitlists and out-of-state caseload

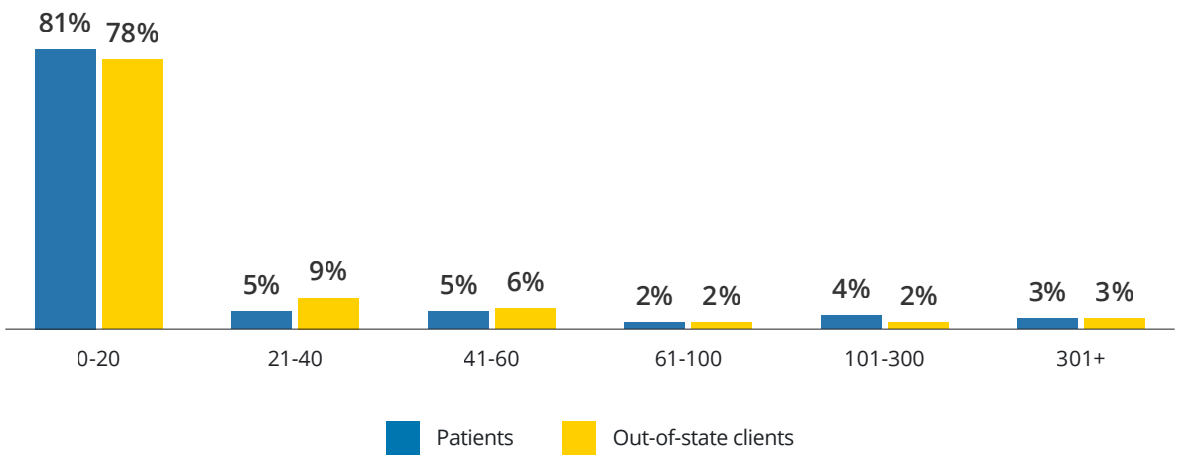


Table 3. Waitlists and out-of-state caseload

WAITLIST (# OF PATIENTS)	%	# OF OUT-OF-STATE CLIENTS	%
0-20	81%	0-20	78%
21-40	5%	21-40	9%
41-60	5%	41-60	6%
61-100	2%	61-100	2%
101-300	4%	101-300	2%
301+	3%	301+	3%

[27] All quotes are from survey respondents unless otherwise specified as from a focus group participant.

Of the participants who indicated that the question about out-of-state clients applied to them, 31% of providers said that their out-of-state clients were seeking care because of restrictive laws in their states; 21% said that their out-of-state clients were seeking care in another state for reasons other than restrictive legislation; 40% indicated that it was not easy to say specifically that the restrictive laws were the sole or primary reason for seeking care ("it's complicated"); and 8% said they were unsure of whether clients were seeking care for that reason.

Some participants provided more detail about their provision of care to out-of-state clients and clients who had relocated in order to access care. Some specifically said they were licensed in multiple states, enabling them to provide care to clients in other states (e.g., via telehealth). Others explained that their status as providers at university counseling or medical centers meant that they saw people from hostile states but who resided transiently in "safe states." Said one, "I work on a college campus. Many of the students I see came here for education and care because of restricted access at home." Others said that they saw people who had fled hostile states and relocated to their area. For example, one participant explained, "We have had an influx of patients moving from ban-states (namely in the Southeast) to get care and escape hostile policies." Another provider detailed, "We have many patients who travel to see us for [GAC] (e.g., youth from [state] who flies in for appointments, supported by community funds). We have also seen a large number of patients who have recently moved to [my state] because of [GAC] restrictions in their former home state."

Some participants said that some of their influx of new patients was not due to restrictive laws alone but also limited access to GAC in patients' home states (e.g., due to few providers or long waitlists). One provider said, "Some out-of-state clients are coming from neighboring states in which there are not bans, but there are also not competent providers closer to their homes. We are getting increasing numbers of people coming from ban/red states, and these clients are traveling farther, and typically, it is due to bans on care." Another shared, "Some patients come from restricted states, but many are experiencing waitlists that are too long in their home state due to limited access to care."

Some providers explained that, because of licensing laws, they could not provide services to individuals outside of the state where they practiced, even if they were providing telehealth services. Some of these providers noted that they had been contacted by individuals in other states but had to decline to treat them, saying, for example, "I am only licensed to practice in [my state]; I have had clients reach out looking for gender-affirming care from out-of-state but am not able to accommodate them due to these licensing restrictions." Another provider said:

> *Some are former clients who wanted to stay with me but moved out of state during the pandemic. Since I am only licensed to provide psychotherapy in [state], new people have to reside in the state where I am licensed. However, I get many requests from folks out of state, and I work to refer them to my network of licensed providers who can "legally" see them. I can't always find people in their states, however, who are available, knowledgeable, or affordable.*

Demand for GAC. The majority of providers reported an increase in demand for GAC, and many reported that the scope of their practice had expanded as a result of recent legislation. Over half of providers reported that the demand for GAC among both adults (54%) and youth (55%) at their practice had increased. Only 1% said that demand for GAC had decreased among youth, and no providers reported that demand had decreased among adults. See Table 4.

Figure 4. Changes in patient demand

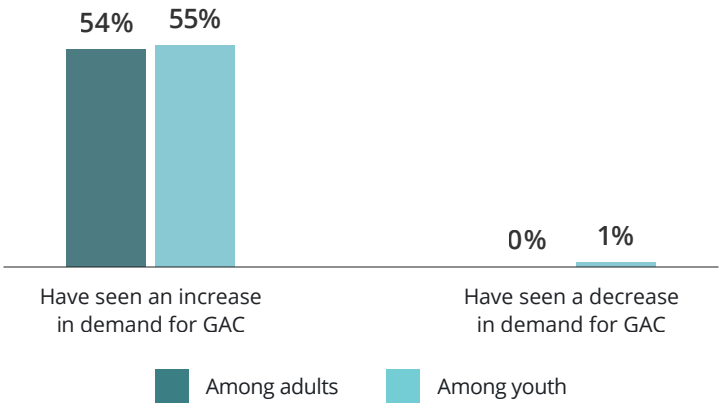


Table 4. Changes in patient demand

PATIENT DEMAND	%
We have had an **increase** in the demand for gender-affirming care among **adults**	54%
In the past few years, I have seen an increase in demand for gender-affirming care, particularly for adults who are moving from states that were imposing bans on medical interventions for gender dysphoria	
Many of my clients and people I work with have relocated from out of state due to hostility.	
The therapy practice where I work is explicitly trans and queer affirming in its name and branding. We have had continuous increase in demand for services in the last several years.	
We have found people are feeling more urgent for care, due to fear that access to interventions will be removed and people who want to get to a place of "passing" so that they are less at risk of safety concerns.	
We're flooded with refugee patients from other states who move to NYC for the gender-affirming care services.	
We have had an **increase** in the demand for gender-affirming care among **youth**	55%
More parents seek me out to see their young children who are socially transitioning	
There has been an increased need for services for trans youth due to social policy stigma and distress related to anti-trans rhetoric and harassment from others while out in public.	
We have seen an increase in adults and youth needing and seeking out gender-affirming mental health care due to the nationwide political rhetoric against gender-diverse people	
We have had a **decrease** in the demand for gender-affirming care among **adults**	0%
We have had a **decrease** in the demand for gender-affirming care among **youth**	1%

Health insurance coverage for GAC. Over half (53%) of participants said that they had encountered issues or changes with regard to insurance coverage of GAC over the past few years. Many elaborated on these changes. The most common changes were the following:

- Increases in denial of coverage (e.g., hair removal, voice therapy, and surgery)
- Increases in denial of coverage for youth in particular (e.g., hormones, surgery)
- Increased requirements for letters of support for surgery
- Increased requests for prior authorizations (previously not required)
- Generally, more "hoops" to jump through

For examples of each, see Table 5.

Table 5. Changes related to health insurance of gender-affirming care

THEME	QUOTES
Denial of coverage, youth-specific	*There are now several insurance providers we work with that restrict access to any gender-affirming surgery until age 18, where before, it was on a case-by-case basis.*
Denial of coverage, adults	*Denials on voice therapy from non-state backed PPOs [preferred provider organizations; a type of health insurance policy]*
Letter requirements	*Letters of support for surgery increasingly get denied or sent back for more information*
	It is always hard to write a letter of support that meets the changing requirements of insurance companies to get prior authorization. I often have to redraft and resubmit letters with small changes in wording to satisfy insurance.
Prior authorizations (PAs)	*PAs will newly be required when previously they weren't*
	We are facing more restrictive prior authorization processes with in-state insurance, and out-of-state patients sometimes have no coverage at all for gender-affirming care.
	Coverage is mandated for insurance plans sold in the state. We get rejections from out-of-state insurance.
Many "hoops" and bureaucracy	*Most of the insurance companies eventually pay but make the providers and patients jump through multiple hoops to obtain approval. Some programs also attach copays or deductibles, which make the care unaffordable for patients. Pharmacies engage in similar behavior.*
	A lot of hoops to have students access gender-affirming surgeries—for example, needing letters of support to even make an appointment for hair removal, etc.

Impact on Clients

Personal impacts and access to care. Participants were asked how the recent rise in legislation around GAC impacted their clients (see Table 6). Nearly half of providers (48%) reported increasing waitlists for youth, and 38% reported increasing waitlists for adult clients. About three-quarters of participants said their youth clients (72%) and adult clients (77%) were more worried about their continued ability to access care. Around 40% of providers said that youth (41%) and adults (42%) expressed increased hesitancy around accessing GAC. Many also said that their youth (43%) and adult (61%) clients

expressed concerns over the privacy and security of their personal information related to accessing GAC. Two-thirds (67%) of youth clients and their families were paying more attention to where they chose to live or were considering moving.

