

SUB No. ____ TO 2026 RES-026 (PROPOSED – TRUCIOS)

CALLING ON UW-HEALTH TO RESUME PROVIDING GENDER-AFFIRMING HEALTH CARE TO TRANSGENDER YOUTH

Health care is a fundamental human need essential to an individual’s health, safety, and well-being. Access to medically necessary care is critical for all residents, including transgender and gender diverse (TGD) individuals. TGD individuals rely on access to evidence-based, clinically appropriate health care, including gender-affirming care, to support their physical and mental health. Disruptions to such care can create significant uncertainty and harm for patients and families.

While transgender identity is not contingent upon medical transition, access to gender-affirming medical care is, for many individuals, a critical component of living safely and authentically. Delay or denial of such care may pose serious risks to health and well-being.

TGD youth are among the most vulnerable populations receiving health care services and may be uniquely impacted by interruptions in continuity of care during sensitive developmental stages. Puberty is a time-sensitive developmental process during which endogenous hormone exposure produces permanent physical changes, including chest development, skeletal structure, voice, facial hair, and other secondary sex characteristics. For some TGD youth, these changes may be distressing and difficult or impossible to fully reverse through later medical treatment.¹ As a result, delays or denial of appropriate care during adolescence may lead to irreversible outcomes that conflict with a patient’s gender identity and established health care goals, and may require later interventions that are more invasive, costly, and medically burdensome.²

Major medical associations have established standards of care supporting access to puberty blockers and hormone therapy for transgender and gender-diverse adolescents when clinically appropriate and delivered under qualified medical supervision.

The same medications used in gender-affirming care are also prescribed to non-transgender youth patients, including those with precocious puberty or intersex variation.³ However, access to these same treatments has been restricted when sought by TGD youth. This differential availability of identical medical intervention raises concerns regarding equitable treatment and may be reasonably characterized as discriminatory.⁴

On December 18, 2025, the federal government announced proposed regulatory actions, including two rules from the Centers for Medicare and Medicaid Services, aimed at barring hospitals from providing certain gender-affirming medical interventions—described in the announcement as “sex-rejecting procedures”—to individuals under the age of 19.^{5,6} The

¹ <https://le.utah.gov/AgencyRP/reportingDetail.jsp?rid=636>

² <https://journalofethics.ama-assn.org/article/suppression-puberty-transgender-children/2010-08>

³ [Gonadotropin-releasing hormone analog therapies for children with central precocious puberty in the United States - PMC](#)

⁴ [Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions | KFF](#)

⁵ [HHS Acts to Bar Hospitals from Performing Sex-Rejecting Procedures on Children | CMS](#)

⁶ <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>

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

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

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

This decision has caused immediate and significant disruption. Patients previously receiving care have been forced to seek alternative providers, often without adequate guidance or support, while those in the process of accessing care face uncertainty and loss of continuity with 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.

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

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

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

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

UW Health's statutory mission includes delivering high-quality health care to all patients, including those who are medically underserved, pursuant to Wis. Stat. § 233.04(3b)(a).¹⁰ Decisions that restrict access to medically necessary care for vulnerable populations raise concerns regarding the consistency of that mission and the long-term implications for equitable 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.)

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

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

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

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

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

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

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

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

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

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