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The Policy and Public Health Implications of Protecting Gender-Affirming Care for Delaware Youth

Stephen Raskauskas, MA

Abstract

Gender-affirming care (GAC) for youth is a medically necessary, evidence-based practice endorsed by major health organizations to support transgender and gender-diverse individuals. In Delaware, proposed legislation threatens to restrict access to GAC despite clear evidence that such care improves mental health outcomes and reduces suicide risk. This article outlines the components of GAC, examines the impact of legal and political threats, and argues for sustained protections to safeguard the health of Delaware's youth and public health systems.

Introduction

Gender-affirming care (GAC) for youth is a medically necessary and evidence-based approach that supports the mental, emotional, and physical well-being of transgender and gender-diverse individuals. In the current legislative climate, both nationally and within Delaware, these services are increasingly targeted by restrictive laws and policy proposals, many of which affect trans youth disproportionately. As healthcare professionals, policymakers, and public health institutions grapple with the future of GAC for youth, it is imperative to understand the components of this essential care, and the implications of protecting it for patients, care-providers, and institutions.

Understanding Gender-Affirming Care for Youth

According to the U.S. Department of Health and Human Services[1] and leading medical bodies such as the American Academy of Pediatrics,[2] the Endocrine Society,[3] and the American Medical Association,[4] gender-affirming care (GAC) is a crucial, evidence-based component of healthcare for transgender and gender-diverse individuals.

While GAC is tailored to each individual's needs and developmental stages, many healthcare providers and institutions follow the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 8* (SOC-8) issued by the World Professional Association for Transgender Health (WPATH).[5] For youth, SOC-8 outlines broad kinds of GAC, including:

Mental Health Support (All Ages). Across all developmental stages for trans individuals, affirming mental health care is foundational. Providers support youth as they explore their identities, navigate family and school dynamics, and manage mental health conditions such as depression or anxiety, which occur at disproportionately high rates in this population.

Social Affirmation (Prepubescent Children). For prepubescent children, interventions are typically non-medical. SOC-8 endorses social transition when appropriate, including changes in name, pronouns, hairstyle, and

clothing.[5] Therapy for both the child and family is prioritized to foster understanding and resilience.

Puberty Blockers (Early Adolescents). At the onset of puberty (Tanner stage 2), youth experiencing gender dysphoria may be eligible for reversible puberty suppression using gonadotropin-releasing hormone agonists (GnRHa).[6] This intervention halts the development of unwanted secondary sex characteristics and provides additional time for gender identity exploration. GnRHa therapy is considered safe and effective when monitored by multidisciplinary specialists.

Hormone Therapy (Older Adolescents). For some older adolescents – typically around age 16, but sometimes earlier under careful clinical oversight – gender-affirming hormone therapy (GAHT) may be initiated.[3] Eligibility requires persistent, well-documented gender dysphoria, mental health assessment, and the capacity to provide informed assent or consent with parental or guardian approval, depending on jurisdiction.

Surgical Interventions (Rare and Exceptional). Genital surgeries are almost never performed on minors. In rare and exceptional cases, some adolescents may undergo chest (top) surgery if they have persistent gender dysphoria and meet rigorous clinical criteria. Genital surgeries are generally deferred until adulthood, except in cases of severe psychological distress and with multidisciplinary clinical and legal oversight.[3]

A significant source of opposition to gender-affirming care centers on exaggerated fears of irreversible surgeries, especially genital surgeries, on minors. Opponents often use inflammatory rhetoric such as "genital mutilation" to stoke public anxiety. However, this framing misrepresents clinical realities and risks obstructing access to vital care.

In truth, surgical interventions for minors are exceedingly rare and carefully regulated. The vast majority of gender-affirming treatments provided to youth involve reversible or partially reversible steps (social affirmation, puberty blockers, and hormone therapy) administered under strict clinical protocols.[5] Genital surgeries are reserved almost exclusively for legal adults, with exceptions requiring persistent, well-documented gender dysphoria, demonstrated emotional and cognitive maturity, multidisciplinary clinical support, thorough informed consent by the minor and guardians, and urgent medical necessity.[5]

GAC is not synonymous with surgery among any age group. Rather, GAC is a holistic approach that affirms a person's identity and supports their development within a compassionate, trauma-informed framework. Conflating rare surgical cases with all gender-affirming care fuels policies that undermine the lifesaving benefits of non-surgical care and contributes to stigma and misinformation. As a result, many young transgender and gender diverse individuals are denied or at risk of losing broad categories of care based on fear rather than evidence. Such blanket bans place youth at risk of worsened mental health outcomes, including increased suicidality.