Some participants provided additional detail about the impact of recent legislation on their clients in response to open-ended questions. One theme that emerged in these responses related to parents' increased hesitancy to access care for their children. For example, one provider observed, "Parents of patients have more concerns and are less ready to support their child." Another provider said, "I now notice a big increase in parents of teenage therapy clients wanting to be affirming but also not wanting to allow their children to go on blockers or access HRT because of anti-trans 'information' that they are reading online, etc."

Figure 5. Impact on clients

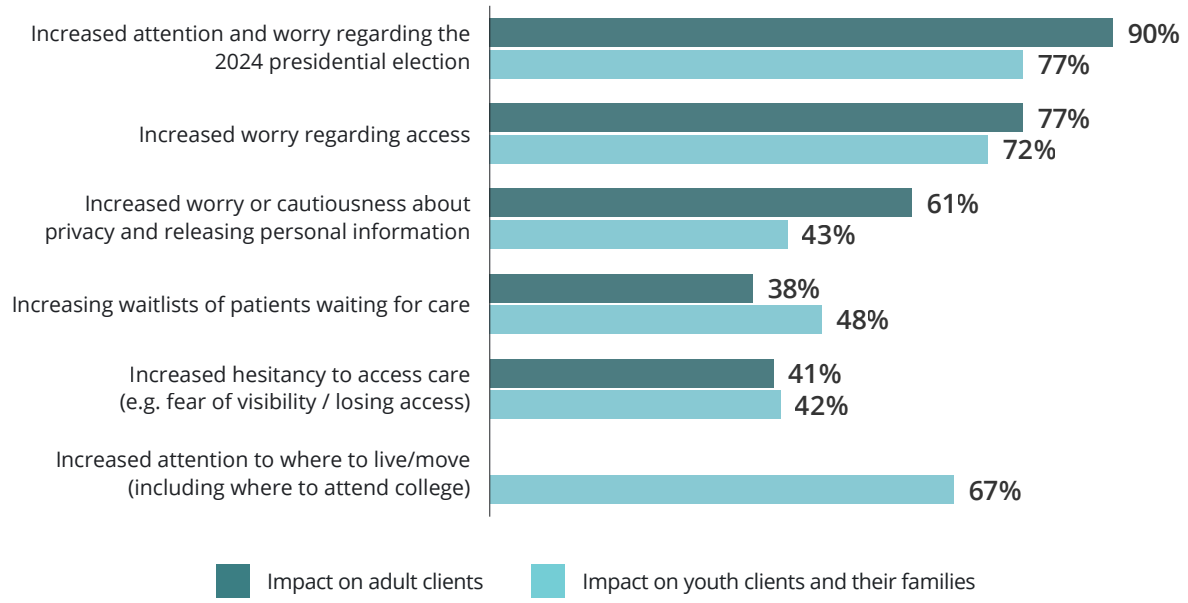


Table 6. Impact on clients

IMPACT	%
ON YOUTH CLIENTS AND THEIR FAMILIES	
Increasing waitlists of youth waiting for care	48%
Increased worry regarding access to gender-affirming care	72%
Increased hesitancy to access care (e.g., because of fear of visibility and/or losing access to care)	42%
Increased worry or cautiousness about privacy and releasing personal information	43%
Increased attention and worry regarding the 2024 presidential election	77%
Increased attention to where to live/move (including where youth are considering going to college)	67%
ON ADULT CLIENTS	
Increasing waitlists of adults waiting for care	38%
Increased worry regarding access to gender-affirming care	77%
Increased hesitancy to access care (e.g., because of fear of visibility and/or losing access to care)	41%
Increased worry or cautiousness about privacy and releasing personal information	61%
Increased attention and worry regarding the 2024 Presidential election	90%

Impact on the Profession of GAC

Participants were asked whether they perceived the increased legislation and politicization of GAC as impacting the profession of providing such care. Specifically, they were asked whether, in their experience, it had affected the visibility of GAC; the viability and attractiveness of the subspecialty to current and potential providers; experiences of burnout, worry, and solidarity among providers; and commitment to care among providers. See Table 7.

Significantly, almost three-quarters (72%) said that the rise in legislation around GAC had increased visibility and focus on GAC providers and services. Around two-thirds of participants said that they perceived a recent increase in burnout among providers (66%) and increased worry about criminal liability and penalties (62%). At the same time, over three-quarters of participants believed that providers experienced an increased commitment to providing such care (79%) and increased solidarity among care providers (77%) due to the recent rise in legislation related to GAC.

Figure 6. Impacts on profession

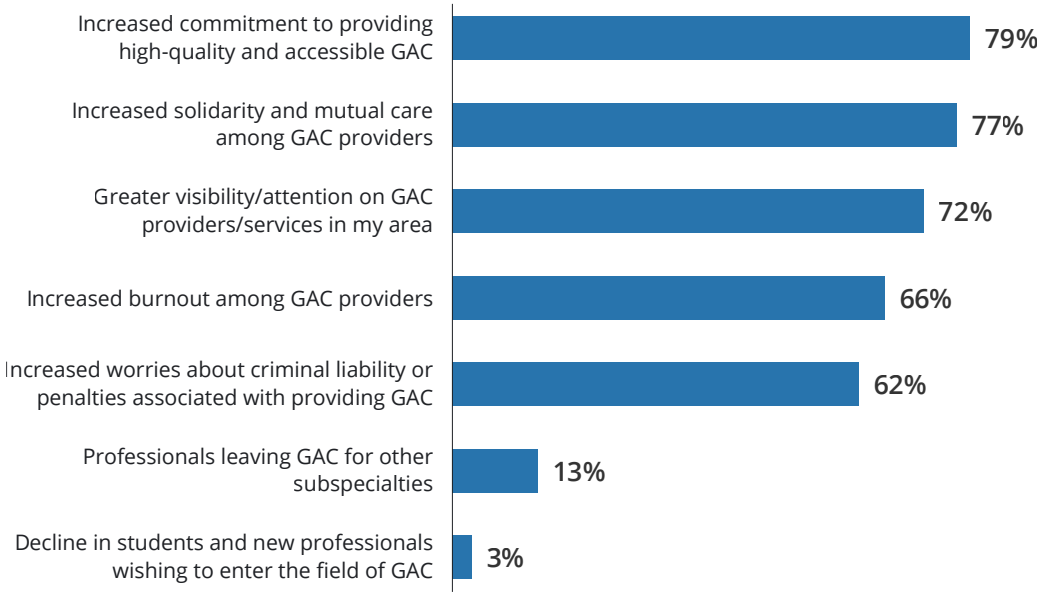


Table 7. Impacts on profession

IMPACT	%
Greater visibility of/attention focused on GAC providers/services within my community	72%
Our hospital has felt the pressure of being one of the only children's hospitals continuing to do gender-affirming surgeries on minors.	
Professionals leaving gender-affirming care for other subspecialties	13%
Decline in students and new professionals wishing to enter the field of GAC	3%
Increased burnout among GAC providers	66%
Increased worries about criminal liability or penalties associated with providing GAC	62%

IMPACT	%
Other therapists /non-specialists (particularly those working with youth) seem more reluctant to even touch gender-affirming care with a 10-foot pole for fear of liability. Recently, half of my trans children/youth caseload was referred by and still sees another therapist for anxiety/depression, etc., but see me for gender-affirming care as if that can be somehow separated from the issues the other therapist is seeking to treat.	
Our legal team has been more cautious about offering gender-affirming care for minors. They now require that I get written consent from all parents/guardians, whereas before, I typically only needed one parent to consent. I had also previously done a verbal informed consent for hormone therapy, and now my organization requires this be documented in writing prior to starting any new patients on hormones.	
There is a lot more talk and fear about transition regrets, and many providers I know have sought out legal counsel and are trying to legally protect themselves in offering trans-affirming mental health care.	
Increased solidarity and mutual care among GAC providers	77%
We have a lot of resources and advocacy groups that have been increasingly vocal since the anti-trans political climate got so intense.	
Increased commitment to providing high-quality and accessible GAC	79%

Impact on Providers

Victimization and safety. Participants were asked whether they had been victimized in a number of different ways by clients, families, or community members because of their work as a gender-affirming care provider. Notably, about one-quarter (26%) had been personally threatened online, and more than one in 10 had been threatened in person (13%) or via phone (16%). See Table 8. Relatedly, over one-quarter said that their place of employment had received threats related to their provision of GAC (29%).

Figure 7. Victimization experiences as a gender-affirming care provider



Table 8. Victimization experiences as a gender-affirming care provider

TYPE OF VICTIMIZATION	%	EXAMPLES (FROM OPEN-ENDED SURVEY RESPONSES)
Verbally threatened or attacked **online,** including social media	26%	**Harassment via Twitter, Reddit**
		Some calls for my death online
		I've been accused of horrible things, threatened with physical violence, and been the recipient of harmful rhetoric online
		trolls on social media [have threatened me]
		Harassment via email
		I have had a few emails through my website from folks calling me a child predator because I provide gender-affirming care to youth
		I have received threatening e-mails from some conservative parents in the past few months.
		Negative reviews posted online
		People have posted on my social media and left reviews of me that are negative and target my gender identity
		Anti-trans "journalists" and commentators
		Publishing articles about research presentations, handouts
Verbally threatened or attacked **by phone,** including text messages	16%	*Hate messages in my work voicemail*
		We have received threatening phone calls to our front desk regarding 'doctors who help trans people'
Verbally threatened or attacked **in person**	13%	*Harassed in workplace bathrooms*
		Harassed in large city functions
		Verbally attacked when walking outside the clinic
		Yells, jeering, threatening signs [when I] provided advocacy at the capitol
		[Was] disrupted and verbally harassed while giving a talk
Legal action has been taken against me	7%	*An allegation was made against me to my licensing board; fortunately, the allegation was dropped by the board*
		Allegation was … thrown out by the board that reviewed it; Lawsuit by a former client … who now travels around the country advocating for affirming care bans.
Self or family targeted or attacked in any other way	5%	Comments online about self and family
		Self and family harassed by others
		Anonymous letter from a non-trans patient
Home, car, or physical property has been targeted or harmed	1%	*My car has been visibly damaged (keyed and cracked windshield.*

Health and well-being. Participants were asked about whether they had personally experienced changes in their physical, mental, and emotional well-being due to the increase in anti-transgender legislation.

