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Legal Restrictions on Gender-Affirming Medical Care: Impacts on Practice among Mental Health Professionals

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ABSRACT
In 2023, the state of Florida enacted legislation that imposed significant restrictions on access to gender-affirming medical care for transgender and gender-diverse individuals. These restrictions included a comprehensive ban on gender-affirming medical care for minors, with some exceptions for minors already receiving treatment. For adults, access was restricted by prohibiting nurse practitioners, pharmacists, and physician's assistants from prescribing or administering hormone therapies. Further restrictions were effected by prohibiting Medicaid from funding gender-affirming medical care and by requiring in-person consent, thereby excluding telehealth options for consent. This study investigated the impacts of these restrictions by inviting licensed mental health professionals to share their experiences of how their practices with transgender and gender-diverse clients had changed since implementation of this law. Upon analyzing the interviews with these mental health professionals, six themes emerged: (1) Some participants stopped or reduced their services for transgender and gender diverse clients; (2) Some participants changed their practice to ensure safe and affirming spaces for their clients; (3) Some participants became more involved in advocacy and adaptating their services to help transgender and gender-diverse address the new challenges posed by SB-254; (4) Some participants experienced confusion, fear, and anxiety as a result of SB-254; (5) Some participants focused more on education and legal understanding; and (6) Although most participants indicated substantial changes in their practice, two participants suggested that SB-254 had no substantial impact on their practice with TGD clients.

KEYWORDS: Gender-affirming medical care, transgender, gender diverse, mental health practice, law

Gender-affirming medical care (GAMC) refers to the use of puberty blockers, hormone treatments, and surgeries to help transgender and gender-diverse (TGD) individuals affirm their gender identities. These interventions help TGD individuals align their physical body with their gender identity, often improving their psychological wellbeing and reducing gender dysphoria (Coleman et al., 2022). Before TGD individuals make use of GAMC, they often engage in social and behavioral transitions, including changes in names, pronouns, clothing, hairstyle, manner of presentation, social activities, use of gendered spaces (such as bathrooms), and legal documentation (Reynolds & Goldstein, 2014). Accessing gender-affirming care to support medical and social transitions can reduce risks of depression, anxiety, and suicide, and promote positive psychosocial

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wellbeing (Abreu et al., 2022; Coleman et al., 2022). Since, 2021, several states have passed laws restricting GAMC for minors, adults, or both. This article explores the impact of a law, Florida Senate Bill 254 (SB-254), which bans access to GAMC for minors and restricts access for adults. In particular, this article presents the findings of a qualitative study that asked licensed mental health professionals (MHPs) to describe SB-254's impact on their practice with TGD individuals.

The first part of this article provides a literature review that describes the terms of SB-254 and explores the research on GAMC's effectiveness. The methods section explains the qualitative methods used to gather information from MHPs to learn about their practice with TGD individuals was affected in the first year after SB-254's passage. The findings section presents the primary themes derived from interviews, with examples of how SB-254 affected MHPs' practice with this population. The limitations section outlines factors that should be considered when interpreting the findings and considering the extent to which they are transferable to other jurisdictions and similar laws. The final section provides a summary of the findings, including the implications of this study for future policy, mental health practice, and research.

Literature Review

Florida Senate Bill 254 (SB-254), an act entitled "Treatments for Sex Reassignment,"[2] was passed into law on May 17, 2023. This bill restricts gender-affirming medical care by:

- prohibiting "sex reassignment prescriptions or procedures" (puberty blockers, hormone therapies, and surgeries) for individuals under 18 years, with exceptions for minors already receiving such treatments;
- requiring that "sex reassignment" prescriptions and procedures for adults be prescribed only by licensed physicians (including medical, allopathic, or osteopathic physicians);[3] and
- mandating that consent sex-reassignment treatments for adults be voluntary, informed, and written, and the treating physician "physically present in the same room" as the patient providing consent.
- prohibiting use of Medicaid funding for sex-reassignment prescriptions or procedures.

As of 2024, 26 states have passed laws restricting access to gender-affirming medical care (Human Rights Campaign, 2024). The specific restrictions vary from state-to-state, with some focusing on restrictions for minors rather than adults.

Proponents of SB-254 suggest that GAMC is inappropriate for minors because it is harmful and because minors are too young—even with consent of parents or guardians[4]—to make decisions with irreversible impacts. In particular, they express concerns about the effects of hormone treatments and surgery on fertility, as well as concerns that a minor's sense of their gender identity could change and that they would later regret having surgery. Some proponents of SB-254 believe that sex and gender are binary and immutable (Marinov, 2020). Some proponents have expressed concerns that physicians do not take sufficient time to conduct appropriate assessments to ensure that GAMC is medically necessary. They also question credibility of the research in support of

[2] Although the term "sex reassignment" is used in this legislation, it is considered pejorative by members of the TGD community and their health care providers. When individuals have gender-affirming medical care, they are not changing their sex, but rather, affirming their gender identity (Coleman et al., 2022, WPATH SOC 8, statement 1.1, pp. S12-S13).

[3] This provision means that nurse practitioners, pharmacists, and physician's assistants can no longer prescribe or administer hormone therapies as part of gender-affirming medical care.

[4] Throughout rest of this article, the term "parents" will be used to be inclusive of guardians or others who are legally responsible to make medical decisions on behalf of a minor.

GAMC (Cass, 2024; Doe v. Ladapo, 2024; Levine & Abbruzzese, 2023; Paul, 2024). Other proponents have suggested that transgender identities are not "real" and that people who claim to be transgender are "choosing" this gender identity due to a delusion or charade (*Dekker v. Weida*, 2024).