Despite politicized narratives, gender-affirming care is neither rushed nor experimental. It is guided by well-established protocols, multiple layers of assessment, and continuous

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monitoring. Most interventions in minors are reversible or partially reversible, and all require comprehensive evaluation.

A growing body of research confirms that access to gender-affirming care improves mental health outcomes among transgender youth. Benefits include lower rates of depression and anxiety, reduced suicidality, and improved self-esteem.[7] Transgender teens who received puberty blockers were 70% less likely to experience suicidal ideation than those who desired but were denied access to such care.[8]

Legal and Legislative Threats to Gender-Affirming Care for Delaware Youth

Delaware has long positioned itself as a champion for LGBTQ+ rights, including safeguarding the health and dignity of transgender youth. Since 2013, state law has prohibited discrimination based on gender identity across employment, housing, and public accommodations including healthcare.[9] A 2018 ban on conversion therapy for minors further reinforced the state's progressive stance.[10] In 2016 and 2020, the Delaware Department of Insurance declared that Medicaid and most private insurers must cover gender-affirming care.[11]

Despite these protections, access to GAC for minors in Delaware is increasingly threatened by legislative backlash, federal preemption, and potential legal challenges to state-level protections.

In 2025, during the first session of the 153rd General Assembly, legislators introduced Senate Bill 55 (SB 55), known as the Delaware Save Adolescents from Experimentation (SAFE) Act.[12] This bill proposes a broad prohibition on gender-affirming medical care for minors (including non-surgical treatments such as puberty blockers and hormone therapy) with narrow exceptions for intersex youth. It would also classify such care as "unprofessional conduct," potentially subjecting healthcare providers to licensure sanctions.

Earlier efforts, such as SB 315, similarly aimed to restrict public and private insurance coverage for gender transition procedures in minors and sought to label such practices as grounds for professional discipline.[13] These bills align with a national trend of legislation targeting trans healthcare under the guise of protecting children, despite being starkly at odds with guidance from leading medical organizations, including the American Academy of Pediatrics, American Medical Association, and World Professional Association for Transgender Health.

In response, Governor Matt Meyer issued Executive Order 11 on June 20, 2025, declaring Delaware a "shield state" for gender-affirming care. The order protects "any medically necessary healthcare or treatment consistent with current clinical standards of care prescribed by a licensed healthcare provider for the treatment of a condition related to the individual's gender identity and that is legal under Delaware law."[14]

EO 11 also prohibits Delaware agencies, contractors, and professional licensing boards from cooperating with out-of-state legal actions, including subpoenas, investigations, and extradition requests, targeting providers or recipients of gender-affirming care that is legal in Delaware. Furthermore, it instructs professional boards not to penalize licensed practitioners for delivering or referring gender-affirming care consistent with Delaware

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law, and protects any "individual who provided, received, inquired about, responded to, assisted with, or traveled to Delaware for gender-affirming care." The order also reinforces protections for the confidentiality of medical records involving GAC, shielding them from unauthorized disclosures in cross-jurisdictional proceedings.

While EO 11 positions Delaware among a handful of states actively protecting gender-affirming care, it is not immune to challenge. Under Delaware's constitutional structure, the General Assembly possesses multiple tools to challenge, override, or restrict the impact of the executive order.

The Assembly may pass legislation that directly contradicts or narrows the scope of EO 11. If the Governor vetoes such legislation, the Assembly can override the veto with a two-thirds vote in each chamber, thereby enacting the measure into law despite executive opposition. While courts primarily review the constitutionality of executive actions, the legislature can also authorize litigation challenging the executive order or enact laws that form the basis for judicial review, such as clarifying statutory limits on gubernatorial authority over healthcare policy. Lastly, Delaware lawmakers could introduce legislation to institutionalize a review process for executive orders, allowing the Assembly to vote to disapprove or repeal executive actions by statute.

These mechanisms highlight the fragility of EO 11's protections. They may be undone with shifts in legislative leadership or political priorities.

At the federal level, threats persist that threatened local protections. In January 2025, President Trump issued Executive Order 14187, barring federal funds—including grants and contracts—from entities that provide gender-affirming care to anyone under 19.[15] This encompasses a vast range of institutions such as hospitals, clinics, schools, and community-based organizations.

Although two federal court cases, *PFLAG, Inc. v. Trump* and *Washington v. Trump*, resulted in preliminary injunctions, one nationwide and the other limited to four states, the legal landscape remains uncertain. Appeals are ongoing, and the threat of eventual enforcement looms over institutions and providers even in supportive states like Delaware.