About 80% reported increases in stress, more than three-quarters reported increases in anxiety (77%), and more than half reported increases in depression (53%). Further, more than one-third reported more difficulty sleeping (36%), and more than one-quarter reported increased physical challenges (26%).

Many also reported increased strain on their personal relationships. About one-fifth reported more parenting stress (22%) and/or more stress in their intimate relationships (19%). See Table 9.

Figure 8. Changes in well-being due to increased legislation

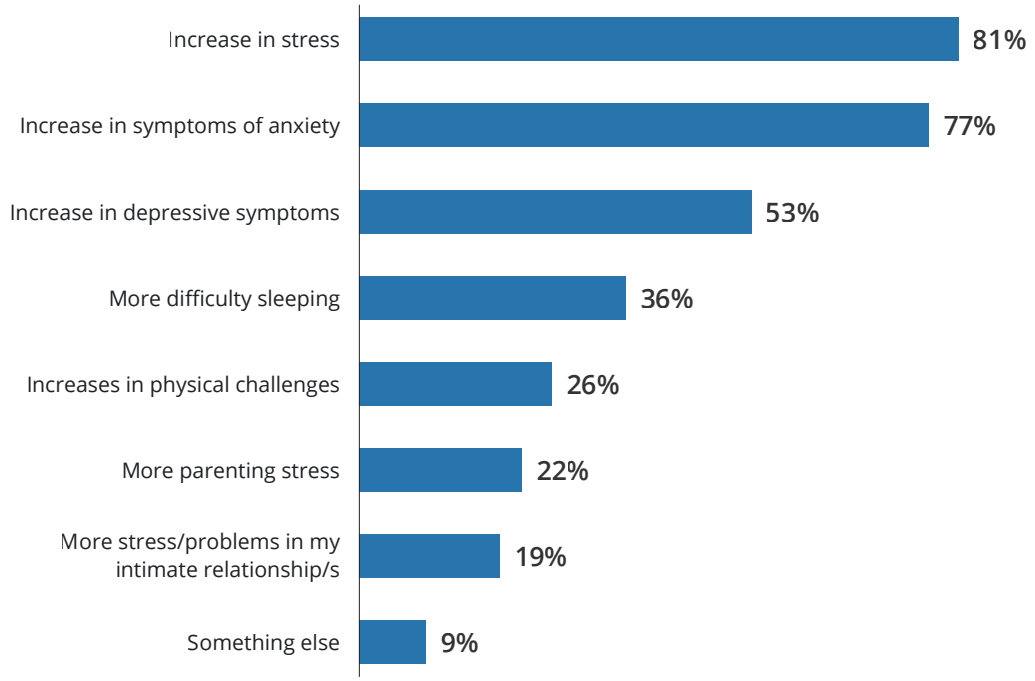


Table 9. Changes in well-being due to increased legislation

ITEM	%
Increases in stress	81%
Increases in symptoms of anxiety (e.g., worry, fear, agitation)	77%
Increases in depressive symptoms (e.g., feelings of helplessness, hopelessness, sadness)	53%
More difficulty sleeping	36%
Increases in physical challenges (e.g., blood pressure, digestive issues, headaches)	26%
More parenting stress	22%
More stress/problems in my intimate relationship/s	19%
Something else • Fear of litigation and harassment • Anger • Grief • Suicidality • Decreased ability to concentrate and focus • Considering change in career focus (leaving clinical work for academia) • Exacerbation of chronic health issues • Decreased socialization/increased isolation	9%

Professional and personal life. Many participants reported that the recent rise in legislation around GAC had an impact on their professional lives, personal lives, and job satisfaction. See Table 10. Over three-quarters (79%) reported that they spent more time worrying about the health and well-being of their patients, and 65% said that they spent more time worrying about the health and well-being of their more vulnerable colleagues, for example, their transgender coworkers.

Nearly 40% of providers spent more time worrying about their financial stability (38%), and 6% had lost professional opportunities due to their visibility as a provider of GAC. About one in five questioned whether they had made the right professional choice to enter the field of GAC (19%).

Figure 9. Impact on professional and personal lives

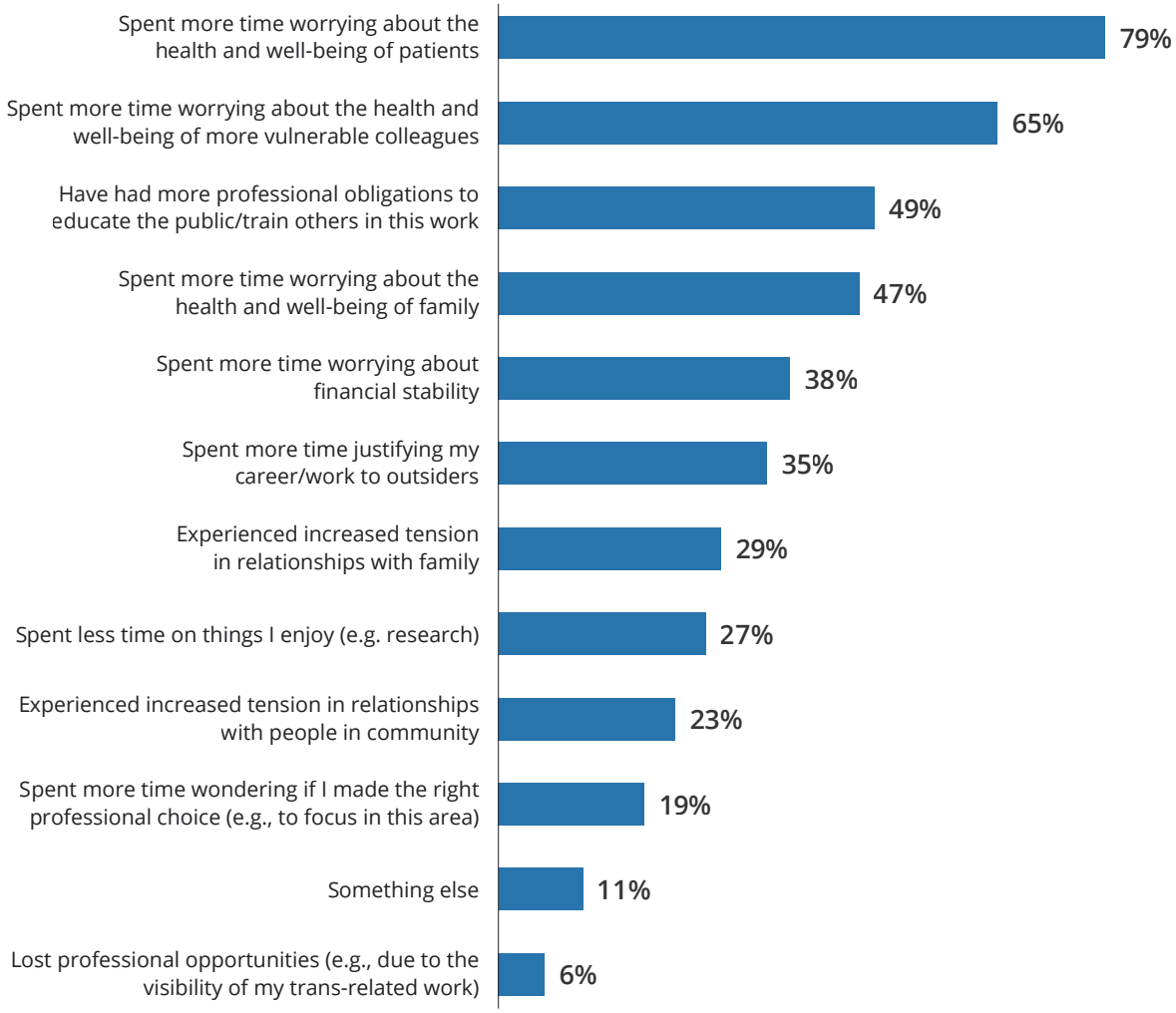


Table 10. Impact on professional and personal lives

ITEM	%
I have spent more time worrying about the health and well-being of my patients/clients	79%
I have spent more time worrying about the health and well-being of my more vulnerable colleagues (e.g., trans colleagues)	65%
I have spent more time worrying about the health and well-being of my family	47%
I have spent more time worrying about financial stability (e.g., should I lose my job or take a new job)	38%
I have experienced increased tension in my relationships with my family (e.g., extended family)	29%
I have experienced increased tension in my relationships with people in my community (e.g., neighbors, the parent community)	23%
I have spent more time justifying my career/work to outsiders (e.g., trans care is health care)	35%
I have had more professional requests/obligations because of the need for providers like myself to educate the public and/or train others in this work	49%
I have spent less time on things I enjoy (e.g., research)	27%
I have spent more time wondering if I made the right professional choice (e.g., to focus in this area)	19%
I have lost professional opportunities (e.g., due to the visibility of my trans-related work)	6%
Something else, such as: **Increased fears about personal safety** ("I had to wear a bulletproof vest for the first time last year; I never thought this would be my life as a pediatrician." "My organization was doxed … we set up a flee plan.") **Increased scrutiny as a trans provider** ("I worry much more about my job stability due to increased stigmatization of the work and of me as a trans provider.")	11%

Stress, burnout, and job satisfaction. Participants were asked about burnout and stress related to their jobs and clients and its impact on them personally and professionally, using the Copenhagen Stress and Burnout Questionnaire. Items were answered on a 5-point scale from 1 = never/to a very low degree; 2 = seldom/to a low degree; 3 = sometimes; 4 = often/to a high degree; and 5 = very often/to a very high degree. A score of 1, in turn, is treated as corresponding to 0% of the time, 2 = 25% of the time, 3 = 50% of the time, 4 = 75% of the time, and 5 = 100% of the time. See Table 11.

