

37 terminology and assertions in the policy have been widely debated and criticized by medical
38 organizations and advocates for being inconsistent with prevailing medical consensus.

39 In response, UW Health announced on January 14, 2026, that it would pause the prescription of
40 puberty blockers and hormone therapy for patients under the age of 18 as part of gender-
41 affirming care.⁷ The decision cited the federal directive and potential enforcement actions,
42 including impacts to Medicaid and Medicare reimbursement through the U.S. Department of
43 Health and Human Services.⁸

44 Subsequent federal litigation has further evolved the legal landscape. A federal court issued a
45 written order vacating prior federal statements used to justify restrictions on gender-affirming
46 care and limiting the reintroduction of similar directives. This development calls into question the
47 continued necessity of precautionary restrictions based on earlier federal guidance.

48 This decision has caused immediate and significant disruption. Patients previously receiving
49 care have been forced to seek alternative providers, often without adequate guidance or
50 support, while those in the process of accessing care face uncertainty and loss of continuity with
51 trusted providers. Many families have had no alternative but to seek care outside Wisconsin, often at substantial financial cost, including travel, lodging, and out-of-network medical expenses, or pursue care through providers who may not possess equivalent specialized expertise in gender-affirming medicine. In some instances, disruptions in care may interrupt medication access, laboratory monitoring, and continuity of chronic treatment, potentially resulting in adverse physical and mental health outcomes.

57 Interruptions in gender-affirming care may result in irreversible physical changes that conflict
58 with patients' identities and established health care goals, despite their having taken deliberate
59 and often lengthy steps to access treatment.

60 Recent national survey findings and peer-reviewed research have reported substantially higher
61 rates of depression, anxiety, and suicide attempts among transgender and nonbinary youth who
62 desired but were unable to access hormone therapy compared to peers receiving care.⁹

63 The abrupt cessation of care, particularly without adequate transition planning, has undermined
64 trust among patients, families, and the broader TGD community. It also risks eroding confidence
65 in health care institutions among communities that have historically faced barriers to care.

66 These developments contribute to broader concerns among TGD youth in Wisconsin—who may
67 perceive themselves as unwelcome or at risk—potentially affecting their willingness to seek care
68 and their long-term relationship with the health care system.

69 UW Health's statutory mission includes delivering high-quality health care to all patients,
70 including those who are medically underserved, pursuant to Wis. Stat. § 233.04(3b)(a)1.¹⁰
71 Decisions that restrict access to medically necessary care for vulnerable populations raise
72 concerns regarding the consistency of that mission and the long-term implications for equitable
73 health care delivery.

⁷ [UW Health, Children's Wisconsin stop gender care for minors | Government | captimes.com](https://www.captimes.com/news/2026/01/14/uw-health-childrens-wisconsin-stop-gender-care-for-minors/)

⁸ [Two Wisconsin hospitals stopped gender affirming care for minors. They didn't have to.](https://www.erininthemorning.com/p/trans-youth-who-want-hormone-therapy)

⁹ <https://www.erininthemorning.com/p/trans-youth-who-want-hormone-therapy>

¹⁰ [https://docs.legis.wisconsin.gov/document/statutes/233.04\(3b\)\(a\)1.](https://docs.legis.wisconsin.gov/document/statutes/233.04(3b)(a)1)

74 Recent federal policy developments have created uncertainty for health care systems
75 nationwide regarding the provision of gender-affirming care for minors, contributing to changes
76 in clinical practice and service availability and potentially affecting patient trust, continuity of
77 care, and health outcomes.

78 This situation highlights the tension between federal policy decisions and local health care
79 practices, as well as the broader impact such policies can have on marginalized communities,
80 including in Dane County, where efforts have historically supported inclusivity and equitable
81 care.

82 **NOW, THEREFORE, BE IT RESOLVED** that the Dane County Board of Supervisors condemns
83 UW Health and [Children's Wisconsin](#) for ~~its~~ their abrupt cessation of gender-affirming health
84 care services for patients under the age of 18, recognizing the significant disruption and harm
85 this decision has caused to transgender and non-binary youth and their families in Dane
86 County.

87 **BE IT FURTHER RESOLVED** that the Dane County Board of Supervisors affirms that health
88 care decisions, especially those affecting vulnerable populations, should be guided by medical
89 evidence, established standards of care, and the clinical judgment of qualified providers.

90 **BE IT FURTHER RESOLVED** that the Dane County Board of Supervisors urges UW Health
91 [and Children's Wisconsin](#) to resume the provision of gender-affirming care for transgender and
92 gender diverse youth to the fullest extent permitted by law.

93 **BE IT FURTHER RESOLVED** that the Dane County Board of Supervisors calls upon UW–
94 Madison, in collaboration with external partners and community stakeholders, to conduct a
95 transparent review of the decision to cease providing this care, including the factors influencing
96 the decision and recommendations for safeguarding continuity of care in the future.

97 **BE IT FURTHER RESOLVED** that the Dane County Board of Supervisors encourages
98 continued collaboration among health care providers, policymakers, patients, families, and
99 community stakeholders to ensure access to safe, evidence-based, and medically necessary
100 care.

101 **BE IT FURTHER RESOLVED** that Dane County Board of Supervisors recommend the county
102 lobbyist to lobby for legislation that safeguards the rights, dignity, and health care of TGD
103 individuals, especially youth, including nondiscrimination protections and accountability
104 measures for the denial of medically necessary, standard-of-care treatment in the absence of a
105 legal requirement to do so.

106 **BE IT FURTHER RESOLVED** that the Dane County Board of Supervisors supports efforts to
107 advance policies that protect equitable access to health care and uphold the dignity, safety, and
108 well-being of transgender and gender diverse individuals.

109 **BE IT FINALLY RESOLVED** that the Dane County Board of Supervisors reaffirms its
110 commitment to protecting the health, dignity, and rights of transgender and non-binary youth
111 and to promoting a health care system grounded in trust, equity, and medical integrity.