Some people who object to GAMC express concerns in relation to their religious beliefs. From a Christian perspective, for instance, Genesis 1:31 suggests that people are created in God's image and "God's design for his creation is very good" (Genesis, 1:31). Matthew 18:6 emphasizes the importance of guarding children from harm. Hough (2024), an evangelical Christian theologian, suggests, "With children experiencing gender dysphoria, we must be patient, listen to them, pray for them, teach them, and, when necessary, connect them with a professional Christian counselor. But social or medical transition is not the answer" (n.p.).

Proponents of the restrictions on GAMC for adults often express concerns about its effectiveness and risks. Although state and federal laws generally afford adults the right to determine their own medical care, restrictions on the use of Medicaid to fund GAMC is based on the belief that state funds and taxpayer money should not be used to support GAMC. In *Dekker v. Weida* (2024), a Florida court placed an injunction on this provisions, noting that GAMC was a form of evidence-based medical practice. The court held that there was no legitimate state interest for prohibiting or limiting GAMC, and that legislators were influenced by bigotry and anti-transgender bias when they passed SB-254.

SB-254's requirement that consent to GAMC be informed and in writing has not been challenged; informed written consent is standard practice for various medical procedures (American Medical Association, 2016). The requirement for in-person consent to hormone treatments is dubious because various telehealth services are offered without concern about whether consent is provided in-person (Agency for Healthcare Research and Quality, 2020). Similarly, the requirement that prescriptions be provided by physicians—and not nurse practitioners—does not have a persuasive legal justification. Nurse practitioners have broad authority to prescribe controlled substances in all 50 states (American Medical Association, 2017).

Regarding GAMC's effectiveness, most major American health and mental health associations support its use as an evidence-based intervention for TGD minors and adults; these associations include the American Academy of Pediatrics, American Psychological Association, American Medical Association, American Academy of Child and Adolescent Psychiatry, National Association of Social Workers, and American Academy of Family Physicians (American Psychological Association, 2024; *Doe v. Ladapo*, 2024; GLAAD, 2024). The World Professional Association for Transgender Health (WPATH) offers professional standards of care that provide research-based guidelines for the use of puberty blockers, hormone treatments, and various forms of gender-affirming surgery (Coleman et al., 2022). These guidelines include provisions for assessments to determine whether a particular form of GAMC is appropriate for a particular patient.

When preparing to write letters supporting GAMC for particular individuals, licensed mental health professionals must evaluate whether the individual meets the criteria for gender dysphoria or is experiencing distress in relation to their gender identity (Coleman et al., 2022, WPATH Standards of Care [SOC 8]; Poteat et al., 2023). This evaluation includes an assessment of the individual's mental health status, including whether they have any co-occurring disorders and whether they have the mental capacity to make an informed decision Mental health professionals should document the individual's readiness for GAMC and the extent of support in their social environment (Coleman et al., 2022; Poteat et al., 2023). Mental health professionals do not provide medical treatments, but rather assess readiness for GAMC and provide psychosocial therapy and support for individuals before, during, and after GAMC.

There is limited research on the impact of specific legislative restrictions on GAMC. In a survey of 134 parents of TGD individuals in several states, Abreu et al. (2024) found that laws banning GAMC for minors were associated with increased rates of anxiety, depression, and suicidal ideation, and more severe symptoms of gender dysphoria. These laws also contributed to feelings of decreased safety, greater anti-transgender stigma, and barriers to accessing necessary health care. Research participants called on legislators to refrain from politicizing healthcare for the TGD community. They advocated for legalizing GAMC for minors, noting the importance of allowing minors and their families to make healthcare decisions with their healthcare professionals. They did not believe that legislators should be denying them the right to make their own healthcare choices regarding GAMC. Participants suggested that removing GAMC bans would also reduce societal stigma against transgender individuals.

In an online survey, Kidd et al. (2021) invited 273 caretakers of TGD minors in several states to share their opinions about proposed legislation that would ban GAMC for minors. The caretakers' primary concerns centered around reduced access to necessary medical care, undermining their children's autonomy in making medical decisions, and increasing mental health issues and suicidal ideation. The caretakers advocated for lawmakers to allow TGD minors and families, in consultation with their medical professionals, to make these important healthcare decisions for themselves.

Between April and June 2023, the Human Rights Campaign surveyed over 14,000 LGBTQ+ adults across the United States to explore the impact of GAMC bans. Within Florida, the survey found that just under 80% of TGD adults reported that GAMC bans affected their physical and/or mental health, or that of their loved ones. Just over 93% of TGD adults reported that these bans make them feel less safe. Over 80% of TGD adults said they wanted to leave or have already taken steps to leave Florida due to these bans (Human Rights Campaign, 2023).

Several courts have issued injunctions against GAMC bans, ruling that they contravene the due process and equal protection clauses of the Fourteenth Amendment of the U.S. Constitution (Doe v. Ladapo, 2024; Poe v. Labrador, 2023). These rulings suggest that GAMC bans unjustly target TGD minors by criminalizing medical treatment for them, while there are no similar restrictions on the ability of other minors and their parents to make their healthcare decisions (Howe, 2024). In other words, the GAMC bans discriminate based on sex and transgender status. Some courts have upheld the validity of laws banning gender-affirming care (Mejia, 2024). While the constitutionality of GAMC bans continues to be debated in the courts, the United States Supreme Court has allowed states to continue to enforce such bans (Howe, 2024; SCOTUSblog, 2024; United States v. Skrmetti, 2024-scheduled).

The present research was conducted in Florida while SB-254 was in effect, prior to any court-issued injunctions. The research aimed to examine how this law affected the professional practices of licensed mental health clinicians working with TGD individuals. Specifically, it explored the law's effects on their provision of care, including whether they continued to serve TGD clients and how the types of services that they offered might have changed in light of the SB-254 impacts on TGD individuals and their families.