Figure 10. Personal, work, and client related burnout and stress among providers

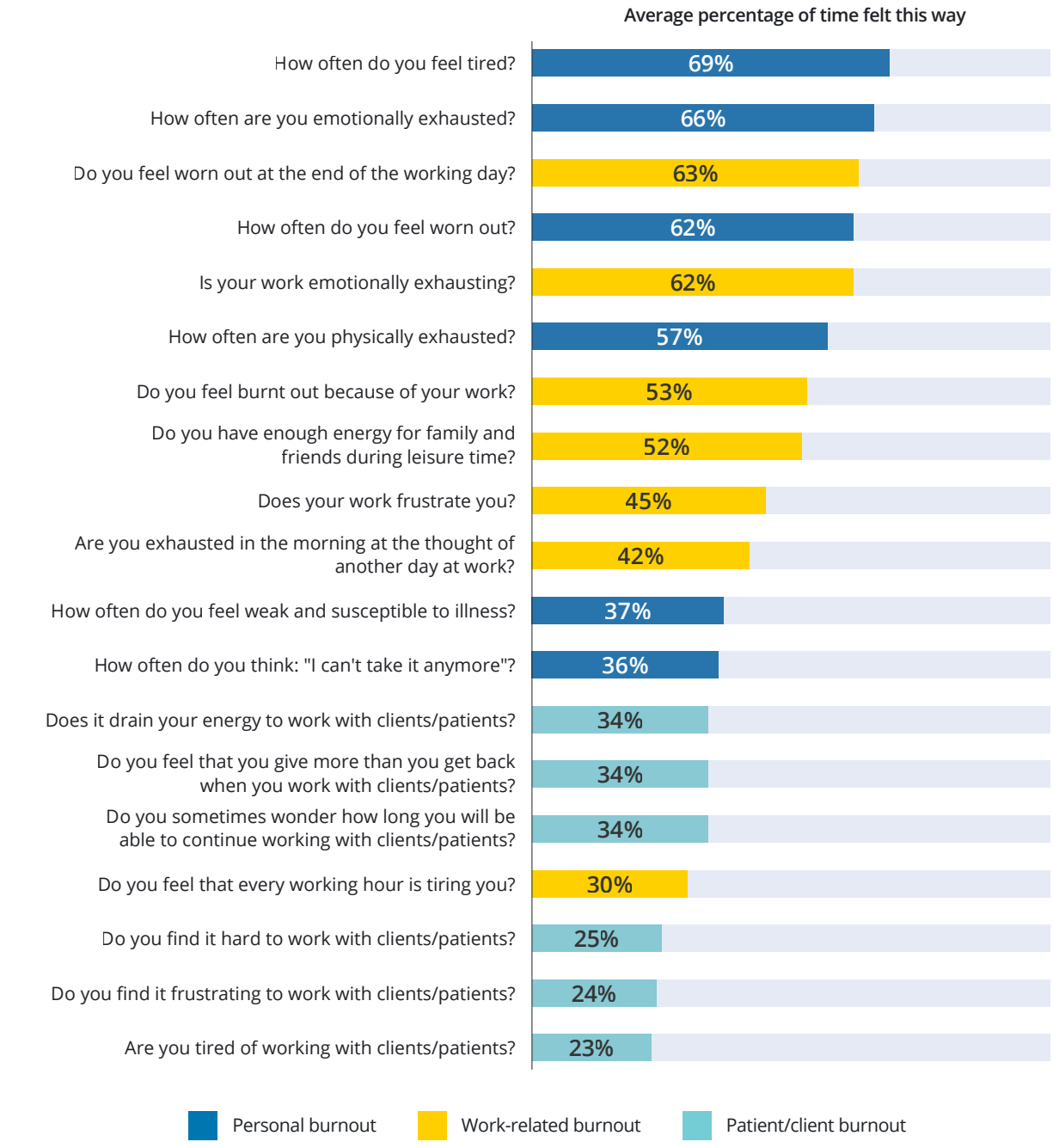


Table 11. Personal, work, and client-related burnout and stress among providers

BURNOUT ITEM	M (SD)	SD	AVERAGE PERCENTAGE OF TIME YOU FELT THIS WAY
PERSONAL BURNOUT			
How often do you feel tired?	3.75	0.88	69%
How often are you physically exhausted?	3.30	0.99	57%
How often are you emotionally exhausted?	3.65	0.86	66%
How often do you think: "I can't take it anymore"?	2.44	1.12	36%
How often do you feel worn out?	3.47	0.92	62%
How often do you feel weak and susceptible to illness?	2.49	1.06	37%
WORK-RELATED BURNOUT			
Is your work emotionally exhausting?	3.47	0.93	62%
Do you feel burnt out because of your work?	3.11	0.91	53%
Does your work frustrate you?	2.83	0.96	45%
Do you feel worn out at the end of the working day?	3.53	0.95	63%
Are you exhausted in the morning at the thought of another day at work?	2.68	1.15	42%
Do you feel that every working hour is tiring for you?	2.20	1.07	30%
Do you have enough energy for family and friends during leisure time?*	3.10	0.90	52%
CLIENT BURNOUT			
Do you find it hard to work with clients/patients?	2.01	0.82	25%
Do you find it frustrating to work with clients/patients?	1.99	0.74	24%
Does it drain your energy to work with clients/patients?	2.36	0.88	34%
Do you feel that you give more than you get back when you work with clients/patients?	2.36	0.98	34%
Are you tired of working with clients/patients?	1.92	2.00	23%
Do you sometimes wonder how long you will be able to continue working with clients/patients?	2.36	1.02	34%

Note: *reverse coded in computing averages

Participants were, on average, somewhat satisfied with their jobs (M = 3.6, SD = 1.0), where 1 = poor, 2 = moderate, 3 = good, 4 = very good, and 5 = excellent. With regard to burnout, participants experienced the most burnout in their personal and work lives. On average, participants felt personally burned out or experienced work burnout approximately half of the time (55%, SD = 20 and 49%, SD = 18, respectively). The least amount of burnout was experienced in their actual interactions with clients. On average, participants experienced client burnout 29% of the time (SD = 16).

Participants often spoke about their exhaustion and burnout in open-ended responses. Said one:

> *I don't know where to begin. I feel exhausted much of the time and also feel compelled to keep going. I often want to stop working completely or go into another area of my field entirely that requires nothing of controversy in the scope of practice. The increase of needs feels crushing, and I want to disappear—to walk away and just blend into the fog, "live a carefree life," and be left alone to do creative and rejuvenating things.*

> *I often think about working less hours/shorter shifts because the days are long and often emotionally draining.*

> *My work is draining and never-ending, so it tends to have a "piling on" feeling as far as fatigue and stress goes.*

Support from coworkers and institutions. We asked respondents how supported they felt as a provider of GAC by their employers. Although most participants felt very supported (62%) or somewhat supported (20%) by their employers, 12% did not feel this way. More specifically, 7% said they received ambivalent/mixed support, 4% said they felt not very supported, and 1% said they felt not at all supported. Six percent did not answer the question because it was not applicable to them (e.g., because they were self-employed and/or their own "boss").

Some participants provided more detail about the lack of support they felt from their institutions or coworkers around providing gender-affirming care specifically or LGBTQ-supportive care more broadly. When reflecting on their relationships with their coworkers, one provider explained, "The [Federally Qualified Health Center] I work for is not [focused on LGBTQ+ patients] although the majority of patients I see are LGBTQ identified. Leadership is trying to be supportive, but the majority of staff I work with day to day struggle with the very basics of trans care." Another provider shared, "We advertise a gender equity clinic, but our staff and support staff show the opposite—many microaggressions and blatant homophobia and transphobia." Describing the challenges presented by the lack of a supportive institution, one provider said, "My department is very supportive; the hospital is overall much less responsive. Despite harassment in our public facilities, [and] bomb and death threats, there has been little effective follow-up." One focus group participant said, "They still say they support the [gender] program and want the programs to happen. They would just like for us to be as quiet about it as possible."

Additional challenges as a transgender provider. As noted above, 44% of respondents were transgender or nonbinary. Transgender and nonbinary providers sometimes detailed additional sources of stress related to their status as transgender or nonbinary GAC providers specifically, such as suspicion and doubt from clients, colleagues, and the public at large. Indeed, 100% of these participants said that being transgender or nonbinary made providing GAC more complicated, sharing various examples such as:

> *[I feel] doubted more by the academic/medical community as if my support for this care is only personal/subjective.*

> *I think that knowing that I am nonbinary makes some parents discount my expertise, training, years of experience … and just see me as personally biased.*

I gave a talk not too long ago, and I was asked by someone—one of the attendees—if I was transgender, and the reason I bring this up is because the attendee could not wrap their mind around that this is standard of care. They thought it only was an interest of people with a certain sociopolitical opinion, it wasn't something that everybody needs to know. I just want to kind of put it out there. That's the elephant in the room.

