



To be completed by the Office of the
Secretary of the House of Delegates

Item No.: 12

Date received: 1/23/2023

Time received: 6:18 PM

**American Pharmacists Association
House of Delegates – March 24-27, 2023**

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Ronald Levinson
(Name)

01/20/2023 APhA-ASP Delegation
(Date) (Organization)

Subject:
Transgender and Nonbinary Health Care

Motion:

1. APhA supports the enactment by state and federal legislatures to establish laws and policies to end discriminatory practices that limit access to care for transgender and nonbinary (TNB) people.
2. APhA advocates for intentional inclusion of the TNB community in clinical research.
3. APhA encourages equity in care for TNB individuals through:
 - a. Offering accredited continuing education on the pharmacist's role in transgender care, gender-affirming therapy, and health disparities in TNB patients.
 - b. Systematic integration and utilization of affirmed name and pronouns, gender identity, and anatomical inventory.
 - c. Availability and implementation of education and resources related to gender-diverse care for all persons employed in health care settings.

Background

A growing number of state legislators are trying to criminalize, ban, and limit access to Gender-Affirming Therapy (GAT). These actions prevent pharmacists from following the vows pharmacists take to advocate for justice in advancing health equity and to consider the welfare of others above all. However, pharmacy organizations have not published any policy statements on the role of pharmacists in caring for transgender and non-binary (TNB) populations. Strong

evidence shows that GAT improves health outcomes and quality of life for TNB populations.¹ One prospective cohort study found gender-affirming care for TNB youths was associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12-month follow-up. Additionally, a survey of internal medicine and family medicine physicians practicing in a Midwest health system found that only 50% of respondents were willing to continue administering hormone therapy to TNB populations.² With evidence that access to GAT improves physical and mental health, continuing to provide care to TNB populations is incredibly important. Many aspects of GAT include hormone therapy medications and as such, pharmacists must uphold their oaths and strive to protect and advance access to GAT.

In the first three weeks of 2023, over 90 anti-LGBTQ+ bills have been introduced nationally with over two dozen targeting gender-affirming health care have been introduced across eleven states.³ State bans and policies are estimated to result in over 58,000 transgender youth losing access to life-saving health care.⁴ It is imperative that action is taken now to protect patients' ability to access to GAT. One such example of increased access to care is Virginia House Bill 1429, which was passed in 2020. This bill prohibits insurers from denying or limiting coverage of services to TNB individuals. The Human Rights Campaign Foundation's 2021 State Equality Index report also shows that 44 pro-equality bills were passed in state legislatures, however, 27 anti-equality bills were also signed into law. This anti-equality legislation included bills filed to prevent TNB youth from receiving medically necessary, gender-affirming health care, and bills creating religious exemptions allowing medical care providers to refuse to serve TNB populations were passed in South Dakota, Montana, and Ohio. Though some progress has been made, further legal protections are needed to prevent discrimination and ensure access to care for TNB populations.

Statement two pertains to the dearth of representation for TNB populations in clinical research. Data collection in the binary gender paradigm prevents the TNB population from being represented. TNB people now constitute 1.6% of U.S. adults and 5% of young adults, or over 1.6 million individuals, according to recent surveys however it is assumed that this number is much higher due to the lack of appropriately obtaining this data.^{5,6} The FDA released statements addressing the importance of the inclusion of TNB participants in clinical research in 2014 and again in 2020, yet of 115,057 clinical trials reported between July 2018 and February 2022, only 78 (0.06%) reported the participation of transgender patients.⁷ Of these trials, the majority centered on HIV or sexually transmitted infections, displaying the pervasive stigma of the TNB population permeating our research. Focusing exclusively on this health care realm minimizes the TNB population's individuality, ignoring the humanity and the need for more representative research in other areas like cardiovascular health, neurology, or orthopedics.

A team of researchers working in the HIV and public health sphere who are transgender raise a pointed question in their petition for equitable research published in 2022: "Who is the research for: the researchers or the study population?"⁸ For centuries, investigative health care fell into two categories: benefiting the white-male model of health or catering to researcher curiosity. The modest advancement in the equitable representation of women and minorities seen in more contemporary trials has been an incremental result of societal and cultural pressure reaching various peaks and valleys over the years.^{9,10,11}

Additionally, from the limited data that are available, there is evidence to suggest that the CYP enzymes, specifically CYP1A2 activity, may be altered in transgender patients receiving estrogen therapy. It was noted that the CYP1A2 enzyme's metabolic activity may be lower, which would affect many commonly prescribed medications including tizanidine, duloxetine, and fluvoxamine.¹² Given this, it is possible that other metabolizing enzymes or transporters could be affected in the TNB population undergoing hormone treatment. There is a deficiency in pharmacology-related information in this patient population that requires additional research to accurately address pharmacodynamic needs beyond the conduction of simple drug–drug interaction reviews.¹³ Clinical research that continues to omit this growing population is harmful and ignores a basic need for equitable health care.

