

MPR News | Minnesota Now Supreme Court ruling on gender-affirming care could strain resources in Minnesota 01JYHKQHSS9CQWH4A3ACY7X2ND

NINA MOINI: Well, the US Supreme Court upheld Tennessee's ban on gender-affirming care for minors. In recent years, 27 states have enacted laws that restrict access to gender-affirming care for youth. The ruling could doom lawsuits brought by transgender rights groups in states that have restrictions on gender-affirming care.

While the ruling won't affect Minnesota's law protecting gender-affirming care, clinics could see a surge of new patients coming from out of state. Joining me now is Aaron Zimmerman, the executive director of PFUND, an organization that provides resources for LGBTQ+ people in the upper Midwest. Thanks so much for being here, Aaron.

AARON Of course. Thanks for having me, Allie-- or Nina, sorry.

ZIMMERMAN:

NINA MOINI: Oh, that's OK.

[LAUGHTER]

I think that obviously this is a topic that is very probably emotional, probably something that you've been thinking about for some time. But I am curious to know just your initial thoughts or reaction to the Supreme Court ruling. Did you expect that to be coming?

AARON We had been preparing for it for a long time. A lot of really great organizations in the region, of course, across the country had been preparing for this eventuality or this outcome. I think we were all a little bit surprised it came the day it did. I know we were a bit caught off guard.

But it's a heavy decision that is going to impact a lot of LGBTQ trans youth. And I think we have some really great organizations ready to meet the demand as best they can. But as you said in your intro, we're bracing for some significant increases here in Minnesota.

NINA MOINI: Yeah, and I've done some stories with folks who have already moved in recent years with their families. In 2023, of course, Minnesota became a trans refuge state. Did you see-- I mean, the word "surge" is, obviously, subjective. But does it feel like a lot of people have already been coming here to receive gender-affirming care or moving here? What have you been seeing, just in the last couple of years? And is anybody tracking those numbers?

AARON Yeah, actually, that's a great question. What I will say is the data is pretty limited, just because of the scale of the-- and the nature of the movement. In the last two years, a number of organizations came together across the state to really understand the potential for a moving demographic shift. And we began collecting that data in the summer of 2023. And over these past two years now, we have collected data with several hundred families and individuals moving here to Minnesota or with plans to move to Minnesota.

And again, we think that's just a small portion of the larger movement because our folks may not feel safe disclosing that they're moving. They may not know that these kinds of-- this survey and this tracking is existing. But what we're finding is the vast majority of folks that are moving here are coming for health care because that's, of course, the primary target in some of the states where they're banned.

So we've got folks moving here. And then an additional consideration is that in our surrounding states, where those bans are already in place and, of course, affirmed, in some ways, by the *Skrametti* outcome, folks are coming here for appointments as well for medical appointments. So they're not necessarily landing here permanently, but they're making the drive, and sometimes multiple times a year in order to seek that affirming care.

NINA MOINI: Yeah, you mentioned some of our bordering, surrounding states. The family that I had reported on moved from Wyoming. I am curious if you're seeing where most people are moving from, if there are trends there.

AARON
ZIMMERMAN: Yeah, it's really fascinating. Of course, the surrounding states, because they wouldn't necessarily need to pick up for that type of care, unless they're really seeking a more robust set of services or they want a more affirming school or a school board or if they're looking for employment, what we're seeing is actually folks coming up from the South. So we're seeing Florida, Texas, Tennessee, Missouri-- states like that.

And what we're seeing, too, is that they're not necessarily wanting to move to major metropolitan areas. And so they're seeking places like Minnesota that have a lot of the protections, but still have pretty robust rural communities in order to find a home that feels maybe somewhat similar for their families. Yeah.

NINA MOINI: Yeah. And let's talk, Aaron, about what you're seeing from the perspective of the providers, the clinics. Are folks at capacity? What are the resources like? Are there a lot of resources here in the state for gender-affirming care for youth? And then what are-- how are they doing capacity-wise?

AARON
ZIMMERMAN: Yeah, that's a great question. Minnesota, as a health state, we have often been leaders in this type of work. And that robust, historical, and contemporary commitment to this kind of care, I think, has really shown up in the quality of health care that we have with places like Children's, Family Tree Clinic, all kinds of institutions, University of Minnesota's M Health.

Those organizations are really high-quality, compassionate, patient-centered care. And they're still facing long wait times, even before we became a trans refuge state. Long wait lists-- this specialty care is just something that is concentrated to a handful of hospitals and clinics, primarily here in the Twin Cities. And so they were working to meet the demand currently.

And then as, now, we've seen increases in folks trying to access this care from all over the country and, of course, regionally, it's getting to be really challenging. And I think knowing with the current administration that we're in, there's a lot of doctors who have really stepped up, a lot of providers who have stepped up at this time and are seeing more patients, are trying to put in those extra hours. And so we've been really impressed with that. But again, we're still up against already a lack of ability to meet the demand, even before becoming a trans refuge state.

NINA MOINI: Yeah, and, Aaron, I remember a story that Marketplace did. They report on economics and financial things about just the cost of a family to even relocate somewhere. Finding new jobs and new homes, and maybe you can't sell your house-- that's a lot to put up upon families. What happens if someone cannot afford to do that, Aaron, and they cannot drive to a neighboring state? What are you concerned about would happen for youth that is undergoing health care?

AARON Yeah, I mean, that's kind of the worst outcome of this current situation, is not having the resources to seek that kind of care. And I think that's the exact intention of those restrictive bills in states like North and South Dakota and Iowa, is that they don't want kids to have access to it. And they want to ensure that there's no other options.

And so I think, for us, what's most concerning, it's people from all socioeconomic backgrounds, all kind of circumstances, multiple children, single families, different things like that. All these folks are attempting to come here. But again, like you said, it's really cost-prohibitive. And also, to uproot your whole family, your social network, your community, that can be really isolating and really jarring.

And so I think, if I'm answering the question, I think that the outcome is pretty terrifying for some families. And they're trying to make it work. And there are some resources out there. There's a couple of organizations around the region that are helping with some stipends for travel. We did some of those over the last couple of years to different organizations to help with gas mileage or lodging if they need to, or a U-Haul. There are some programs out there, but largely, it's underfunded and under-resourced.

NINA MOINI: And if you wanted, just before we have to go, Aaron-- and I know every person is an individual and requires a treatment that works for them. But there is some misinformation out there. If you wanted to talk just about what gender-affirming care looks like for children in maybe the majority of situations.

AARON Yeah. Yeah, and of course, I'm not a medical professional here, but gender-affirming care is a vast area of medicine. There are a lot of different types of treatments and different types of interventions and things that you can do with your provider and your doctor and your care team and your family that isn't the invasive things that certain pundits and things like that want to say is happening constantly.

And this is the norm, when, really, the norm is really centered around ensuring that young people feel seen, that they feel validated and affirmed in their mental health, in their physical health. It's already hard enough being a teenager or a young person. And I think for most providers, it's about how do we ensure that their mental and physical health are just affirmed as their full self? So I think it can be really easy to jump to the extremes of things. And I think that's just not true.

NINA MOINI: Aaron, thank you so much for your time. I hope you'll come back and visit us, and just let us know the trends that you continue to see. Thank you.

AARON Of course. Thanks for having me.
ZIMMERMAN:

NINA MOINI: That was Aaron Zimmerman, the executive director of PFUND, an organization that provides resources for LGBTQ+ people in the upper Midwest.