ACTIONS TAKEN IN RESPONSE TO RECENT LEGISLATION

We asked respondents about actions they or their institutions had taken in response to the changes in the legislative environment for GAC. This included changes to staff and employer practices, changes to the scope of responsibilities, changes in approach to care, changes to visibility as a provider, and actions taken by providers in their personal lives.

Changes in employer actions related to provision of GAC. Many providers reported changes in employer practices, such as related to the visibility of GAC services. See Table 12. Overall, 65% reported one or more actions that enhanced the visibility and feasibility of GAC provision, including increasing staff who provide GAC and increasing visibility around the provision of GAC. Another 47% reported actions aimed to support the well-being and safety of GAC providers, such as encouraging staff to access stress-reduction and well-being resources or taking measures to increase cybersecurity and physical security in the workplace. This includes over a quarter (28%) of providers who reported that their employer had increased security in their building to manage existing or possible threats.

By contrast, 27% of participants reported that their employer had taken one or more actions to reduce the visibility around the provision of GAC. Some of these can be viewed as protective, such as reducing GAC providers' visibility online, whereas others were more restrictive, asking providers not to wear signifiers of trans inclusion and limiting providers' ability to present GAC-related research. Ultimately, 25% reported at least one "protective" action, and 10% reported at least one "restrictive" action.

Smaller numbers of participants reported outside challenges to the provision of GAC-related care, such as threats and cuts to funding.

Table 12. Changes in staffing and employer practices

ITEM	%
EMPLOYER ACTIONS RELATED TO REDUCE VISIBILITY AND FEASIBILITY OF GAC	
Protective	
My employer has made efforts to DECREASE the visibility of GAC PROVIDERS (e.g., online)	20%
Because so many of my pediatric colleagues at other institutions have received threats, my organization preemptively took down my picture.	
Our media and communications departments actively discourage participating in almost all media requests.	
We have a Communications Director who monitors any staff engagements outside of the office where we might be representing our organization. They both approve our participation and assess any potential danger.	
We have our clinician bios password protected on our website and give prospective clients the password. This was after a video of a training that a clinician did about writing letters for gender-affirming surgery was picked up and shared by LibsofTikTok.	

ITEM	%
Our clinic chose to take names off of our webpage, which I did not agree with. That was not my decision to make. But … nobody was really finding me through our webpage, I would say. It was definitely more patient word of mouth, a number of other national online directories, and then again, national work in other organizations. So, I wasn't as—I didn't push back on them taking down my information from the webpage because it was more the other people felt unsafe, and I was like, "I will do what you all feel you need to for your safety." This isn't going to affect me necessarily. (focus group participant)	
My employer has made efforts to DECREASE the visibility of the GAC SERVICES we provide (e.g., online)	14%
One of our programs for youth does not advertise these services due to safety concerns.	
Services are unchanged, but we are less public about specific services or providers on institution-wide online pages.	
They have made efforts to make our LGBTQ+ services less visible and talk less about issues facing our community.	
We have experienced changes in organizational structuring to reduce the visibility of GAC services (e.g., those services are subsumed under a different area or subspecialty)	3%
Restrictive	
We have fewer opportunities to present publicly about gender-affirming care	8%
The way the hospital has responded to this in terms of our doing presentations and talks and doing things internationally, which I used to do quite often, is to be very, very cautious about where and with what kind of support from the hospital and backup. (focus group participant)	
My employer has interfered with my ability to publish or present GAC-related research or other material	4%
We are discouraged from wearing or displaying signifiers of trans inclusion (e.g., pronoun pins, flags) in community spaces/ outside of our workplace	1%
We have reduced the number of staff who work in GAC	0%
EMPLOYER ACTIONS RELATED TO ENHANCE VISIBILITY AND FEASIBILITY OF GAC	
My employer has made efforts to INCREASE the visibility of GAC SERVICES we provide (e.g., online)	40%
My employer (part of a group practice) has increased visibility of gender-affirming related care within website, ads, and other avenues. They have also increased visibility of providers in the practice who offer these services. Self-care for providers has been more encouraged with recent changes that are being made.	
We have increased our visibility and offerings through on-campus signage and on our website, more coordination with other LGBTQ organizations on campus; we've had more staff and student affairs speaking engagements to spread the word about our GAC offerings (primarily hormones).	
My employer has made efforts to INCREASE the visibility of our GAC PROVIDERS (e.g., online)	26%
We have been encouraged to wear signifiers of trans inclusion in community spaces	29%
We have increased the number of staff who work in GAC	28%
EMPLOYER ACTIONS RELATED SUPPORT THE SAFETY AND WELL-BEING OF GAC PROVIDERS	
We have been encouraged to take advantage of individual or group support resources to reduce stress and enhance well-being	34%
We have increased security in our building/s	28%

ITEM	%
We have contracted with companies who search the Dark Web for any mention of our organization. All of our staff are enrolled in an employer-paid anti-doxing program. We now have locked doors at all entrances, a video system for buzzing patients into clinical areas, and the ability to shut off elevator access to our clinic. We have alarm buttons in each room. Now that our security is tightened, we will begin to publish our address (previously only PO Box number) and the bios of our providers.	
OTHER CHANGES IN RESPONSE TO RECENT LEGISLATION	
We have had to apply to new funding streams and grants to provide GAC	13%
We have had budget cuts that have affected our ability to provide GAC	4%
Our services have held pretty steady, but we experienced layoffs for budget shortfalls unrelated to GAC, and that affected the whole agency	

Changes to scope of services. As noted above in Table 12, 13% of respondents also indicated that they have had to apply to new funding streams and grants to provide GAC, and 4% have had budget cuts that have affected their ability to provide GAC. We also asked providers about any changes in the scope of services they or their employers were providing in response to recent legislation. Similar percentages of providers said that they increased the types or scope of GAC they provided (12%) or reduced the types or scope of GAC they provided (9%) as a result of recent legislation. In addition, 8% said their job responsibilities had changed, and 23% said they were now working with external organizations to coordinate access to GAC. See Table 13, below.

Table 13. Changes to scope of practice and responsibilities

ITEM	%
We have REDUCED the types or scope of gender-affirming services provided—e.g., only doing hormones, referring to other places for certain types of care	9%
Examples given include reduction in services provided to youth, especially surgery ("Surgeons are no longer doing gender-affirming top surgery on patients under age 18, have to refer out to different institutions or private practice"); no longer doing surgery at all.	
We have INCREASED the types or scope of gender-affirming services provided	12%
Examples given: new programs, dedicated meetings/appointments to meet the needs of out-of-state clients (n = 4); more streamlined process "to prioritize seeing refugee patients traveling to our state to see GAC"; hiring more providers, including those coming from hostile states (n = 2); now providing laser hair removal; created specialty fellowships (e.g., facial reconstruction, urological reconstruction) for surgeons; trained providers in placing/providing hormone implants (e.g., Testopel); training all primary care providers to provide gender-affirming care; ensuring that campus partners have "increased access to binders, packers, trans tape"; organizing groups and retreats for trans patients	
We have worked with grassroots/advocacy organizations to coordinate access to GAC (e.g., to facilitate access to hormone treatments, providers in 'safe states')	23%
My job responsibilities have changed	8%
Examples: more case management for out-of-state cases (n = 2); opened a solo practice for GAC; changed jobs to be in a less hostile state; more time doing legislative advocacy, media relations, and trainings (n = 3); increased caseload due to providers leaving	
The biggest change has been my role in educating my fellow care providers about care bans and restrictive legislation that impact us as providers and our patients.	
We have been doing more to train providers/staff in how to be more LGBTQ+ affirming and have been recognized by our hospital/org as an LGBTQ+-affirming practice	

Changes in approach to care. Many participants reported that their approach to providing care to transgender patients had changed as a result of recent legislation. Over half (57%) said their approach to counseling youth, adults, and families had changed. Most emphasized that greater legal obstructions to care and greater worries about future access to care had created shifts in their approach to care and how they counseled transgender clients. Clients were now more worried about legal access to care in the future. In turn, GAC providers described spending more time discussing risks, protections, and safety, including potential moves out of the state or country and how to protect their personal information. For example, many said they were more likely to be proactive and direct in counseling clients not to look at colleges or jobs in states with restrictive laws. As one focus group participant shared:

> *Once somebody's in high school, I will say … "What are you thinking about after high school," and this may be with a 9th grader who's going, "I don't know," but I'll be like, "You need to think about this now because this is going to dictate what you're going to do later on and these are the resources." We're always providing families with resources at every stage, "What happens when you graduate from high school?" or "How do you choose a college or an apprenticeship program?" or whatever you're going to do next. It's never too soon to start thinking about that.*

Some emphasized that they spent more time discussing how to obtain documentation, how to be safe in public (e.g., carry pepper spray; carry birth certificates of children in red states), and strategies for maintaining access to GAC (e.g., implants vs. injections):

> *I am more likely now than I would have been several years ago to be quite blunt in my feedback, especially to parents of trans youth, about the risks that they will likely have to navigate depending on geography, political outcomes, and factors such as types of engagement with medical systems, disclosure privilege, etc.*

> *I have added a discussion about laws/politics to all my new hormone consultation visits. I frequently discuss the current state of laws and politics with patients. I encourage everyone 18 and over to vote for candidates that will protect gender-affirming care. Our state doesn't currently restrict access to care for minors, but we do talk about safety when traveling or visiting other states that do have restrictions.*

> *Now a lot more of therapy sessions are focusing on … supporting folks in obtaining all needed documentation if they are needing to move states/out of the country.*

Providers also described taking more care to acknowledge, validate, and address the harms of anti-transgender rhetoric, as well as to express solidarity with their patients. Many said they no longer provided "blanket assurances" regarding the future (e.g., guaranteeing continued access to care) amid the current political landscape and were more likely to acknowledge uncertainty. One provider said, "I have no idea how insane and harmful things could get if … our providers/org is prosecuted for providing care for out-of-state patients." Another provider said, "I no longer say we are going to be ok in [state]; I am less certain about what a different administration could do at the federal level." Still, another provider said, "I try to be more thoughtful about the impact on young people and their families, not focusing too much on "it gets better" or "toxic positivity."

