

City of Bloomington Common Council

Legislative Packet

Containing legislation and materials related to:

Wednesday, 12 June 2024

Regular Session at 6:30pm



CITY OF BLOOMINGTON COMMON COUNCIL

AGENDA AND NOTICE:
REGULAR SESSION
WEDNESDAY | 6:30 PM
12 June 2024

*Council Chambers (#115), Showers Building, 401 N. Morton Street
The meeting may also be accessed at the following link:*

<https://bloomington.zoom.us/j/87264778283?pwd=vULGhEwGK6zUa6spfKTtKlaViHLa1a.1>

1. **ROLL CALL**
2. **AGENDA SUMMATION**
3. **APPROVAL OF MINUTES:**
 - A. December 13, 2023 – Regular Session
4. **REPORTS** (*A maximum of twenty minutes is set aside for each part of this section.*)
 - A. Councilmembers
 - B. The Mayor and City Offices
 - a. Annual Tax Abatement and Economic Development Commission Report
 - C. Council Committees
 - D. Public*
5. **APPOINTMENTS TO BOARDS AND COMMISSIONS**
6. **LEGISLATION FOR SECOND READINGS AND RESOLUTIONS**
 - A. Ordinance 2024-14 – To Amend Title 7 of the Bloomington Municipal Code Entitled “Animals” – Re: Amending Chapter 7.16 (Commercial Animal Establishment Permits); Chapter 7.54 (Fees); and Chapter 7.56 (Enforcement Procedure)
 - B. Resolution 2024-13 – Authorizing the Allocation of the Jack Hopkins Social Services Program Funds for the Year 2024 and Related Matters
 - C. Resolution 2024-14 – To Protect Individuals Seeking Gender Affirming Care

(over)

*Members of the public may speak on matters of community concern not listed on the agenda at one of the two public comment opportunities. Individuals may speak at one of these periods, but not both. Speakers are allowed five minutes; this time allotment may be reduced by the presiding officer if numerous people wish to speak.

Auxiliary aids are available upon request with adequate notice. To request an accommodation or for inquiries about accessibility, please call (812) 349-3409 or e-mail council@bloomington.in.gov.

Revised: 11 June 2024

7. LEGISLATION FOR FIRST READINGS

- A. Ordinance 2024-15 – Amending Ordinance 23-25, Which Fixed the Salaries of Appointed Officers, Non-Union, and A.F.S.C.M.E. Employees for All the Departments of the City of Bloomington, Monroe County, Indiana, for the Year 2024 – Re: To Add a Position Requested by City Council to the Clerk’s Office and to Replace the Existing 12-Grade Pay Grade Structure for Non-Union Employees with an Expanded 14-Grade Pay Grade Structure.
- B. Ordinance 2024-16 – To Amend Title 2 of the Bloomington Municipal Code Entitled “Administration and Personnel” Re: Amending BMC 2.04.120 (Limits On Debate)

8. ADDITIONAL PUBLIC COMMENT *

(A maximum of twenty-five minutes is set aside for this section.)

9. COUNCIL SCHEDULE

- A. Amending 2024 Annual Council Schedule to replace some Regular Sessions with Consensus-Building Activities

10. ADJOURNMENT

*Members of the public may speak on matters of community concern not listed on the agenda at one of the two public comment opportunities. Individuals may speak at one of these periods, but not both. Speakers are allowed five minutes; this time allotment may be reduced by the presiding officer if numerous people wish to speak.