Methods

This research used a qualitative, phenomenological approach to study the impact of SB-254 (Denzin & Lincoln, 2017). Convenience sampling was used to recruit 17 licensed mental health professionals who actively work with TGD clients in Florida. Recruitment involved emailing invitations to MHPs whose websites identified that they worked with TGD clients or who were members of professional groups specializing in serving this population. Once each MHP provided

consent, the first author conducted an in-depth semi-structured interview through videoconferencing. The interviews used open-ended questions aimed at understanding the impacts of SB-254 on their practice with TGD clients. MHPs were encouraged to share detailed narratives of how their practice was affected by this law. Follow-up questions prompted MHPs to provide specific examples about its impacts. Each interview was videorecorded to facilitate transcription.

To protect the confidentiality of the MHPs and the people they served, the first author removed all identifying information when transcribing each interview. After transcribing each interview, he deleted the videorecording. The first author analyzed the transcripts through thematic qualitative analysis, following an inductive, semantic approach (Iphofen & Tolichm, 2018). Initially, the first author thoroughly reviewed each transcript, applying word coding techniques to identify patterns of words, phrases, and underlying meanings. The author then identified common themes across various research participants (Denzin & Lincoln, 2017). To ensure the accuracy and dependability of the analysis, the second author conducted an independent audit of the transcripts, codes, notes, and themes (Carcary, 2020). The researchers discussed each discrepancy between their respective codes and themes. They used these discussions to understand each other's interpretations and work toward consensus to ensure that the findings accurately represented the original data from the interviews with the MHPs. Prior to collecting data, the researchers obtained IRB approval for these research methods from [organization not identified until after review process].

Findings

The study sample consisted of 17 licensed MHPs, including 10 licensed clinical social workers, 5 licensed mental health professionals, 1 licensed psychologist, and 1 licensed family and marriage therapist, all of whom worked with TGD clients. Participants had a range of post-licensure practice experience: 3 had between 1 and 5 years, 8 had 6 to 10 years, 2 had 11 to 15 years, 2 had 21 to 25 years, and 2 had 25 to 30 years. Geographically, 14 participants were based in South Florida, 3 in Central Florida, and 1 North Florida. One participant maintained offices in more than one region. Additionally, 10 participants offered services across the state via videoconferencing platforms.

The analysis of the transcripts revealed six key themes regarding the effects of SB-254 on MHPs' practice with TGD clients. The most prevalent theme was that various MHPs had *stopped or reduced how they offered gender-affirming services*. Among MHPs who continued working with TGD clients, changes to services included more emphasis on *creating safe and affirming spaces for clients*. MHPs also reported a shift in their practice to increased involvement in *advocacy and adapting services* to meet the needs of clients under the new legislative reality. Several MHPs reported that they experienced *confusion, fear, and anxiety* as a result of SB-254. As a result of this confusion, fear, and anxeity, some MHPs focused more on developing their own *education and legal understanding*. While the majority of MHPs reported substantial impacts on their practice, two MHPs suggested that SB-254 had *no substantial impact* on how they conducted their work. The following sections provide an in-depth exploration of each of these themes.

1. Stopping or Reducing Gender-Affirming Services

One of primary impacts of SB-254 reported by MHPs was that they either stopped offering gender-affirming services or became hesitant to work with TGD clients. Their reasons for ceasing or scaling back services varied. Some MHPs were concerned about legal repercussions, while others were affected by their employing agency's policies and possible consequences if they

continued to offer such services to TGD clients. For some MHPs, reducing services for TGD individuals was attributed to fewer TGD clients contacting them for help.

In terms of legal repercussions, some MHPs stopped serving TGD clients because they were providing services specifically prohibited by SB-254. This was particularly true for MHPs who provided WPATH letters for minors seeking puberty blockers or hormone replacement therapy. Because such treatments were banned by SB-254, fewer TGD minors were seeking mental health services. Several Florida-based MHPs suggested that they could provide WPATH letters for TGD minors who were seeking GAMC outside Florida:

> I have written HRT [hormone replacement therapy] letters for individuals that are going out of state to a legitimate doctor, but that's only if I know that their intention is to go out of state. If they're trying to… get it in here [in Florida], I'm not going to risk my license for that.

One MHP noted that even though they were willing to provide WPATH letters for clients going out of state, TGD individuals from Florida had stopped requesting such services.

> Doctors all around the country and Canada accept my letters. They don't care that I'm in Florida. So, that's not a problem. It's just a problem with people from Florida aren't calling me.

Some MHPs believed that they were not allowed to provide WPATH letters regardless of whether GAMC services would be provided in Florida or in a jurisdiction that permitted puberty blockers or hormone treatments for minors.

Various MHPs were uncertain about the impact of SB-254 on their practice with TGD clients. Some MHPs were reluctant to provide supportive counseling to TGD clients, even though SB-254 did not explicitly prohibit such services. As one MHP reflected, "We all value our licenses. We want to continue to practice. We feel scared." Another MHP suggested that concerns about SB-254's impact might be based in paranoia but that "there is a piece of me that feels that, that the fear, the anxiety, is not paranoia." Given this uncertainty or paranoia about legal jeopardy, some MHPs began referring clients to MHPs with greater experience serving TGD clients. As one MHP noted:

> I think that is my own fault for not being more educated about the bill. I just got scared thinking, "Oh, I can have my license taken away if I'm doing *whatever* with transgender people." Or I'm afraid I'm going to give the wrong advice to somebody and get them in trouble.

This MHP said he felt embarrassed about his reluctance to serve TGD clients, knowing his role was to serve all people. MHPs serving larger numbers of TGD clients prior to passage of SB-254 tended to be more proactive about seeking legal education and support, enabling them to continue to serve this population despite the new legal restrictions. Among those MHPs continuing to provide GAC, some noted that fewer clients were requesting WPATH letters, not only for minors but also for adults. Still, they continued to offer supportive counseling and other clinical services to TGD clients. Although some MHPs said they were more reluctant to advertise that they provided gender-affirming care since passage of SB-254, one MHP said she became more public about the fact that she is providing gender-affirming services.