There is undeniably a need for pharmacists as well as all health care professionals to become better equipped to care for the TNB population, and their unique health needs and disparities. A survey of more than 6,000 TNB participants in the United States indicated that 50% of participants were subject to frequent discrimination in the form of refusal of care or verbal harassment by health care providers. These barriers can be attributed to the inadequate education health providers have regarding care for the TNB population.^{14,15} A cross-sectional survey of community pharmacy residents shows that most residents believe transgender health education should be integrated into continuing professional education (CE) programs and curricula. However, in that same study, approximately 71% of residents stated they were not educated about transgender patient issues in pharmacy school.¹⁶ Interventions made to educate pharmacists on transgender health appear to have benefits. A pre-test/post-test study design was used to measure the impact of a 3-hour CPE course on the knowledge of pharmacists on transgender care. Participants in the study demonstrated an average percent improvement in knowledge by 20%, showing at least a positive effect on the short-term impact of introducing pharmacists to the topic.¹⁷ While further research is necessary to assess the long-term impact of these courses, the studies indicated a need for more education on the topic and the promising benefits of including this topic in CPE/curricula.

In addition to continuous health care provider education, many health systems still lack the integration and utilization of gender-affirming language and health information within their electronic health record (EHR). Using affirmed names and pronouns for patients greatly improves outcomes in patient care. In a study published by the Centers for Disease Control, over 50% of patients felt they had to educate their providers on understanding transgender health care and using gender-affirming language.¹⁸ In addition to using gender-affirming language, EHRs should also include integrating and utilizing an anatomical inventory through collaboration with regulating bodies, such as the Joint Commission and Health Information Exchanges. Many patients within the TNB community undergo medical and surgical interventions to affirm their gender identity. These interventions may include gender-affirming hormone therapy, hysterectomy, chest reconstruction, and genital surgeries.¹⁹ However, there are patients within the TNB community who also elect not to have any interventions, thus creating a need for implementing an anatomical inventory within an EHR. A simple checklist within a patient's EHR can accommodate an anatomical inventory by reporting the presence or absence of organs.

Resources and training related to gender-expansive care should include all employed within a health care setting. When the patient approaches the front desk to check in for their

appointment, the staff should be comfortable using gender-affirming language, and so should their pharmacist. Medical education and lack of cultural competence are some of the many barriers transgender patients face when visiting a health care provider.²⁰ In one study, 92.4% of health care providers reported that training would increase their competence and thus improve health care outcomes for transgender patients.²¹ Providing employees with gender-expansive care training and resources will greatly increase the TNB patient population's health care experience and achieve optimal health care outcomes.

The TNB population has endured years of legislative barriers and prosecution at the hands of state government officials attempting to stop health care access. The discrimination has escalated in magnitude in many states that have introduced legislation to persecute TNB individuals. There is a dire need for more states to offer legal protection for gender-affirming therapy and for the members of this marginalized population. The role of the pharmacist as a bastion for equitable health care arises from the *Oath of a Pharmacist*, published and updated by the American Pharmacists Association. The first stanza vows to prioritize “the welfare of humanity and relief of suffering,” establishing the pharmacist as the underpinning of holistic and compassionate health care. The alleviation of suffering should be any health care provider's primary directive. The second and most pertinent stanza is a vow to “promote inclusion, embrace diversity, and advocate for justice to advance health equity.”²² In a discussion of health care equity, it's critical to ensure an understanding of the existing systemic disparities that lead to poor outcomes. Gender-affirming therapy is lifesaving and medically necessary. Policies that limit access are discriminatory and threaten the safety of an already-marginalized population. Data have continued to demonstrate the benefits of GAT.^{23,24,25} Therefore GAT should be included in the data-driven education and experience of pharmacists, however, advocating for the rights of TNB individuals transcends the pharmacist's inclination for evidence-based health care. Simply recognizing the evidence is insufficient. A stance must be taken to withstand the onslaught. Pharmacists should advocate against discriminatory policies or practices and will always strive for equitable health care. Alleviating suffering is not just a vow of health care providers; it's the foundation of empathetic humans.

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Current APhA Policy & Bylaws:

- Consideration of the Equal Rights Amendment – 1979
- Use of Representative Populations in Clinical Studies - 1990, 2005, 2019
- Data to Advance Health Equity – 2022
- People First Language - 2021
- Social Determinants of Health – 2021
- Disparities in Health Care – 2009

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New Business Items are due to the Speaker of the House by **January 23, 2023** (60 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.