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Revised: 11 June 2024



**City of Bloomington
Office of the City Clerk**

Minutes for Approval

13 December, 2023

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| <p>In the Council Chambers of the Showers City Hall, Bloomington, Indiana on Wednesday, December 13, 2023 at 6:30pm, Council President Sue Sgambelluri presided over a Regular Session of the Common Council.</p> | <p>COMMON COUNCIL REGULAR SESSION December 13, 2023</p> |
| <p>Councilmembers present: Matt Flaherty, Isabel Piedmont-Smith, Dave Rollo, Kate Rosenbarger, Susan Sandberg, Sue Sgambelluri, Ron Smith, Stephen Volan Councilmembers present via Zoom: Jim Sims Councilmembers absent: none</p> | <p>ROLL CALL [6:30pm]</p> |
| <p>Council Vice President Isabel Piedmont-Smith gave a land acknowledgment and Council President Sue Sgambelluri summarized the agenda.</p> | <p>AGENDA SUMMATION [6:30pm]</p> |
| <p>Rollo moved and Piedmont-Smith seconded to amend the agenda to add councilmember remarks for retiring members after council schedule, and before adjournment. The motion received a roll call vote of Ayes: 9, Nays: 0, Abstain: 0. (Sims' audio was not working, but indicated his yes vote via hand gesture.)</p> | <p>Vote to amend agenda [6:36pm]</p> |
| <p>Rollo moved and Piedmont-Smith seconded to approve the minutes from March 1, 2023. The motion received a roll call vote of Ayes: 9, Nays: 0, Abstain: 0. (Sims' audio was not working, but indicated his yes vote via hand gesture)</p> | <p>APPROVAL OF MINUTES [6:40pm] March 01, 2023 (Regular Session)</p> |
| <p>Rollo noted the upcoming change in the administration and acknowledged Mayor John Hamilton for the willingness to work on difficult city projects, and with council.</p> | <p>REPORTS [6:41pm] Council Members</p> |
| <p>Sandberg mentioned her and Rollo's upcoming joint constituent meeting. She said it would be her last one as councilmember.</p> | |
| <p>Mayor John Hamilton noted it was the final council meeting of the year. He thanked Sandberg, Volan, Sims, Smith, and Sgambelluri for their time on council and congratulated Piedmont-Smith, Rollo, Flaherty, and Rosenbarger on their successful reelection. He appreciated the continued support for the down payment assistance program, the proposed sale of the current Bloomington Police Department (BPD) building, and funding for investing in police and fire facilities. He discussed the process of purchasing the Showers West building and the proposed projects to be funded. He said it was an honor to have worked with council over the previous eight years and noted significant accomplishments.</p> | <p>The Mayor and City Offices [6:43pm]</p> |
| <p>Flaherty reported on the Special Committee on Council Processes (SCCP) and its work on board and commission reforms. He noted the Novak report, council recommendations, priorities, and work the committee had done. He discussed the committee's recommendation for additional resources and funding for the Office of the City Clerk to oversee boards and commissions. He said that the incoming administration, along with other stakeholders, would best determine next steps. He provided additional information.</p> | <p>Council Committees [6:55pm]</p> |
| <p>Rollo asked about combining the Environmental Commission (EC) and the Commission on Sustainability (BCOS). He favored keeping them separate. Flaherty stated that the committee had discussed the options with the commissioners and chairs. The three pillars of sustainability were environmental, social, and economic. The EC was focused on environmental quality and BCOS was more holistic. Combining the commissions was not favored by most but the next steps were still being determined.</p> | <p>Council discussion:</p> |

Volan moved and Rollo seconded to accept the report on Board and Commission Reform. The motion received a roll call vote of Ayes: 8, Nays: 0, Abstain: 1 (Sandberg). Vote to accept report [7:02pm]

Daryl Ruble spoke against the land and labor acknowledgment, about traffic calming items and streets, the unhoused population, and BPD. Public [7:02pm]

Jim Shelton discussed the Court Appointed Special Advocates (CASA) program and explained how the children were supported in the courts.

Terry Amsle commented on the Novak report, the SCCP, the purpose of boards and commissions, and diversity, equity, and inclusion.

There were no appointments to boards and commissions.

APPOINTMENTS TO BOARDS AND COMMISSIONS [7:20pm]

LEGISLATION FOR SECOND READING AND RESOLUTIONS [7:21pm]

Rollo moved and Piedmont-Smith seconded that Ordinance 23-31 be introduced and read by title and synopsis only. The motion received a roll call vote of Ayes: 9, Nays: 0, Abstain: 0. Clerk Nicole Bolden read the legislation by title and synopsis.

Ordinance 23-31 - To Amend Title 2 of the Bloomington Municipal Code Entitled "Administration And Personnel" - Re: Amending Chapter 2.23 (Community and Family Resources Department) by adding Section 2.23.240 - Closed Captioning in Places of Public Accommodation [7:21pm]

Rollo moved it was seconded by Piedmont-Smith to adopt Ordinance 23-31.

Volan presented Ordinance 23-31 and said it was important to have closed captioning in public accommodations in the city. He described when the closed captioning would be handled, how enforcement would occur, and a phase-in period. The legislation was endorsed by the Council for Community Accessibility (CCA) and the Bloomington and Monroe County Human Rights Commission (HRC). He introduced Holly Elkins.