One MHP reported their agency prohibited them from providing WPATH letters, even for adult clients. This MHP suggested the agency did not want to risk liability, restricting their practice beyond what was actually prohibited by SB-254. The MHP noted, "I was told that, you know, I couldn't write WPATH letters anymore, which I protested and advocated against… the policy of pausing gender-affirming hormone therapy." The MHP eventually left the agency due to the tension between agency policy and professional ethics, including the duty to provide clients with access to needed services.

MHPs in private practice faced other challenges. One MHP in private practice expressed embarrassment over their reluctance to work with TGD clients since SB-254 came into effect; however, they also felt vulnerable about their part-time position at a large organization. They felt providing GAC in private practice could put their part-time position at risk. They were conflicted because they knew the importance of serving vulnerable populations, including TGD minors. Others also expressed concerns that they were abandoning minors in need of GAC.

While several research participants said they were reducing or stopping services for TGD clients, others said they would continue to provide the same services that they provided prior to passage of SB-254. This group included MHPs who only provided WPATH letters for adults and MHPs who were not providing WPATH letters at all. One MHP suggested that MHPs were not particularly vulnerable for writing WPATH letters. They felt that legal action was much more likely for physicians who provided GAMC, rather than for MHPs who wrote WPATH letters.

2. Creating Safe and Affirming Spaces for Clients

In response to passage of SB-254, some MHPs reported that they became even more committed to ensuring that TGD clients would have safe spaces within their therapy, families, and communities. They defined safe and affirming spaces as environments where clients felt valued, respected, understood, and validated. Providing safe spaces in therapy included using the client's chosen name and pronouns, offering nonjudgmental support, being open to all questions, ensuring confidentiality, and offering support despite the challenges of a law that restricted the type of services they could offer. One MHP said, "We provide [TGD clients] with a safe place to hold their feelings. We create safety measures for their wellbeing." Another MHP highlighted the importance of joining with clients "in pursuing your truth, as you see it." Creating safe spaces for client meant encouraging them to share their stories, validating their perspectives, and demonstrating unconditional positive regard. An MHP summed up the principles of gender-affirming therapy as simply being "kind" to clients. He suggested that gender-affirming therapy fit with a perspective from narrative therapy, "I'm embracing your narrative in a way that's syntonic to you, to join with you, to understand where you are."

Some MHPs explained that the need for safe and supportive counseling had increased, particularly for TGD clients who could no longer access GAMC. In one example, an MHP described a TGD minor could not access puberty blockers. The MHP used counseling to help the client deal not only with current concerns about their gender identity and expression, but also the anxiety about not being able to access GAMC until adulthood. In another situation where a client could not access GAMC in Florida, the MHP informed the client, "We'll find ways to get you the care that you need and… and beyond that, to do whatever… what else do we need to do to change this environment so that it's safe and welcoming and fair."

MHPs understood that many TGD clients did not feel safe in their communities, not only because of SB-254's restrictions on GAMC, but also because of increased incidents of anti-trans harassment and discrimination since this law was being debated and enacted. MHPs suggested that increases in harassment and discrimination highlighted the importance for MHPs to ensure that they offered TGD clients with an affirming environment to discuss their concerns. As one MHP explained:

> I think my initial instinct is to create a safe, non-judgmental place… for [TGD individuals] to exist in… I think this bill has only further proven to me that that's a really good starting place. Because a lot of times, especially with hearing things like this [law] being passed, people feel like there's not a safe space for them [outside of therapy].

MHPs offered examples of how TGD clients experienced a lot of anxiety, not only about the immediate effects of SB-254, but how passage of this law could lead to more extreme discrimination and oppression. In one situation, a client suggested that this law was a first step toward a policy of genocide, rounding up and killing TGD individuals. While this was an extreme example, mental health professionals shared numerous instances of clients experiencing heightened anxiety, depression, and fear due to the anti-trans climate they associated with the passage of this law. MHPs emphasized the importance of affirming these experiences to demonstrate empathy and foster a safe, supportive environment for clients.[5]

Several MHPs noted how SB-254 targeted TGD individuals for discrimination and made them feel as if society viewed them as defective or less than human. To provide a TGD client with a supportive therapeutic environment, one MHP said:

> I wanted the client to know that they matter to me as a human being… and that I'm not okay with the bill, but also not okay with the concept of separating out trans and nonbinary people, or making them feel in any way less than human, or broken, or defective, or any of the things that I think that this type of legislation is meant to convey; and to indicate that… their life is worth fighting for, and their freedom and their human rights are worth fighting for. I wanted my client to not feel alone in in this struggle.

Some MHPs expressed particular concerns about TGD clients with nonsupportive parents. When conducting family counseling sessions, MHPs noted their roles in listening and validating everyone's views, creating an environment for everyone to express their views. In addition, MHPs emphasized their roles in educating parents about the importance of validating their child's gender identity and expression, and allowing them to be their authentic selves. MHPs encouraged parents to be more accepting of their TGD children, regardless of religious beliefs or attitudes toward TGD people generally. MHPs noted the importance of ensuring that home was a safe place for TGD individuals, particular for minors. To help parents create safe spaces at home, MHPs referred them to support groups for parents of TGD children.

MHPs noted that young TGD adults were often still emotionally and financially dependent on their parents. Some clients were not out to their parents, so MHPs had to take extra precautions to protect their client's confidentiality and privacy. As an MHP explained, "There are some patients that, you know, are obviously an adult, but I'm clearly meeting them in secret, because if their family found out, they could be killed." To protect client privacy, one MHP started offering clients Saturday appointments so they could come to the office when it was unlikely that other people would be around the office building. Some clients opted for online (videoconference) appointments to avoid being seen meeting with a mental health professional, thereby minimizing the risk of embarrassment or harassment. These efforts contributed to creating a safe and affirming space for clients.

