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**CATHY WURZER:** As you heard at the top of the show, this is the week that bills need to get through their first hearing in a committee to be considered alive this session. The state legislature is considering a bill that would make the state a safe haven for kids and teens seeking gender-affirming health care. What exactly does that bill do?

MPR News reporters Nicole Ki and digital producer Sam Stroozas have been reporting on the bill. They're here to help explain it. Nicole and Sam, thanks. Thanks for being here.

**SAM STROOZAS:**

**NICOLE KI:** Thanks for having us.

**CATHY WURZER:** Let's start with the phrase "gender-affirming health care." Nicole, what does that mean in this case?

**NICOLE KI:** So gender-affirming health care is specialized health care for trans and gender youth. Some of the parents I spoke to with trans kids said it's similar to a routine pediatric visit most kids go to every year. The biggest difference is the care is given by experts in the medical field who have worked with trans and gender-diverse youth. And some of the questions that they'll be asked during those visits is about their gender identity. And they'll keep track of their physical and emotional developments as a child.

A common misconception about gender-affirming care is that it's only surgery or medication. Dr. Angela Kade Goepferd, who is the medical director of Children's Minnesota's Gender Health Program, said it's pretty rare to see anyone under the age of 18 undergo surgical procedures and that surgeries are not a part of the care that the Gender Health Program at Children's Minnesota provides. It's really centered on supporting families with trans kids and connecting them with resources, with affirming their identity, navigating school and community activities, and also connect them with mental health counseling.

So medication only comes in when a child has grown to the age of puberty, typically ages 12 to 16. And that comes after years of building trust with their pediatrician or having many ongoing conversations with their doctor and maybe a counselor and family later down the road on hormone treatments.

**CATHY WURZER:** And I'm wondering here, Nicole, where can young people currently access this type of care?

**NICOLE KI:** Gender-affirming care is provided at any hospital that runs a gender clinic or program. So Children's Minnesota is one. A few more are Hennepin County Medical Center, Park Nicollet Gender Services Clinic, and M Health Fairview. In the context of gender-affirming care access in the country, Minnesota is one of the few states in the Midwest that is openly welcoming toward the trans community and is one of the states many are fleeing to for gender-affirming care. If you look at a map of the US, there is a big hole in the middle of the country and along the South, where you would have to drive three to six hours to access clinic or some gender-affirming care services.

**CATHY WURZER:** So I know that you talked to a number of parents of children who are receiving gender-affirming care. What did they have to say to you?

**NICOLE KI:** Yeah, some of the parents I spoke had to switch over from their primary pediatrician to look for expertise in gender-affirming care. For Hao and Gretchen Nguyen, who have a six-year-old trans daughter, Asher, they've been taking her to Children's Minnesota's Gender Clinic for about two years. Those are annual visits. So they've been just a few.

But it's mostly questions for their daughter, Asher, about how she's feeling and thinking, checking in on where she is. The social affirmation aspects for the Nguyens was a big thing for them, too. They also had a lot of questions about how to talk to Asher about her transgender identity, what language to use, what to do when they got pushback, and when is the appropriate age to talk to her about hormone blockers.

Hao Nguyen testified in support of this bill to make Minnesota a, quote, "trans refuge state." Here's a clip from his testimony.

**HAO NGUYEN:** At three she was not sleeping very well. She was waking up every single night. It was a lot more than just a toddler waking up.

And one day I picked her up from daycare. And all the teachers had said, Asher told us that she's a she. And I said to these wonderful daycare people, who had never had a trans kid before, at a pretty religious place, so what did you do? And they said, we called her a her. And I said, great. Oh my God, great.

And Asher comes around the corner and I said, "Hey, there's my beautiful daughter." And I think there are a few things in this world that I'll remember for my whole life. And that is one of them. The smile on her face, the look of affirmation, the confidence she had to tell her teachers, who had known her since diapers, that she was a she, that her father said, there's my beautiful daughter, that's what Minnesota should be. That's who we are.

**CATHY WURZER:** So what has the medical community, Nicole, said about this bill?

**NICOLE KI:** The medical community has been in support of access to gender-affirming care. The Minnesota Department of Health did a survey last year students in eighth grade and higher. About 10% of those students identified as noncisgender, which includes transgender, gender fluid, nonbinary, and two-spirit identities. Out of that 10%, 65% reported long-term mental health, emotional, and behavioral issues.

Doctors, like Dr. Goepferd, say people do better when they have access to this care. They have a better sense of self, have less depression, anxiety, and suicidality symptoms. The American Medical Association and Children's Hospital Association has also been in support of access to gender-affirming care. They've cited data that indicates trans and gender-diverse youth are at higher risk to anxiety, depression, and suicidality symptoms because of limited or no access to gender-affirming care.

**CATHY WURZER:** All right. That's Nicole Ki, one of our reporters. Sam Stroozas is a digital producer here. I want to bring you in, Sam. I don't mean to ignore you there. What's the environment around this kind of care in other states? Can you crystallize that for us?

**SAM STROOZAS:** Yeah. So, like Nicole was saying, there definitely is a hole when it comes to care. So states around Minnesota are beginning to enact laws trying to restrict gender-affirming care. So in February, the North Dakota House passed a bill that would criminalize health providers if they provided this type of care to minors. This could be anything from hormones to gender-affirming conversations, like Dr. Goepferd mentioned. And then the South Dakota governor also enacted a similar law banning all gender-affirming care for minors.

And then nationwide, recently Florida and Mississippi have been banning gender-affirming care. And there's about 80 bills related to gender-affirming care across the country. And about 20 states are likely to ban it in the upcoming months.

**CATHY WURZER:** OK. So what would this bill change if the legislature passes it?

**SAM STROOZAS:** So in simple terms, the bill would protect minors and their parents who are coming from other states to Minnesota to seek gender-affirming care. So we're specifically thinking of people in the Dakotas. So they could come to Minnesota, access gender-affirming care, and be protected from the laws that govern their home states. So, for example, the bill says people would not be arrested or extradited from Minnesota for giving or receiving gender-affirming health care, even though it may be considered a crime in their home state. And essentially, parents and providers who not get in trouble.

And Minnesota would also become the fourth state to be this trans refugee state, joining Connecticut, New York, and California. And the bill would make Minnesota a refugee state by modifying the existing law about court jurisdiction involving children. So it would be giving the courts temporary emergency jurisdiction if a child is here because they have been unable to get gender-affirming health care somewhere else.

But there has also been some criticism from Republicans. Several Minnesota legislators and organizations have questioned the impact of minors using hormone blockers or other types of cross-sex hormones, even though the bill itself does not attempt to legislate any of that. Representative Peggy Scott said that the bill is, quote, "An assault on parental rights." And Representative Finke says that the custody provisions allow temporary jurisdiction for the custody cases to be heard in Minnesota, but it does not change how they would be heard.

**CATHY WURZER:** OK. So I mentioned that, of course, the first committee deadline's coming up. This bill is still moving through the legislature. Is that right?

**SAM STROOZAS:** Yep. So the bill is alive and moving through the leg right now. It's awaiting a debate on the House floor. And since Democrats control Minnesota government right now, it's more likely to succeed than it has been in recent years.

**CATHY WURZER:** All right, we'll see what happens. Sam Stroozas and Nicole Ki, thank you so much.

**SAM STROOZAS:** Thank you.

**NICOLE KI:** Thank you.