GAC providers also spent much more time discussing community support and resources in the service of hope, connection, and resilience. They emphasized mutual aid, community organizations, and developing relationships with others, encouraging their clients to "identify who their allies are" and to "lean on community" as well as encouraging "connection to community and stories of hope, resilience, and resistance." For example:

> *I provide reassurance of strength in numbers, more people are out as trans, lean on your community, provide support network resources.*
>
> *I focus on helping them find additional resources for support, offer advocacy support and encourage their involvement in advocacy work, promote the building strengthening of ties with others in the trans and larger queer community, provide education, and work with them to build and fortify their sense of self-efficacy and personal value.*

Changes to visibility as a GAC provider. Nearly half (47%) of participants had sought to become more visible as a GAC provider; just 14% had sought to become less visible as a provider over the past few years. Among those who sought to increase their visibility, some explained their reasoning and actions, often emphasizing that they felt compelled to visibly assert their affirming stance (e.g., online) because of their privileged identities:

> *My identities appear to be in alignment with majority identities (White, straight passing). It is important to me to visibly display that I am a provider of gender-affirming care.*
>
> *I now wear my values more. I appear het[erosexual] because I'm a cis[gender] (ish) woman married to a cis[gender] man, so I put it on my clinic's website that I'm queer and bi, which I would not have done before.*
>
> *I think it is important to use my privilege to maintain a level of visibility that is at minimum clear to other queer people, especially queer and trans young adults.*
>
> *I have begun using they/them pronouns in clinic and professionally.*

Among those who sought to reduce their visibility, some further explained this decision and the actions they took to do so. Most of these providers emphasized concerns about the privacy of their families, and most took steps to reduce their online visibility specifically:

> *I'm cautious around my identity as a parent, worried my child may be targeted.*
>
> *I have paid for my online information to be removed/limited for the safety of myself, my partner, and my family.*
>
> *I only list my professional address [online] and my spouse does not follow my professional pages, and I don't identify anyone in my family on any social media pages.*

For some, visibility was complex. They sought to reduce their vulnerability in the personal realm while continuing to be visible professionally. One provider explained, "I am protecting my home and personal privacy while giving more talks and writing more publications." Another provider shared, "I am less visible as a trans person in my home community due to the safety of my family. I am still visible as a trans provider of affirming care." Yet another provider shared:

> *While I have worked to make myself more visible as a provider of gender-affirming care due to the need, I have also found myself focusing on becoming less visible in my personal life (e.g., out in the community) to reduce the risk of harassment and/or violence from others. The latter causes profound shame and distress, as I am proud to be trans and do not feel it is something I should feel any need to hide or otherwise obscure.*

A focus group participant shared:

> *I need to be judicious about where I'm putting myself out there and what groups I'm going to because I've got a family, and I don't need people burning the rainbow flags on my lawn. And that's been expressed by a lot of [similar providers], especially [those with] little kids. They're like, "Yeah, I just need to pull back on what I'm doing," So, a lot of people are still doing the work, but they're pulling back on their visibility, pulling back on how much they talk about how much advocacy they do because they just don't want to get caught up and they don't want their families to get caught up and punished for what they're doing.*

Another focus group participant spoke to the complexity of visibility and safety and making different choices at home and work related to visible signifiers of queer and transgender inclusion:

> *There are times when I feel safe, and I also need to be aware of my privilege. There are times that I feel very unsafe, and then I feel guilty about the privilege that I have. But sitting in my porch [with] my neighbor right next door wearing I heart Trump in big, huge, bold letters, that doesn't feel safe for me. And I'm the only home that's Democratic, and I'm the only queer person in the entire cul-de-sac, let alone probably most of my neighborhood. So I don't have flags out front. I don't have "All are welcome here" out front. I do in my office. Two weeks ago, we put cameras all around the exterior of our home. That's not something I ever thought that I would have to do in my community. And … at [my office now], there's no security. I could jump through that window, and I know how to get out if I needed to get out, and I also know that I have many parents of my clients who are wildly frustrated with me, and so in those ways, I also don't feel safe.*

Table 14. Changes to visibility as a GAC provider

ITEM	%
I have sought to become more visible as a GAC provider	47%
I have sought to become less visible as a GAC provider	14%
When [our hospital was attacked online], immediately all sorts of information came down from our website as people were being doxxed, and this went on for several months. There was truly no security in the building in which we were housed, so they had to do an extraordinary amount of security measures with the elevators and checking people in downstairs. They had screens and plexiglass up. It was really stressful for staff, but particularly for our non-clinical staff—our front desk staff … They had to do incredible engineering to make this a safer place. (focus group participant)	

Actions taken by providers personally. We also asked respondents about actions they had taken in their personal lives in response to the changes in the legislative environment for GAC.

Participants reported taking various actions to help them personally deal with the rise in recent legislation over the past few years. Close to or more than half of participants were seeking support from family and friends (59%), setting boundaries between work and home (51%), exercising/ meditating (48%), and engaging in advocacy work (51%).

Many also reported taking actions to protect their safety. Over one-third (39%) were trying to decrease their personal visibility online, and 30% removed private information about themselves or their family on the internet. Yet only 20% were considering leaving their job. See Table 15.