Holly Elkins, Indiana Association of the Deaf (IAD), thanked council for the opportunity to comment on the importance of closed captioning. She shared personal experiences as a deaf person, and spoke about the Americans with Disabilities Act (ADA), closed captioning, and accessibility. She noted studies showing those aged fifteen to thirty nine years old preferred to have subtitles. She provided additional details and commented on subtitles on social media, and at the meeting that evening. She urged council to support the legislation and thanked Volan.

Volan concluded the presentation with his lived experience with subtitles.

Piedmont-Smith asked how places of public accommodation would be notified about the requirement.

Council questions

Volan stated that there was not a specific plan yet.

Michael Shermis, Special Projects Coordinator, Community and Family Resources (CFRD) department, and staff liaison for the CCA and HRC, stated there would be a press release, and more.

Volan spoke about his discussion on closed captioning with members of the city government in Seattle and their processes.

There was additional discussion on outreach and complaints.

Rollo asked if there were monetary penalties.

Shermis said no. It would be a human rights violation investigation.

Volan added the goal was to have closed captions turned on.

Rollo asked if CFRD was prepared to handle the complaints.

Shermis said yes, and that staff did not anticipate many complaints.

There was a brief discussion on accessibility with council’s meetings.

Ordinance 23-31 (cont’d)

Dan Domsic, AARP (formerly the American Association of Retired Persons), spoke in favor of Ordinance 23-31.

Public comment:

Volan wondered if closed captioning would be required when there was no sound on the television or for sporting events.

Council comments:

Elkins said that closed captioning was improving and some sports already included scores and more.

Volan said that places with multiple televisions only needed to have one of every five with closed captions.

Piedmont-Smith thanked Volan and Elkins. She favored the legislation and encouraged outreach to businesses and provided some examples.

Flaherty thanked Volan and noted Volan’s advocacy for accessibility during his tenure on council. He thanked everyone involved.

Volan thanked Elkins and Shermis and everyone that provided input in drafting the legislation.

Sims thanked Volan, Elkins, and Shermis. He expressed support for the legislation.

The motion to adopt Ordinance 23-31 received a roll call vote of Ayes: 9, Nays: 0, Abstain: 0.

Vote to adopt Ordinance 23-31 [7:58pm]

Rollo moved and Piedmont-Smith seconded that Appropriation Ordinance 23-08 be introduced and read by title and synopsis only. The motion received a roll call vote of Ayes: 9, Nays: 0, Abstain: 0. Bolden read the legislation by title and synopsis.

Appropriation Ordinance 23-08 – To Specially Appropriate from the General Fund, Economic Development LIT Fund, Parks and Recreation General Fund, the Rental Inspection Program Fund, Local Road and Street Fund, Parking Facilities Fund, Cumulative Capital Development Fund, Vehicle Replacement Fund, Solid Waste Fund and Fleet Maintenance Fund Expenditures Not Otherwise Appropriated (Appropriating Various Transfers of Funds within the General Fund, Economic Development LIT Fund, Parks & Recreation General Fund, Local Road and Street Fund, Parking Facilities Fund, Cumulative Capital Development Fund, Solid Waste Fund, Fleet Maintenance Fund, and Appropriating Additional Funds from the Rental Inspection Program Fund and Vehicle Replacement Fund) [7:47pm]

Rollo moved and Piedmont-Smith seconded that Appropriation Ordinance 23-08 be adopted.

Cheryl Gilliland, Director of Auditing and Financial Systems in the Controller’s office, noted that the meeting that evening served as the public hearing and was noticed in the newspaper ten days prior. The legislation was the year-end appropriation. There was no impact on the General Fund or tax rates. She provided a summary on the transfers and the uses of funds.

Piedmont-Smith asked for clarification on the fiscal impact of the vehicle replacement fund.

Gilliland clarified that the sale of the used vehicle, totaling \$180,000, had not been appropriated yet.

Rollo asked about the \$12,000 for the mayor’s office for employee turnover.

Gilliland stated that several employees had left that year and the payout cost needed additional funds.

Jeff Rodgers, Vice President of the Fraternal Order of Police, discussed staffing shortages.

Rollo commented on staff that had left and had received bonuses totaling about \$100,000. He referenced a Herald Times article where Mayor John Hamilton stated that was a normal process.