Some concerns about confidentiality arose in the context of billing health insurance and providing diagnoses. One MHP noted that more clients and parents were asking, "Who's going to know what?" in relation to the MHP's billing processes. To be eligible for insurance reimbursement for GAMC, TGD clients may require a diagnosis of gender dysphoria. MHPs said that some TGD clients and parents expressed concerns about who might find out about the diagnosis or whether there would be any risks of having such a diagnosis on their records. Some MHPs informed clients that there may be risks of having a diagnosis of gender dysphoria given the current political and legal environments in Florida. They also discussed limiting what they documented in client records to protect their clients from possible discrimination. For example, if a client needed a receipt for

[5] For additional exploration of the emotional impact of this law, please see Authors [Year]).

reimbursement from their Flexible Spending Account, the mental health professional could structure it to describe services without explicitly mentioning gender dysphoria or gender-affirming care. In doing so, MHPs demonstrated their commitment to creating a safe and affirming environment for discussing clients' concerns.

Various MHPs discussed a misperception that gender-affirming therapists were manipulating or coercing TGD clients into having GAMC. They noted that MHPs offered information and support for clients considering puberty blockers, hormone therapies, or surgery, but would not coerce or even recommend particular medical interventions. One MHP explained,

> We don't push people towards, you know, hormones in any way. I usually tell people, "No one's telling you to take that [hormone treatment]… you have to decide whether you want to continue to take hormones or not.

MHPs explained that gender assessments were thorough and deliberate processes. They described how they helped clients and parents explore various options for social and medical transitions. One MHP stated, "We're responsible for helping clients weigh the risks and benefits of every decision… that includes any step related to trans care." Another MHP noted the importance of explaining how hormone treatments are not a "magic bean" where their lives suddenly change all for the good, but that the process takes time and clients may experience significant side effects along the way. She noted that the WPATH guidelines emphasized the importance of informing clients about the possible side effects of hormones, "just like any other drug we might take."

MHPs noted that recommending specific medical procedures was outside their scope of practice. Instead, MHPs would offer support in terms of education and providing access to relevant information. For example, they referred clients to endocrinologists, surgeons, or other specialists for medical assessments and advice. One MHP provided an example of a client who wanted to use a chest binder. The MHP provided information about ensuring the binder was the right size. MHPs noted that social and medical transitions were "big, life-changing decisions" that required time to process and safe spaces to discuss. As an MHP shared, "We're not just like jumping at the first thing, and saying 'absolutely.' We're walking through just like we would for anything where we're making big life, life-changing decisions." Creating safe spaces meant offering information and support, and respecting client's rights to make informed choices about medical or social transitions.

Following SB-254's passage, some MHPs suggested that providing an affirmative space in therapy meant helping clients focus on positives. One MHP described a client with depression, anxiety, and dysphoria. Although he was able to have a hysterectomy and top surgery, he was not able to obtain additional gender-affirming surgery because SB-254 no longer allowed Medicaid to cover such procedures. The MHP validated the client's current concerns; however, the MHP also helped the client focus on positives, including how he was able to obtain the first stages of gender-affirming surgery and how they could work toward obtaining commercial insurance that would cover the additional procedures that he needed. Another MHP described his role in terms of helping clients navigate the distress caused by SB-254's restrictions. He informed clients, "It'll be ok. You'll get through this [transitional issue of accessing services]… and then it'll be just normal, and it won't even bother you anymore."

3. Advocacy and Adaptation

The third prominent theme emerging from the data is that SB-254 led MHPs to engage in "advocacy and adaptation." MHPs reported various ways that they became more proactive in helping TGD clients in response to the restrictions on GAMC imposed by SB-254: helping clients access services, devising creative solutions to navigate the restrictions imposed by SB-254,

advocating for both individual clients and policy changes, and adapting the nature of the services that they offered.

MHPs spoke of "standing with clients" and helping them obtain the types of care they desired. To connect clients with services, MHPs used a variety of strategies. Some referred clients to GAMC providers that they already knew, while others expanded their referral networks with other providers. MHPs provided numerous examples of connecting clients with GAMC providers within Florida, in other states, and internationally. Although some Florida clinics and physicians ceased offering GAMC, others continued to do so. New services in Florida also emerged. Because SB-254 required in-person meetings with physicians for informed consent, people in smaller and more remote communities had difficulty accessing services because they could no longer rely on telehealth (videoconferencing). Some providers began offering mobile services where physicians could meet with clients in various communities across the state, facilitating in-person consultation and consent procedures. One MHP highlighted how she became more public in how she was marketing her practice as gender-affirming. She noted that putting she/her pronouns under her name in Zoom conferences was a subtle way to convey that she was supportive of TGD individuals and gender-affirming care.

While some clients were willing to travel out of state for GAMC, MHPs noted that the financial burden of travel posed significant barriers for people with limited resources. To address this concern, MHPs connected clients with organizations that offered financial assistance for out-of-state care. For clients relocating out of Florida, MHPs noted that they were spending more time helping clients make adjustments to their new state, ensuring they would have access to appropriate services and support. MHPs mentioned that helping clients move was particularly challenging when this meant leaving their family support system.