Figure 11. Proactive and protective actions to manage well-being

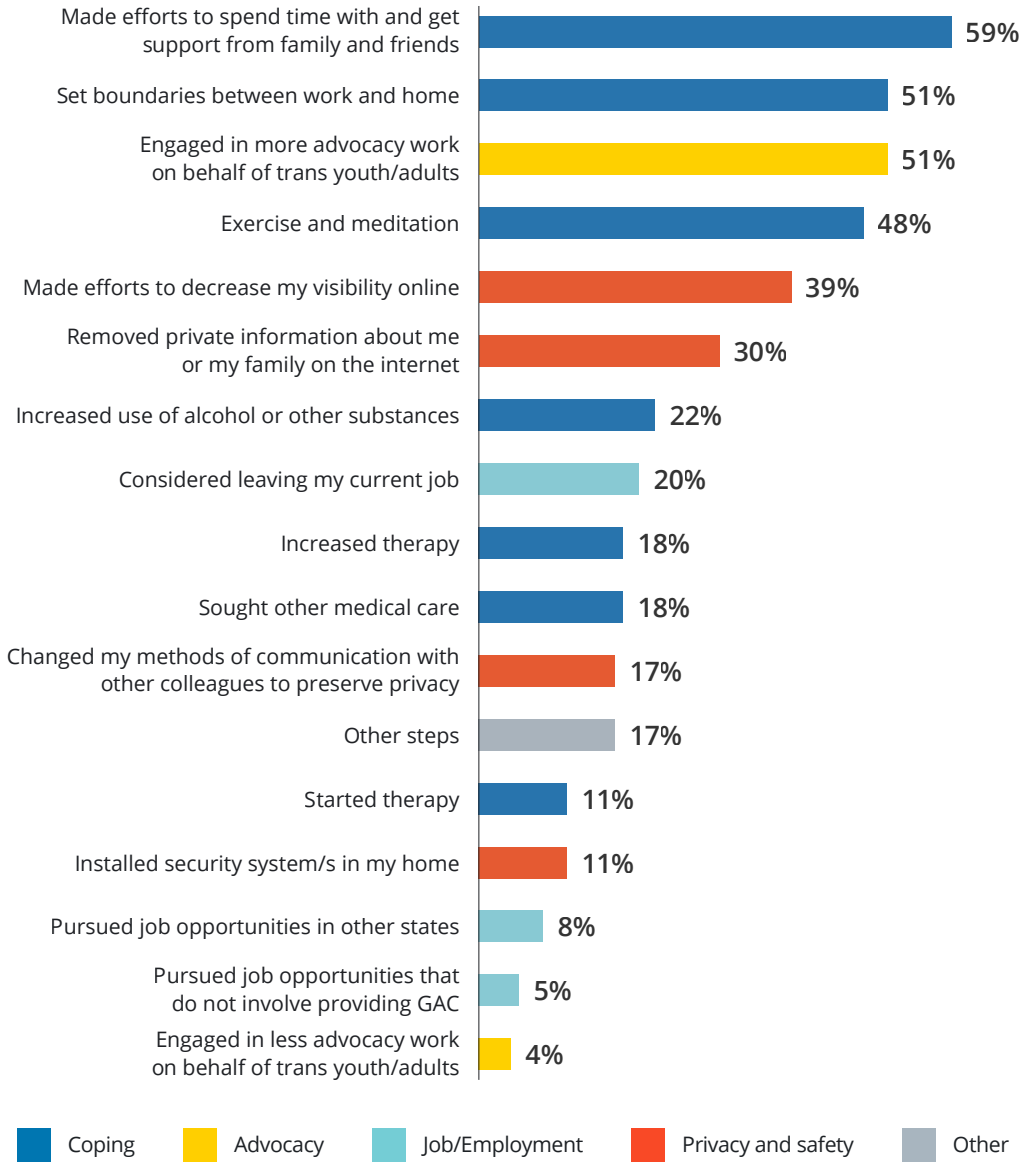


Table 15. Proactive and protective actions to manage well-being

ITEM	%
COPING	
Made efforts to spend time with and get support from family and friends	59%
Set boundaries between work and home (e.g., not checking email at home, taking weekends and evenings off)	51%
I try to maintain a healthy work/life balance.	
I'm definitely more protective of my time off. And I've had to set boundaries with certain people who are friends and advocates where I'm just like, "The sky is falling yesterday, the sky is falling tomorrow. Tonight, I need to take a break. So trust me, I'm not the only one doing this work, you're not the only one doing this work, we should stop acting like we're the only ones doing this work. (focus group participant)	
Exercise and meditation	48%
I've taken general steps to improve my health and well-being, such as diet and exercise.	
Started therapy	11%
Increased therapy (e.g., in time, number, or type)	18%
Sought other medical care	18%
Increased use of alcohol or other substances	22%
Initially increased use of alcohol, have majorly cut back since then, and focused on self-care to be able to do this work sustainably.	
ADVOCACY	
Engaged in more advocacy work on behalf of trans youth/adults	51%
At my age and after so many years on the front lines and behind the scenes, working for health equity, access to care, and social justice advocacy for LGBTQI folx, I refuse to stand down in fear or be silent.	
I do a lot of advocating on behalf of my clients. The schools around me are not safe. [So, I go to the school committee meetings]. (focus group participant)	
Engaged in less advocacy work on behalf of trans youth/adults	4%
JOB/EMPLOYMENT	
Considered leaving my current job	20%
Pursued job opportunities in other states	8%
Pursued job opportunities that do not involve providing gender-affirming care	5%
PRIVACY AND SAFETY	
Removed (or hired services to remove) private information about me or my family on the Internet	30%
Made efforts to decrease my visibility online (e.g., only use first name on social media; get off social media)	39%
Changed information and descriptions of my services on online professional and advertising websites (not removed) so there is less overt naming of the gender work	
Changed my methods of communication with other colleagues (e.g., private messaging service, use of non-employer email address) to preserve privacy	17%
Installed security system/s in my home	11%
OTHER STEPS	
Other steps to improve my health/well-being, protect myself/my family, or shift my professional role/focus	17%

ITEM	%
Meet with attorneys	
Engage with financial and legal advisors to learn how to reduce personal risk in the event of legal action	
Reduce work hours	
I am underemployed as part of the struggle to achieve a personally healthy life and mitigate effects of systemic oppression, specifically anti-trans, anti-human shifts in U.S. politics. I would gladly continue providing specifically trans- and queer-affirming care if I could feel safe living in the community and could control the number of hours worked	
Reduced my hours from 40 to 30	
Insurance changes	
I have begun to shift my practice away from taking insurance for services, in an effort to ensure that I can continue to provide care without restriction in case legislation in my state changes	
Other	
Started new psychiatric medications; seeking connections with other therapists in my state that provide GAC; moved to Northeast.	

Providers who are at increased risk of threat due to the care they provided or particularly vulnerable because of their own identity were more likely to take protective action. Providers who served youth were more likely than those who served adults only to take steps to remove their personal information online (34% versus 12%), X^2 (1, 133) = 4.73, p = .021. They were also more likely to install security systems than those who served adults only (14% versus 0%), X^2 (1, 133) = 3.91, p = .036). We also found that transgender respondents were somewhat more likely than cisgender respondents to take steps to remove their personal information online (38% versus 24%), X^2 (1, 133) = 3.02, p = .061.

THINKING ABOUT THE FUTURE

Continued provision of GAC. Participants shared concerns related to the future provision of GAC amid the rise in legislation limiting access to care.

Some voiced worries about further restrictions on care and the impact on their clinics and jobs. Many of these concerns were related to funding and other resources. Providers recognized that state or federal funding restrictions could hamper their ability to provide competent care, particularly for youth. A few worried that if their employer faced severe funding problems or legal challenges, their GAC services would shut down, effectively eliminating their jobs. Resource challenges, more generally, were also cited as a threat to the future of GAC. Others worried that if the federal government adopted laws and policies restricting access to care and targeting providers, their positions would "disappear." Others worried that their state, community, or clinic would be unable to manage a continued influx of out-of-state patients and about their own personal capacity to continue to provide care amid such high demand and related stress ("I worry about how my emotional capacity to do this care is going to tank and potentially burning out"). Some, too, voiced worries about an escalation of mental health challenges and increased suicidality among transgender people as a result of further restrictions on and denial of GAC.

Some providers noted that they were considering changes in their professional life or practice because of concerns about their future capacity to provide GAC, including evaluating and taking on other potential sources of income. And some participants spoke about ways in which their status as transgender providers created additional concerns for them related to job security. Specifically, they wondered about whether they would be subjected to additional or particular scrutiny or hostility because of their status as a transgender person providing GAC. See Table 16.

Table 16. Worries about the future of gender-affirming care

THEME	SAMPLE QUOTES
Restrictions on state/ federal funding for care (e.g., executive orders discontinuing federal funding for GAC)	*Many of our payments come from Medicare, and our clinic struggles financially as is. [My] concern is that we would close or be unable to continue to offer [GAC] if this occurs.*
	Will our clinic lose funding? Will our patients lose access to health insurance overall?
	I work for a health care system that serves a lot of underserved in our community. We have a larger number of Medicaid patients. Financially, we are struggling. I'm not sure that the whole organization will do much to fight back if federal funding is pulled. I have been continuing as usual until we hear otherwise.
	I think that if the hospital was threatened with lawsuits or other significant potential for financial loss, I suspect they would cut, limit, or discontinue the gender program.
Lack of resources/general funding challenges	*[State] has theoretical legal protections for access to care, and most major medical systems except a Christian one offer gender-affirming care. However, resources are insufficient, everyone is underinsured, and a majority of those who need it continue to struggle to access care often for financial reasons.*
	Funding is hard to come by for any clinic … we lack resources.
	The anti-trans sentiment has led to] reduced donations and funding for trans programs and organizations.
Inability to manage continued influx of out-of-state patients	*Will we get more patients traveling to us from out of state? We can hardly keep up with demand now.*
	I worry that our community will not be able to support the influx of people needing gender-affirming care as they flee from states that are less trans-friendly. I care for myself as a professional by not overextending or pushing my professional boundaries or limits to work.
	There is strain due to demand with lack of providers (i.e., more clients/patients than available doctors/other professionals).
Escalation of client mental health challenges due to inability to access care	*I have SO MANY concerns that I don't know where to begin. I think the best summary is that I'm afraid people who need life-affirming care won't be able to get it, and they will be more miserable for longer, be at risk of getting grey market care, or we will lose them to suicide and violence. I don't know how this will affect the way I provide care. I will have to make decisions as the hits come.*
	I am afraid that folks will lose access to life-saving care, and suicides will increase.

THEME	SAMPLE QUOTES
Adjustments to professional life in anticipation of potential threats to the future of GAC	*Because a big part of my practice is helping people connect to gender-affirming care, I don't know what to expect, but I'm making some adjustments to my sources of income.*
	If I am banned from providing gender-affirming care, I'll still do it but under the mask of "regular" mental health care. What type of mental health care I do with my clients is confidential.

Job security. Related to the future of GAC, participants were asked about their sense of job security. Fourteen percent of respondents were very (6%) or somewhat (8%) worried about job security, and 15% were unsure. Yet, most participants were not at all (44%) or not very (29%) worried about job security.

Providers who saw adults only were somewhat less likely to be worried about their jobs: 88% of those who saw adults only were not at all or not very worried, versus 71% of those who saw youth, X^2 (1, 133) = 2.70, p = .078. Likewise, cisgender providers were somewhat less likely to be worried about their jobs than transgender providers: 78% of cisgender providers were not worried, compared to 67% of transgender providers, X^2 (1, 133) = 2.21, p = .099.

Advice to future health professions students. Asked what they would tell a student thinking of entering the field of GAC, participants offered a range of sentiments. Most emphasized the rewards of providing such care, although some also emphasized the challenges alongside such rewards. Some offered specific advice related to getting support and setting boundaries. The themes are summarized in Table 17.

Table 17. Advice to future health professions students

THEME	QUOTES
This is an incredibly rewarding and meaningful profession	*I find it to be the most rewarding part of my day. Watching people become who they are and watching them become their whole selves.*
	I would tell a student that providing gender-affirming care is incredibly rewarding, meaningful, and provides a service that is essential for gender-diverse patients. The happy moments when someone finally feels affirmed, when someone starts to have gender euphoria on gender-affirming hormone treatment, the relief and improvement of dysphoria after gender-affirming surgeries, the relief when pubertal changes are paused, and being able to provide a safe and affirming space to my patients continues to push me forward and encourage me to continue taking care of my patients.
	One of the greatest joys I have is being able to include questions to youth such as "What brings you euphoria" vs. just dysphoria and including joy and celebration, especially given there may be less spaces that are available for this joy.