Larry Allen, Deputy Mayor, said that the policy in the employee manual dictated that employees be paid a certain amount for unused vacation time and comp time. He noted that two deputy mayors, a communications director, and a director of public engagement had left that year. It was an unusual year but followed normal city policy.

Rollo restated it was standard practice for when employees left the city. Allen confirmed that was correct.

Appropriation Ordinance 23-08 (cont'd)

Piedmont-Smith was pleased that additional money was not needed.

Council comments:

The motion to adopt Appropriation Ordinance 23-08 received a roll call vote of Ayes: 8, Nays: 0, Abstain: 1 (Sandberg).

Vote to adopt Appropriation Ordinance 23-08 [8:24pm]

Rollo moved and Piedmont-Smith seconded that Resolution 23-23 be introduced and read by title and synopsis only. The motion received a roll call vote of Ayes: 9, Nays: 0, Abstain: 0. Bolden read the legislation by title and synopsis.

Resolution 23-23 - A Resolution Authorizing the Sale of Real Property - Re: 220 E. Third Street [8:24pm]

Rollo moved and Piedmont-Smith seconded that Resolution 23-23 be adopted.

Allen presented Resolution 23-23 and provided details on the sale, statutory authority, and the best offer after the bidding process. The closing would occur in 2024 but Resolution 23-23 authorized the sale. He spoke about the background of the facility and its flooding. He commented on bonding, the purchase of the Showers West building, and repairs and improvements to fire station facilities, and presented funding sources and uses of public safety project funds. The sale of the current police station required the approval of the council. Allen said there was a deed restriction pertaining to the donation of the land to the city which would be addressed during the closing process. The sale of the police headquarters building would not change Waldron, Hill, and Buskirk Park. He briefly discussed the offers and stated that the administration recommended the approval of the sale to GMS-Pavilion Properties, LLC because the offer exceeded the minimum bid and was from a reputable developer, the holdover terms were flexible and favorable to BPD, and a range of uses would help activate the area economically by providing facilities that were currently lacking in the area, and allowed for additional community use of the adjacent public park. Allen explained the next steps.

Rollo asked why the deed restriction was no longer applicable.

Council questions:

Allen responded that staff was confident that the sale of the building was allowable and provided some details on staff's research into the matter.

Rollo asked if staff anticipated litigation.

Allen stated that the city hoped it did not come down to litigation, but that had been mentioned in the letter sent by Mr. Hill.

Piedmont-Smith expressed concern about the decrease in the cost for the renovation of Fire Station 3 and the training facility. She asked if the work to be done would be of high quality, with building longevity, given the decrease in funding.

Allen said that with a limited budget, the work would be prioritized and be up to code, and safe, et cetera.

Piedmont-Smith said there would be some savings from fire station #1.

Allen confirmed that was correct, as well as with Showers West. He gave additional examples of potential work and funding.

Volan asked why Tax Increment Financing (TIF), or rainy day funds were not being used.

Allen said those funding sources could be used, but it would be up to the next administration and council.

Smith asked what would prevent the city from selling the adjacent city park.

Allen explained that staff looked at the historic uses of the land, and there were clear boundaries for the park. It was not going to be changed in the foreseeable future.

Smith asked why the reversion clause was not disclosed earlier.

Allen responded that it was not disclosed earlier because it was not a barrier to the sale of the building.

Hamilton added that the question was if the city had a legal right to sell the building, and research confirmed that it could. The city had done its due diligence in researching the legal aspects. He reiterated that the bonds and the sale of the building paid for all four projects in the legislation, without using Community Revitalization Enhancement District (CRED) funds.

Rosenbarger asked for clarification on the lease of the building after the sale, if needed.

Allen stated that if needed, the city could lease the space until the police station moved. It had not been included in the projected costs, but could be paid for from multiple funding sources, including operations.

Rosenbarger asked if the realtor fees would come out of the proceeds to the city. She asked if that was negotiable.

Allen confirmed there would be associated closing costs with the sale of the building. There would be an opportunity to negotiate prior to closing.

Sgambelluri asked about possible cost overruns that would make the work impossible.

Allen said that the bids included contingency costs to allow for unforeseeable change orders. There were also conservative estimates, for items like the construction manager cost.

Volan referenced an email from Randy Lloyd who served on the Board of Public Works in 1997, when the building was being considered for the police headquarters. Lloyd noted in the email that the reversion clause in the deed was of legal significance. Volan asked why the administration now believed it was not valid.