One MHP noted the financial strain arising due to having to pay higher fees for GAMC from physicians than they were paying for nurse practitioners prior to passage of SB-254. MHPs helped TGD individuals apply for funding from various TGD organizations to assist with the added costs. The bill's impact was particularly severe for people on Medicaid, as it prohibited coverage for GAMC. Consequently, MHPs linked clients with various organizations to help pay the costs of medical procedures no longer covered by Medicaid

MHPs described different ways that they adapted their roles in light of SB-254. For instance, several MHPs noted that they were now performing more of an education role, teaching clients and family members about SB-254's impact. Many clients and family members were unsure about SB-254's scope or had misconceptions about its prohibitions. As one MHP explained to a client who thought they needed to leave Florida, "It turns out you can stay here [in Florida], get your hormones and be with your family. It's just that now, you have to see a doctor instead of a nurse practitioner." MHPs expressed concerns that more clients were turning to the gray market for hormones. MHPs spoke of the need to educate clients about potential risks of buying from unregulated suppliers and not having sufficient medical monitoring to ensure against misuse or side-effects from taking the hormones. In addition to medical risks, one MHP noted that buying hormones from the gray market could expose clients to criminal charges if they were purchasing hormones illegally.

MHPs' education role also extended to educating parents about the mental health impacts of denying access to GAMC until adulthood. In particular, blocking access to puberty blockers and hormone therapies meant that TGD youth could not live as their authentic selves. As part of their advocacy role, MHPs explained that denying access to GAMC could have long-term effects on their children's mental health, including concerns about depression, anxiety, and suicide. MHPs also identified the importance of linking TGD clients and parents with peer support groups. Peer support groups offered them a safe space to discuss their concerns and feelings, and share resources.

Although education and peer support were not necessarily new helping strategies for the MHPs, they noted that the need for education and peer support significantly increased after SB-254's passage.

MHPs working with minors observed particular changes in their approach to working with families. One MHP described how she was scheduling more frequent sessions with parents alone, particularly when parents were struggling to accept their child's gender identity. She was concerned about SB-254's negative impact on parents' beliefs about gender identity and expression, and how they were more likely to end services abruptly. Knowing that certain parents might prevent her from seeing the child, the MHP said she used her intake process to assess the parents' ability or readiness to accept their child's gender. To mitigate this risk, the MHP used intake to provide clients with information about alternate resources for accessing support in the event that the parents suddenly "fired" her.

In addition to expanding their role as educators, some MHPs reported spending more time advocating for TGD clients. This advocacy took various forms, both individual and policy advocacy. In terms of individual advocacy, MHPs helped clients "navigate through a bureaucracy of insurance companies." He gave an example of helping clients to "self-advocate," for instance, guiding them to ask to speak with supervisors when frontline insurance employees initially denied coverage. Although SB-254 did not specifically restrict private insurance companies from covering GAMC, MHPs reported incidents when insurance companies erroneously suggested that they could not cover certain services due to the new law. Another MHP reported that school guidance counselors were referring more TGD students to her for advocacy. In terms of policy advocacy, MHPs reported the importance of helping legislators and the public understand the impacts of SB-254. Some MHPs reported that they had been personally involved in legislative advocacy, while others said they supported TGD advocacy groups.

MHPs provided examples of community-based advocacy, beyond the usual roles of counseling and psychotherapy that they focused on prior to SB-254's passage. For instance, they were more vigilant about addressing disparaging remarks about TGD individuals. One MHP noted that if anyone said anything transphobic, they would "be curious about it," using the situation to foster compassion for TGD individuals and offer educational resources. MHPs also supported the TGD community by encouraging civic engagement, for instance, for candidates who that support TGD rights and access to GAMC.

In addition to helping clients navigate the more complex landscape for accessing services under SB-254, MHPs also reported helping clients manage their frustration and other feelings associated with having to delay or forgo GAMC. Many TGD clients were already grappling with anxiety and depression related to gender dysphoria; delays and hurdles created by SB-254 only exacerbated these mental health challenges. One MHP noted the importance of assessing levels of distress caused by the SB-254. Another cautioned service providers about creating further angst and fear about SB-254 by exaggerating its effects; for instance, although the requirement for in-person consent was an added burden for clients who preferred telehealth services, there were ways to help clients access in-person services. Similarly, while some clients were accessing services from nurse practitioners prior to SB-254, MHPs could help them find physicians now that nurse practitioners were banned from prescribing hormone treatments.[6] One MHP cautioned that therapists should avoid becoming "thera-activists," which he defined as bringing activism into therapy and "riling up" clients to entice them into activism. This MHP described his role in terms of helping clients "regulating their emotions" and "calming down their nervous systems," rather

[6] After completion of data collection, a court found parts of SB-254 unconstitutional, including the provisions that banned nurses from prescribing or administering hormone therapies.

than getting clients "all worked up" about the negative impacts of SB-254 or the role of particular politicians.

4. Confusion, Fear, and Anxiety

The fourth theme emerging from the interviews revealed that MHPs were experiencing confusion, fear, and anxiety as a result of SB-254 and its impact on access to GAMC for their clients. In terms of confusion, several MHPs expressed uncertainty about the specifics of the law and how it might affect their practice. In particular, they were uncertain about what types of services were permissible or prohibited. They said that they did not want to inadvertently violate the law or jeopardizing their professional license. These concerns led them to adopt more cautious approaches to their practice.

One MHP recounted the case of a minor who continued receiving hormone treatments after SB-254 was enacted, but there was uncertainty about whether it was legal for the client's physician to continue prescribing them. This MHP expressed discomfort about continuing to serve TGD clients now, stating, "I'm not super confident" about the law's content. Although she felt she should be competent to serve TGD clients, she felt more comfortable referring them to colleagues who were better informed about SB-254.

A key area of confusion related to the nature and frequency of psychological evaluations and suicide risk assessments mandated by SB-254 and its associated regulations. One MHP explained:

> There was a lot of confusion. And I felt that, too, around psychological evaluations, right, and suicide risk assessments. And would those have to be done every three months? Would they have to be done every two years? Was that only for minors or was that for adults? Could physicians require those [evaluations] or only recommend them?