THEME	QUOTES
It will be challenging **and** rewarding	*It is highly rewarding work with a lot of stress in the current climate*
	It's difficult practicing in a politically hostile climate, and at the same time, the work is rewarding
	This work is equally rewarding and demanding. It will crush you weekly and then you'll feel so accomplished the next day.
	Working as an RN in a gender-affirming program is incredibly rewarding because it is one of the rare parts of medicine where patients mostly feel happy and empowered by receiving medical care, and it's a beautiful experience to witness and support a person's self-actualization. Simultaneously, there is anger, heartbreak, and frustration at both the private insurance system on the whole, which is designed for profit and not for patient needs, and at the specific anti-trans laws that are ramping up across the country, especially targeting young trans people.
Do this work in community with others (for support, to avoid burnout)	*I would tell them that this work is very rewarding and needed, but it can be isolating if you don't have adequate support. I would also tell them that finding colleagues who are supportive of your specialty, and ideally also are gender-affirming care providers, is also super important.*
	Actively seeking community and support is a huge way to stay connected, stay grounded, and avoid burnout
	Be especially mindful of their self-care and diligent in engaging in a healthy self-care routine. I would also highly recommend connecting with other gender affirming care providers, as they can be a valuable source of support professionally and will likely understand some of the challenges you experience. Building community with others who provide gender-affirming care can also help you feel less alone.
	Make sure you have a good social support network, watch your online presence/ security, and reach out to current providers to network and learn.
Be mindful that this work is challenging, and uncertain, especially given the political climate	*I think they would need to think very carefully and weigh potential consequences. Even now if you live in a "safe" state, we know that is subject to change. If a student is fully committed and would like to make this their work, I would not want to discourage them but also be realistic. This work will likely always be politically charged. The patient loads are heavy in terms of the amount of mental and social support needed … aka, it's not just writing a prescription and see you in a year. Many cases are extremely complicated, and the medical care is constantly evolving. What we did a year ago is not the same thing we are doing now. You have to be open to change and uncertainty.*
	It's harder than you think it will be. Not the medicine--that part is fine. But the increased scrutiny of pediatric gender medicine is so, so hard.
Set boundaries to avoid burnout	*I would encourage them to make sure they keep a focus on boundaries and self-care as they enter the field to avoid burnout.*
Do multiple types of practice (not just GAC) to avoid burnout	*Make sure you have lots of skills, not just gender-affirming care skills; do not pigeonhole yourself.*

Benefits and challenges of being a GAC provider. Participants were asked to reflect on the best and most challenging aspects of being a GAC provider. Participants identified the best aspects as being able to help people become themselves, working with like-minded colleagues, helping and caring for other people, and having autonomy in their work. The hardest aspects included the current sociopolitical and legal climate around GAC, transphobia, challenges presented by the health care system as a whole, administrative burdens, and burnout. See Table 18.

Table 18. Best and most challenging aspects of being a gender-affirming care provider

BEST	HARDEST
Helping people become themselves; supporting clients in their growth:	**The sociopolitical/legislative context, transphobia:**
Seeing people grow and self-actualize.	*Additional burden of sociopolitical landscape and increased scrutiny from society and institution on gender-affirming care.*
Getting to see my patients thrive, feeling like I help people every day.	*Concern that something will happen to our patients, politically or personally. Some of our patients seem very vulnerable, and I worry the world will hurt them.*
I find it very fulfilling and receive great joy from it - I feel it is a great honor to be able to be present and take part in my patients' flourishing and embodiment of gender euphoria.	*Holding space for the ambiguity and pain in recent and current legislative attacks and transphobia.*
	Navigating the unknown future of the change in political environment.
Seeing my patients visibly change into their true selves over the period of about 2 years, and seeing them become so much happier in their bodies.	*Seeing the toll that the current sociopolitical climate has on my patients. Worrying about the ability to provide this care. Responding to parents or other caregivers who have gotten immersed in misinformation and having to argue for the care that is evidence-based.*
The patients. Especially the youth; they really inspire me. They deal with a lot for being so young and to see them grow into themselves is beautiful. So many people have this aha moment of self-actualization, and that makes it all worth it.	*Constant threats and disparaging comments from politicians and media, feeling restricted to live and work in certain states.*
Working with/training colleagues who believe in this work:	**The health care system as a whole:**
Getting to teach … students about GAC. Getting to work with predominantly queer and trans colleagues in a very safe space.	*20-minute visits, American fee-for-service medicine, and the industrial complex*
Getting to work alongside like-minded providers who are proud to do this work, even if it's challenging.	*Lack of time seeing patients*

BEST	HARDEST
I feel great job satisfaction. I know I am making a difference, and I love interacting with my patients as well as my coworkers. I love that the clinic I work in is staffed with like-minded people, all working towards the same mission. Our values align, and it feels so safe to work here. I don't have to worry about arguing with a coworker who doesn't believe in trans care.	*The for-profit health care marketplace model that prioritizes profits over patient wellness and providers*
	I believe that the American healthcare system is currently collapsing, so navigating a collapsing system as a provider is terrible. The work is endless.
The wonderful team I get to work with day to day, all with shared dedication to trans youth/families.	*Our profit-driven capitalist healthcare system that is steeped in racism and patriarchy and unaffordable for the vast majority of people*
Helping members of my community:	**Administrative burden:**
Directly caring for my community, providing care that is difficult to find, seeing my clients succeed.	*Administrative tasks including things like prior authorizations and insurance issues*
Getting to work so intimately with my community.	*Having to sit on a computer all day long, the hours, all the insurance BS.*
I love that my job allows me to focus on my community, and working mostly with young adults is an honor to watch folks get to know themselves and grow.	*Hours spent going in circles with insurance companies.*
	Paperwork
	Training, hours, electronic health records
Working with and alongside my community, supporting resilience and celebrating joy.	*The paperwork! The sheer volume of work is overwhelming. I could give 24 hours a day, and there would always be people/patients/ managers wanting me to give more.*
Financial and professional freedom/autonomy:	**Burnout:**
It allows me relative financial and time freedom and the ability to be in my own supportive community while I work.	*Burnout … I love the work that I do, but it is exhausting. I have to wear multiple hats in my work, and it is hard to hear the worst parts of people's experiences … I try to be intentional about my mental and physical health, but it is hard.*
Ability to practice with autonomy	*Emotionally draining, high burnout.*
I get to see clients grow and thrive. Since I started my private practice, I have had more life/work balance and get to have a deeper impact on my long-term clients.	*My clinical work is demanding of my time, mental energy, emotional intelligence, and executive functioning. There are not enough hours in the day to see my clients, document, consult with providers, attend departmental meetings, supervise, conduct research, teach, and then also be a son, brother, uncle, friend, and dog dad.*

CONCLUSION

In recent years, the provision of GAC has become heavily politicized. Although the evidence base continues to support access to care, and both patients and providers report positive outcomes from the care, efforts to curtail access to treatments, particularly for minors, have directly impacted providers. Our sample of providers--located predominantly in states that still permitted access to care at the time of the survey--have experienced increased demand and increased administrative burden, including issues with insurance coverage. Many also report safety concerns, including online harassment as a result of their provision of care, and physical safety threats. Many providers have taken action in response to the change in political climate, such as taking steps to protect their personal safety and changing the way they discuss care with clients.

Notably, providers remained devoted to providing high-quality care to their patients to the best of their ability. Many expressed a desire to increase their ability to help clients access care by increasing their visibility as providers, staffing, or other capacity. While many respondents found the provision of GAC "rewarding and challenging," most were not inclined to decrease care or services. However, even in protective environments, providers worried about the future of access to GAC.

Understanding the burdens and rewards of providing gender-affirming care is important in a swiftly changing legislative environment. Such providers are under significant stress, even as they seek to provide care to communities that are themselves marginalized—often while inhabiting marginalized identities themselves. Workplaces should develop policies and procedures that place the safety and well-being of their employees—including gender-affirming care providers—at the forefront. Likewise, workplaces and providers should actively advocate for the health and well-being of their clients, regardless of (but mindful of) the politicized nature of their care.

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RESEARCH THAT MATTERS

METHODS

DATA COLLECTION

Data collected in fall 2024 (September-December 2024) were drawn from an online survey developed by the first author in collaboration with scholars of public policy, law, and clinical practice with transgender populations. It was constructed using the Qualtrics software application.

Two separate focus groups, each with four GAC providers in states without bans, helped to inform the development of the survey. About half of the focus group participants were mental health providers, and about half were medical providers. Focus groups focused on the experiences of providing GAC in states without bans. More specifically, they discussed changes in the experience of providing GAC over the past few years, experiences of (non)support from employers, workplace climate, attacks from the broader public, well-being, advocacy, and future plans related to their career. They looked at how their identities impacted their response to the politicization of GAC and the provision of care, mental and physical health, and the upcoming presidential election and associated stress. Focus group participants were invited to offer feedback on the survey, which was also informed by the literature, news articles, and media reports, as well as the insights and observations of the research team and associated scholars.

The anonymous survey was pilot-tested for ease of use and functionality by four members of the target population prior to survey launch. Feedback was also sought from scholars and practitioners. The suggestions of both groups led to changes in the survey. The anonymous survey was approved by the Human Subjects Board at Clark University and disseminated widely via professional and personal contacts and listservs, with cautionary advice not to post on public social media out of concerns for data integrity.

PRIVACY AND DATA PROTECTION

The data collected for this report are anonymous. We, the researchers, have no access to information about participants' identities. We did not ask for identifying information (e.g., birth dates), nor did participants report it.

DATA CLEANING AND PREPARATION

A total of 155 surveys were started, and 22 were not included because they were either incomplete (n = 12) or completed by providers in states that had passed legislation (n = 13). Our final sample was 133. Of note is that 88% completed the survey prior to the November 2024 election; 12% completed it after.

DATA ANALYSIS

We used descriptive statistics and qualitative content analysis in this report. We also conducted a limited number of chi-square tests. In presenting quotes, we have edited minor spelling and grammar errors to increase readability. The majority of quotes come from open-ended questions in the survey; however, some quotes come from focus group participants. We have indicated this accordingly.