Recently, H.R. 1, the so-called "One Big Beautiful Bill Act," sought to eliminate Medicaid and CHIP coverage for all gender-affirming care, regardless of age, and would have removed these services from the Affordable Care Act's essential health benefits. The restriction on gender-affirming care was removed not because of a shift in policy or pressure from advocacy groups, but due to a procedural roadblock: it violated the Byrd Rule, which prohibits including non-budgetary policy changes in reconciliation bills.[19]

Future federal bills, if passed, however, could preempt Delaware's current Medicaid coverage mandates and disrupt private insurance markets, effectively outlawing access to gender-affirming care even where it remains legal.

The interplay between federal hostility, state-level threats, and the tenuous nature of executive protections poses a serious risk. Hospitals may retreat from offering care. Insurers may drop coverage. Providers may hesitate to counsel families. Yet, delaying or denying care compounds mental health disparities and increases the risk of suicide, depression, and long-term harm.

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Legislative Impact on Delawareans: Patients, Providers, and Public Health Institutions

Legislative efforts to restrict GAC for youth place Delaware's most vulnerable populations at risk, and affect more than just patients. They jeopardize healthcare providers, institutions, and the state's public health infrastructure.

The Trevor Project's 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People reported alarming trends in Delaware: 69% of transgender and nonbinary youth in the state experienced symptoms of anxiety, 64% experienced symptoms of depression, and 45% seriously considered suicide in the previous year.[16] Furthermore, 42% of transgender and nonbinary young people reported that they or their family have considered leaving Delaware for another state because of LGBTQ+-related politics and laws.

The rollback of support services further compounds these risks. In June 2025, the federal administration discontinued the LGBTQ+-specific "Press 3" option on the 988 Suicide & Crisis Lifeline, eliminating a crucial pathway for affirming crisis intervention.[17] The rationale offered that all callers should be treated equally fails to account for the heightened and distinct mental health risks LGBTQ+ youth face, particularly in stigmatizing environments or when access to affirming care is blocked.

Healthcare providers and institutions face growing uncertainty. Facilities reliant on federal funds (e.g., Medicare, Medicaid, NIH grants) may face sanctions for continuing to provide GAC. Providers operating across state lines must navigate conflicting mandates, risking licensure and legal consequences.

Providers working across state lines are particularly vulnerable to conflicting mandates. In states like Delaware, they may be required or permitted to offer gender-affirming care, while neighboring states could penalize or prohibit the same services. Healthcare systems must therefore implement proactive compliance strategies: tracking law changes, ensuring internal legal review, and maintaining communication with staff and patients about shifting regulatory obligations.

Denying medically indicated gender-affirming care may constitute a form of medical neglect under accepted clinical standards. The legal and ethical landscape places providers in a difficult position: balancing the standard of care against external political and regulatory threats. Inaction, however, has measurable and detrimental consequences. When trans youth are denied care, emergency rooms and school systems often bear the burden. Increased rates of crisis mental health visits, absenteeism, and school dropout may increase with barriers to care. These consequences propagate into adulthood, contributing to elevated rates of homelessness, unemployment, and substance use.

From an economic standpoint, the cost of untreated gender dysphoria, including hospitalizations, suicide attempts, and chronic mental illness, far outweighs the costs associated with providing affirming care.

According to Executive Order 11 protecting GAC in Delaware, "Delaware is home to approximately 40,000 LGBTQ+ individuals aged 13 and older, representing about 4.5 percent of the state's population… an estimated 6,300 adults in Delaware identify as transgender, comprising approximately 0.82 percent of the adult population."

How many young transgender Delawareans might be affected by legislative changes which prevent access to GAC? According to the U.S. Census Bureau the Delaware population as of July 1, 2024 was 1,051,917, with 20.5% of the Delawareans under age 18, or 215,651 individuals.[18] Statistics on children, youth and families in Delaware from the Annie E. Casey Foundation and KIDS COUNT in Delaware estimate that 3% of youth within the state identify as transgender as of 2023, or approximately 6,470 individuals.

Recent legislative protections such as Executive Order 11 from the office of the Delaware Governor are important to safeguard the health and safety of transgender Delawareans, as well as care providers and institutions. However, to fully safeguard its citizens, and particularly youth, Delaware lawmakers must expand protections. Delawareans must maintain and expand mental health services to ensure sustained funding for LGBTQ+ crisis hotlines, school-based mental health counselors, and community partnerships. Institutions must counter misinformation on the safety and efficacy of gender-affirming care, and enact policies to create support inclusive school environments that include staff training and peer support programs to affirm trans students.

The data are unambiguous: gender-affirming care is life-saving and medically necessary. Legislative attempts to block access to such care jeopardize not only individual well-being but the stability of Delaware's public health infrastructure. At a time of growing national hostility, Delaware has both the opportunity and the responsibility to protect its youth, its care providers, and its institutions.

Mr. Raskauskas may be contacted at Stephen.raskauskas@gmail.com.

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