Similarly, MHPs were unclear about how often clients had to meet with their physicians in to continue hormone therapies, whether once for informed consent or at periodic intervals. Some MHPs were unsure about who was authorized to prescribe puberty blockers or hormone treatments. While they understood that physicians were able to do so, some MHPs were uncertain about whether nurse practitioners or physician assistants could also prescribe. MHPs recognized that SB-254 placed broad prohibitions on GAMC for minors; however, some were unsure about the extent of its restrictions for adults. One MHP initially believed that there was a broad prohibition for adults, but later discovered that while adults could still access GAMC, they had to "jump through a lot of hoops" created by the law.

The uncertainty and confusion that MHPs experienced in relation to SB-254 stemmed from five factors:

- Some MHPs had not read the law in detail or had not kept up with ongoing changes in regulations and interpretations of the law.
- There were several court challenges, temporary injunctions, and ongoing litigation surrounding the constitutionality of SB-254 and its limits on who could provide GAMC.
- Some MHPs were confused about which provisions in earlier drafts of SB-254 were actually passed into law (e.g., whether minors already undergoing hormone therapy could continue; or whether private insurance companies would be barred from covering GAMC, similar to the provision barring Medicaid from covering it).
- Misinformation was spread by the news and advocacy groups, both in support or in opposition of SB-254 (e.g., misinformation about whether the prohibitions in SB-254 restricted licensed MHPs from providing supportive counseling or therapy).

- MHPs may have required legal training to have a "deeper understanding" and less confusion about SB-254.

In terms of legal training, one MHP noted, "As mental health professionals, lots of times we struggle because we're not lawyers, and so, we don't always know what all of the terms in a law and a bill being passed might mean." Although MHPs working for larger organizations had access to information and advice from the organization's legal team, private practitioners did not have such resources. Various MHPs described taking various steps to learn about SB-254, as described under theme 5, below.

Several MHPs described being nervous about working with TGD clients due to SB-254. An MHP shared, "I'm very edgy… I don't want to be in Florida. Another stated, "I've become very anxious and reluctant to take people under 18."

In response to their anxiety, some MHPs describe how they and other GAMC providers strictly adhered to the terms of SB-254. One MHP noted how physicians were ordering blood tests because they were legally required, despite the tests being medically unnecessary. Others reported that they were providing psychological evaluations for clients solely because they were required by law, not because they believed the evaluations were needed for "good practice." An MHP recounted, "One doctor said that the letter from a therapist is required, but not because the doctor thinks that [it's medically necessary], but because that was her understanding of the laws."

Some anxiety related to SB-254 stemmed from uncertainty about how MHPs' evaluations and other documentation might be used. One MHP said that in the past he might respond to a client's request for an evaluation by saying, "Oh, well, you need a letter for your doctor. Okay, I'll write you a letter." He has now altered his practices due to fears that such documentation could be used for discrimination and have negative effects on the client.

Other MHPs spoke about being careful about what they documented, wanting to avoid topics that could get the therapist or client in trouble. If an MHP referred parents of a minor to GAMC providers out of state, for instance, they might not document this referral in their records. Some MHPs said they had discussions with clients about potential implications of what they document in the client's records. As one MHP described, "I had clients who were using insurance for gender-affirming care. I'd put the DSM-5 diagnosis for gender dysphoria… in their chart. And now with the laws, I'm so much more hesitant to do that." Now, the MHP would explain potential risks to clients before putting such a diagnosis in their records. She felt that simply having a gender dysphoria in their records could put their safety at risk. Although she explained the risks of documenting gender dysphoria, she noted that "it's not much of a choice" because the person needed the diagnosis to be documented to be eligible for GAMC and insurance reimbursement.

5 Increased Focus on Education and Legal Understanding

As noted earlier, various MHPs reported feeling anxious or uncertain about the impact of SB-254 on their clients, their practice, and their ability help clients access GAMC. To address these concerns, MHPs explained that they were spending more time educating themselves about SB-254. Motivated to by a desire to learn how to comply with the laws while still providing quality care for TGD clients, MHPs have turned to various sources to educate themselves about the law: reading articles, attending specialized trainings or conferences, and peer consultations.

One MHP said his peer consultation group provided valuable support and advice. Another MHP mentioned regularly reviewing the minutes of the Board of Medicine's meetings to stay updated. Despite these efforts, some MHPs continued to feel confused or uncertain. One admitted reading the entire bill, yet still felt unsure about the potential legal risks to his practice. MHPs

expressed the need for information about the law to be explained in plain, easily understood language.

Some MHPs found TGD advocacy organizations particularly helpful in providing training. One participant noted that these trainings not only provided him with useful information for practice, but also inspired him to become a more active advocate for TGD individuals. A second MHP emphasized the importance of explaining the law's provisions line-by-line with clients. He noted that there was a lot of misinformation in social media, so it was helpful to receive information from reliable presenters. He noted that the negative impacts of the law were not as bad as the "hype and the buzz on social media."

While some MHPs sought out legal education proactively, others were less inclined to take such initiative. One MHP admitted feeling unprepared to serve TGD clients, stating it was "my own fault for not being educated about the bill." He wanted to know what limitations this bill put on his practice, including what type of work was allowed or prohibited. He was afraid about giving clients the wrong advice, getting into trouble, and losing his license. Although he had not yet sought out training, he acknowledged that he would feel less fearful if he were more educated about SB-254.

In addition to seeking legal training, some MHPs sought training to better understand the broader context of GAMC, including how GAMC was important for TGD individuals and what types of resources were available to serve this population. One MHP said she learned that for some TGD individuals, GAMC is not a choice, but rather, a critical matter of "life or death." Another expressed interest in seeking information about resources for referrals, including peer support groups. MHPs also noted the importance of being able to refer TGD clients to other professionals if they lacked the expertise to serve this population.