Allen said that an Indiana statute declared void reversionary interests after thirty years. The deed was from the 1920s so the timeline far exceeded that. He noted that the building and parking lot had been used for a police headquarters, and not a public park. He highlighted that the city wanted to have good discussion on the issues with the families.

Volan stated that the building was built in the 1960 and had been used as a municipal building and later a police headquarters which were both for public purposes.

Rollo noted that the building was built to be a police station despite being used as a city hall. He asked what the \$12.5 million renovation cost of Showers West included and if it addressed the FOP concerns.

Allen said it addressed many issues but was not a full redesign of ingress or egress. It included a secure, gated area in the parking garage and the police radio tower would be relocated. There had been many discussions with city departments to arrive at the best outcome.

There was additional discussion on parking needs in the Showers building, for police, fire, city employees, and more.

Piedmont-Smith asked for further clarification on the closing costs which would decrease the city's proceeds.

Allen stated that there would be fees taken out of the total, but were negotiable during the closing process. He said that there were other funding sources that could make up the difference, such as the accumulated interest in the city's accounts.

Hamilton noted that the bids for Showers West had come in at the estimated amounts, which was helped with overall funding of projects. He clarified that what was before council that evening was the approval to move ahead with the sale of the current police headquarters, and proceed with negotiations. If council did not approve the legislation that evening, then the administration would move forward with the prioritized projects.

Resolution 23-23 (cont'd)

Council questions:

Nathaniel Hill, IV, urged council to not approve the sale of the building, as the grandson of the original signers of the deed, and provided reasons.

Resolution 23-23 (cont'd)

Public comment:

James Haverstock, representing the Waldron family and his deceased wife (a niece of Charlie and Cecil Waldron) spoke against the sale of the building.

Philip Hill, descendent of one of the families that donated the land, asked council to keep the building public and not sell it.

Dr. Norris Chumley, representing the Buskirk family, said he signed the original deed, and also spoke against the sale of the building.

Jeff Rodgers, FOP Vice President, commented on the costs, projects, and cautioned moving forward with many unknowns.

Jamie Sholl urged council to vote against the sale of the building.

Thomas Westgard gave reasons against Resolution 23-23.

Paul Post, FOP President, spoke against the sale of the building.

Kerry Thomson, mayor-elect, provided reasons to vote against the sale, and not rush into it at the end of the current administration.

Stephen Lucas, Council Attorney, read a comment submitted via Zoom chat from Owen Chumley who opposed the sale of the building.

Lucas read a comment submitted via Zoom chat from Jane [last name unknown] pertaining the parking needs and the lack of parking at Showers.

Volan asked about external improvements of Showers West and its costs.

Council comments:

Hamilton said there would be minimal changes to the exterior of Showers West because it was a historic building. There would be security improvements to parking, and secure doors, and moving the radio tower.

Volan asked for clarification on the secured parking.

Hamilton said it would be gated parking, only accessible by the police.

Volan asked why the sale would not be a violation of the deed, at least in spirit, and would possibly set a negative precedent for future donations.

Hamilton first thanked the families for the original, generous donation, and for their comments that evening. He stated that in the 1960s, a portion of the donated land was converted into a building for the city. Currently, it housed a dated police headquarters. The city had explored significant improvements and found it to not be feasible. He noted that it would be swapping one public building for another; the Showers West would become publicly owned, and the current police headquarters would become private. He provided reasons in support of moving forward with the negotiations and in order to begin the projects.

Volan asked if the building being built in the 1960s changed the reversion clause in the deed. He asked if there was a transfer of the property that allowed that.

Beth Cate, Corporation Counsel, said the issue was more complex than only referencing the original deed. There were additional documents, which had been researched by staff. She commented on the normal course of business, including extensive research and consulting, like was done in researching the legality of selling the current police headquarters.

Volan asked why it was not a violation of the spirit of the donation.

Hamilton explained that it was the sale of a building which had been used as a municipal building for over sixty years and not the public park. He stated that there was an inadequate police headquarters there and the goal was to have an outstanding headquarters elsewhere. Furthermore, if it was

against the spirit of the gift, it would have been better for the families to contest the building when it was built in the 1960s.

