

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6226

### **Title**

*State Restrictions & Gender-Affirming Healthcare: A CERA Study*

### **Priority 1 (Research Category)**

Social determinants and vulnerable populations

### **Presenters**

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### **Abstract**

CONTEXT: The ability of healthcare professionals to assist transgender and gender diverse (TGD) people in accessing safe and effective care has been impacted by recent laws and policies imposed in many states, along with other public rights. This study represents the first nation-wide survey of the perceived impacts for clinicians in Family Medicine practice. OBJECTIVE: Characterize, by their state legislation status, Family Medicine professional's (FMP) perceptions of experienced or anticipated changes in: a) specific gender-affirming care services, patient volume, and fears of legal repercussion, b) levels of trust in and by patients seeking gender-affirming care, and c) perceived impacts to medical education and training for the care of TGD individuals. STUDY DESIGN AND ANALYSIS: Cross-sectional survey. Chi-squared tests were performed to examine the associations between studied variables and geographical restrictions to reproductive healthcare between these categories. INSTRUMENT/DATASET: Ten item subset within the 2023 Council of Academic Family Medicine's (CAFM) Educational Research Alliance (CERA) survey, administered from Nov.20–Dec.22, 2023. POPULATION STUDIED: U.S. members of one of the four CAFM organizations, selecting only active medical clinicians. OUTCOME MEASURES: Using the Movement Advancement Project legislation scores for healthcare laws and policies as the grouping variable for all responses, the CERA data committee categorized respondent states as "Protective" (45.7%), "Mixed" (25.6%) or "Restrictive" (28.7%). RESULTS: From 828 surveys, FMPs in restrictive states (35% of whom practice at state-fund institutions) reported significantly poorer clinic inclusivity for LGBTQ+ and TGD patients, reduction to hormone replacement therapies, and fewer education/training opportunities. Overall, most FMPs report that trust in practitioner-patient visits and patients' self-reported medical history was unchanged, however FMPs in restrictive states reported the highest decrease in trust and greater degree of worry for legal risks in providing gender-affirming healthcare. All  $p$ 's < .001. CONCLUSIONS: Few FMPs are available to respond to the diverse health and well-being needs

of TGD patients. Ever-changing legal restrictions and heightened concern for the future of such practice and medical training in impacted states portends adverse health outcomes and mental health distress among a growing population of TGD individuals.

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