6 No Impact on Practice

While most MHPs reported that SB-254 had substantial impacts on their practice with TGD clients, two MHPs suggested that it had no discernible impact. One MHP explained that she did not believe that GAMC was appropriate for any TGD individuals, so the restrictions on GAMC did not influence the way that she practiced. Another MHP said despite his initial concerns about potential liability under the new law—particularly regarding referrals for GAMC—he had decided to continue practicing in the same manner as prior to passage of SB-254. He acknowledged that some colleagues were "advised not to make recommendations or referrals for GAMC." He ultimately decided that it was important to "practice the same way that I've always practiced," including making referrals for GAMC. He stated, "First and foremost, our duty is to the client and to our code of ethics," emphasizing that prioritizing client interests may sometimes take precedence over the law. Still, he noted that he was more cautious about what he documented in client records to ensure that he did not place himself or his clients at risk. He also recognized that his position as a private practitioner afforded him more freedom about the ways he practiced compared to practitioners working for agencies, where adherence to organizational policy might limit such autonomy.

Limitations

The primary limitations of this study relate to the sample and timing of data collection. First, the studied relied on a convenience sample of 17 mental health professionals from Florida, which limits the generalizability or transferability of the findings (Denzin & Lincoln, 2017). While the sample offered valuable insights, it primarily represented MHPs physically located in South

Florida, meaning underrepresentation of perspectives from northern and central Florida. This limitation is partially mitigated by the fact that many participants practiced with clients remotely and across Florida, meaning that they were familiar with regional differences such as disparities in access to services in smaller and more remote communities.

A second limitation of this research is that it captured MHPs' impressions of SB-254's impact at a particular point in time. The interviews took place 6 to 11 months after SB-254 took effect. Since the data collection, there have been a number of changes, including changes in requirements from insurance companies, temporary injunctions from certain courts, and departmental guidelines to clarify procedures for consent and the necessity for psychological evaluations. Notably, the Joint Committee of the Board of Medicine and Board of Osteopathic Medicine determined that psychological evaluations for hormone replacement therapies would no longer be required, providing discretion to endocrinologists in determining what types of evaluations should be used (Maulden & Shalom, 2023). Given the dynamic nature of SB-254's implementation, the law's impacts on TGD individuals and their service providers is likely to evolve. Future studies should take these ongoing changes into account, providing a more comprehensive understanding the long-term impacts of laws that restrict or ban access to GAMC.

Conclusion

The passage of SB-254 has had a profound impact on the way that Florida's MHPs provide services to TGD clients, particularly in the context of GAMC. MHPs reported that fear of legal repercussions, combined with restrictive agency policies, led to a significant decrease in their provision of gender-affirming services. Some MHPs ceased providing WPATH letters and referrals for puberty blockers and therapies for minors. Others became reluctant to serve TGD clients with gender affirming services, even for services not specifically related to medical interventions. Many MHPs expressed concerns about legal liability or lack of knowledge about the scope and impact of SB-254's restrictions. While some MHPs were concerned about risking their licenses, others were responding to concerns about consequences from their employers. Additionally, some MHPs noted that fewer TGD individuals were contacting them for services.

The MHPs who said they were continuing to serve TGD clients and provide WPATH letters tended to be those with greater experience and a larger TGD client base. Their confidence and dedication to serving this population seemed to outweigh the legal challenges presented by SB-254. By contrast, MHPs with less experience and fewer TGD clients expressed greater concerns about the legal risks, leading them to scale back their services with TGD clients in response to SB-254.

Despite the hurdles introduced by SB-254, some MHPs were motivated to educate themselves about the law and advocate for their clients. They sought specialized trainings, peer consultation, and reliable resources to better understand the law and navigate its complexities while continuing to offer care within the law's boundaries. For many MHPs, this commitment to learning and advocacy reflected their professional duties to prioritize client needs and wellbeing, even amid challenging and uncertain legal conditions.

Although SB-254 created significant challenges, many MHPs found creative ways to continue to support TGD clients and their families. For clients who were no longer able to access GAMC in Florida, MHPs facilitated out-of-state referrals, as well as linking clients with funding and other resources to help them transition to their new state. For minors, MHPs noted the heightened importance of helping these clients emotionally, knowing that they could not access GAMC within Florida unless they sought out-of-state options.

Some challenges raised by SB-254 were transitional, as professionals, organizations, and insurance companies needed time, clarification, and support to respond to the new restrictions on GAMC. For instance, medical clinics that formerly relied on nurse practitioners to prescribe hormone treatments had to hire physicians. Likewise, clinics that offered telehealth services for clients seeking hormone treatments began to offer in-person clinics in more communities to comply with the requirement for in-person consent.

Some of SB-254's impacts are more enduring. MHPs reported helping clients with higher levels of anxiety and depression, suggesting that SB-254 exacerbating mental health concerns for many TGD individuals. Although some clients could access services out of state, this was not a viable solution for many others. Some clients could not afford to move out of state. Others would have found it difficult to leave Florida due to their family, school, and work situations. The fact that SB-254 discouraged some MHPs from serving TGD clients also has negative effects. With fewer MHPs willing to serve this population, TGD clients may have greater difficulty accessing essential gender-affirming services.

As the constitutionality of SB-254 and similar legislation in other states continues to be debated in various courts, understanding the impacts of these laws is important not only for MHPs working with TGD clients, but also for public policy developers and legislators. Further research on the effectiveness of various types of GAMC can provide important insights into what types of GAMC are most helpful for which clients and under which situations. Research on the impact of bills that restrict access to GAMC can be used to inform practitioners, programs, and policymakers about the intended and unintended consequences of such laws.

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