Resolution 23-23 (cont'd)

Council comments:

Rollo thanked the families for the donation and comments that evening. He was displeased that council had not been notified of the deed restriction especially since there was financing tied to the sale for other projects. He thought it could be legal to make the sale, but it was not ethical. He had opposed the purchase of the Showers West building for a new police headquarters, because it was opposed by the police union. He commented on the high costs, financing, and thought it best to vote against the sale.

Sandberg opposed the sale of the current police headquarters and move to Showers West. She noted the police preferred to stay in their current building. She commented on police officer retention and staffing shortages. She would vote against Resolution 23-23.

Piedmont-Smith reminded everyone that she voted in favor of the purchase of Showers West for the purpose of the new police station and fire administrative offices. She believed mayor-elect Kerry Thomson was also in favor of that move though she had expressed concerns about the financial details. Piedmont-Smith had requested specific details from staff about the sale and the original deed and her questions had not been answered. There was not a detailed breakdown of everything included in the bid, cost projections, and more. She also respected the feedback from the heirs of the original donors of the land. She could not vote yes that evening.

Rosenbarger concurred with Piedmont-Smith about Showers West, though more information was needed. She believed it ideal to have city staff in one building and to expand departments like the Community and Family Resources or creating a diversity, equity, and inclusion department. Many of the unknowns that evening would remain until the projects were started and finished. She commented on the legal and moral aspects of the proposal and the state statute limiting the deed restrictions. She believed the opposition should have occurred when the building was built. Rosenbarger spoke about a vacant block with part being a parking lot and the other a fenced in grassy area, owned by the church to the north of it. That property could be used for many other purposes. She commented on public transit, accessibility, and housing. She concluded by stating that all the city's land was stolen from Indigenous peoples.

Smith said the sale of the building violated the spirit of the donation and the decision did not have to occur that evening. He did not support Resolution 23-23. He spoke in favor of the original donation for the public good.

Volan commented on the potential litigation and noted that additional housing was needed in the city. He spoke about the original land donation and the intent of the donors. He said that council had fiscal oversight but did not appropriate funding. He commented on city funding, the rainy day fund, TIF, bonds, parking demands and usage, and parking garages. He asked about Rhino's which was supposed to be on the ground floor of Pavilion's Urban Station 2 building. Perhaps it was overlooked when the developers read the deed or the agreement.

Sims stated that he had supported the purchase of Showers West, the relocation of the police headquarters, renovations to the fire stations, and the bonds. He wished he had known about the reversion in the deed. He commented on knowing some of the original donor's family, like Dr. Chumley and expressed concern with the entire process. He was pleased that mayor-elect Thomson saw value in the Showers building.

Flaherty appreciated the discussion and thought it was important to have the police department and fire administration near other city staff, and also to continue to rethink policing with new paths forward. He looked forward to working with the new council and new administration on the Showers West building. He commented on his experience in teaching law and public affairs at Indiana University, and the discussion on the deed, which was a good case for property law analysis. There were differing perspectives on the spirit of the land donation, but law respected what was in the deed; that the land be a free public park. That was violated sixty years ago when the city chose to build a building. The clear, written intent of the deed required a free, public park. Adhering to that spirit would require leveling the building and parking lot to become part of the park. Flaherty commented on funding sources, reserves, and said that he was happy to continue the discussion but that it was not the right time to authorize the sale.

Resolution 23-23 (cont'd)

Council comments:

Sgambelluri noted the complexity of the proposed projects which bridged two councils and administrations. She did not believe that the finances or ethics were right. She acknowledged the additional information that was provided to council but stated she needed more time to digest it. She thought the new council might appreciate having more time too. There were too many questions at the time to vote in favor so she would vote against Resolution 23-23.

Volan commented on the administration's accomplishments like capital replacement into fleet and more. Mayor Hamilton also rehabilitated capital assets. He questioned recent funding sources for proposed projects and commented on options for funding. He noted that Mayor Hamilton had requested a higher Local Income Tax (LIT) and that council had rejected the full amount. He commented on his wish to use CRED funds in its district and did not like selling a public asset like the police headquarters.

The motion to adopt Resolution 23-23 received a roll call vote of Ayes: 0, Nays: 9, Abstain: 0. FAILED

Vote to adopt Resolution 23-23 [10:31pm]

There was no legislation for first reading.

LEGISLATION FOR FIRST READING [10:31pm]

Paul Post, FOP President, thanked council for their engagement with them.

ADDITIONAL PUBLIC COMMENT [10:31pm]

Jennifer Crossley, Monroe County Council District IV, extended gratitude for outgoing councilmembers. She looked forward to working with the new councilmembers and administration.

Lucas reviewed the upcoming council schedule and organizational meeting. He said it was a privilege to have served council. He appreciated their dedication to public service, as well as Mayor Hamilton's.

COUNCIL SCHEDULE [10:33pm]

Rollo read the encomium for Smith. Rollo moved and Piedmont-Smith seconded to adopt an Encomium for Ron Smith.

Rosenbarger read the encomium for Volan. Rosenbarger moved and Piedmont-Smith seconded to adopt an Encomium for Stephen Volan.

Flaherty read the encomium for Sims. Flaherty moved and Piedmont-Smith seconded to adopt an Encomium for Jim Sims.

Rollo read the encomium for Sandberg. Rollo moved and Piedmont-Smith seconded to adopt an Encomium for Susan Sandberg.

Piedmont-Smith read the encomium for Sgambelluri. She presented Sgambelluri with an engraved gavel. Piedmont-Smith and Rollo seconded to adopt an Encomium for Sue Sgambelluri.

COUNCIL SCHEDULE
(cont'd)

Volan thanked council staff that had left the city including Abbi Knipstine, Beck Boustani, Stacy Jane Rhodes, and Dan Sherman. He also thanked Chris Sturbaum, Dorothy Granger, Andy Ruff, Allison Chopra, Tim Mayer, Darryl Neher, Marty Spechler, Brad Wisler, Mark Satterfield, Jason Banach, David Sabbagh, Chris Gaal, and Mike Diekhoff. He commented on serving as president during the pandemic, and acknowledged Jim Sims, too. He thanked Dave Rollo who had served during Volan’s entire tenure. He looked forward to the next council and their work.

Rollo added his appreciation for his colleagues on council, as a deliberative body, and said he would miss those who would not be returning.

Sims appreciated his time on council and challenged the new council and new administration to minimize divisiveness. He commented on the collaboration on the resolution denouncing white supremacy and appreciated those who worked on that legislation, including Flaherty, Rosenbarger, and community activist Amy Ang. He spoke about being caucused in and thanked Tim Mayer who vacated the seat. He also thanked former council attorney Dan Sherman, and current council attorney Stephen Lucas. He noted that he and his wife, Doris Sims, cared deeply about the community in the city. He thanked Piedmont-Smith for all her work. He also acknowledged Rollo.

Sandberg said it was her privilege to serve the city. She thanked her constituents and those who strived to make the city a good, livable and strong place to live. She acknowledged the nonprofit, business, academic communities. She looked forward to retiring.

Sgambelluri said it was a pleasure and privilege to serve on council. She thanked Lucas and Deputy Attorney Ash Kulak for their work. She acknowledged her colleagues, Monroe County officials, and residents like Deb Hutton, Sharon Yarber, Tracy Bee, Corey Ruts, Cindy York, and many more who spent countless hours working for their neighborhoods.

The motions received a roll call vote of Ayes: 9, Nays: 0, Abstain: 0.

Vote for encomia
[10:55pm]

Sgambelluri adjourned the meeting without objection.

ADJOURNMENT
[10:55pm]

APPROVED by the Common Council of the City of Bloomington, Monroe County, Indiana upon this ___ day of _____, 2024.

APPROVE:

ATTEST:

Isabel Piedmont-Smith, PRESIDENT
Bloomington Common Council

Nicole Bolden, CLERK
City of Bloomington

To: City of Bloomington Common Council
From: Jane Kupersmith, Director of Economic & Sustainable Development and De de la Rosa, Asst. Director of Small Business Development

Cc: Kerry Thomson, Mayor
Gretchen Knapp, Deputy Mayor
Stephen Lucas, City Council Administrator/Attorney
Larry Allen, City Attorney
Kurt Zorn, President, Economic Development Commission

Date: June 7, 2024
Re: 2023 Economic Development Commission Abatement and Annual Activity Report

Executive Summary

Attached please find the Economic Development Commission's 2023 Summary of Abatement Activity presentation. This report analyzes each of the active tax abatements granted by the City and is based on the annual Compliance with Statement of Benefits (CF-1) filings that an abatement recipient is required to file with the City and County. These filings are due May 15, and the Common Council has 45 days from the date the filing is submitted to take any necessary action, including rescinding an abatement, which might be warranted for failure to comply with the terms of the abatement.¹

The Economic Development Commission (EDC) reviewed and approved this report on June 4th. Staff recommends a finding of compliance or substantial compliance for all projects in this report. There is no recommendation to rescind any projects currently receiving a tax abatement, but the presentation of the Report on June 12 would allow, if necessary, for such action. If council members are interested in the history of any particular tax abatement contained in the report or have any other questions, please reach out to either council staff or to ESD Director Jane Kupersmith.

Economic Development Commission (EDC)

The Bloomington Economic Development Commission has five members whose terms last four years. The first three members listed below are mayoral appointments, and the final two were appointed by the Monroe County Council and the Bloomington Common Council respectively. Membership is as follows:

- Kurt Zorn, President
- Cheryl Munson, County Council Representative, Secretary
- Isak Ntsi Asare, Bloomington Common Council Representative, Vice President
- Vanessa McClary
- Tim Henke

City of Bloomington staff who support the Commission are:

- Jane Kupersmith, Director of Economic & Sustainable Development
- De de la Rosa, Assistant Director, Small Business Development
- Larry Allen, City Attorney

In addition to the statutory responsibilities, duties, power, and authorities set out by Indiana Code 36-7-12, the EDC makes recommendations to the Bloomington Common Council regarding applications for tax abatement and other economic development incentives.

¹ See Ind. Code § 6-1.1-12.1-5.9

Tax Abatements

Tax abatements are a reduction of tax liability on real or personal property that applies to increased assessed valuation due to new investment. The kinds of investments in real and personal property that may be eligible for tax abatements are largely found in I.C. § 6-1.1-12.1-0.3, et seq., which, along with the ones typically authorized by the City, also include ones for distressed residential properties and vacant buildings.

The Common Council has adopted Tax Abatement Program General Standards, which Council amended in Resolution 21-06. These standards supplement the requirements outlined in State law and attach to those projects approved after the local standards went into effect.

Prior to awarding a tax abatement, the Common Council, upon recommendation of the Economic Development Commission (EDC), must make a determination that the site would not develop under normal market conditions and designate the area an Economic Revitalization Area (ERA) or, for certain uses, an Economic Development Target Area (EDTA). Upon determining that a site is distressed per an ERA designation, State statute and Local Standards require the Council to find that the benefits asserted by the petitioner are reasonable and probable and justify, in totality, the granting of the abatement. According to State law, those benefits are set forth in a Statement of Benefits (SB-1) and include the estimated cost of the project, number of persons employed, and payroll, along with any locally identified benefits.

For real property abatements period of abatement may run from 1 to 10 years and the amount of the abatement is generally determined by a sliding scale which runs from 100% to 0% over the period of abatement. For personal business property, the Council has discretion to grant either a ten-year abatement schedule or a twenty-year enhanced abatement schedule. All tax abatements must be accompanied by a schedule that specifies the percentage for each year of the abatement, as indicated in I.C. §§ 6-1.1-12.1-17, -18.

Based on phased-in assessed valuation rates governed by State law, the Bloomington EDC recommends a term of abatement for each project, which requires the Council's authorization. With respect to abatements on new construction and on personal property, the Council may also choose to limit the dollar amount of the deduction.

Standard of Review and Process

The Common Council reviews active abatement projects under a statutory process that focuses on the CF-1s, which compare benefits committed to by the applicant in the Statement of Benefits (SB-1) with the actual benefits delivered by the project. In reviewing the CF-1s (which are available upon request), the Common Council determines whether the projects are in "substantial compliance" with the commitments made at the time the abatement was granted. If the Council determines that a recipient of an abatement is not in "substantial compliance" and that the failure to substantially comply was not caused by factors beyond the control of the abatement recipient (such as declines in demand for the recipient's products or services), it has 45 days from the receipt of the CF-1 to mail a written notice of the finding to the abatement recipient.

The written notice must include an explanation of the Council's determination, and the date, time, and place of a hearing to be conducted by the Council to further consider the recipient's compliance. The hearing must occur within 30 days of the date the notice is mailed to the abatement recipient and could result in the termination of the deduction. The decision to terminate the tax deduction should be made only if the Council concludes that the taxpayer has not made reasonable efforts to meet its commitments and was not prevented from complying with the terms of the abatement due to factors beyond its control.

Recommendation

ESD staff recommend a finding of compliance and substantial compliance for all projects in this year's report.



Economic Development Commission

2023 Tax Abatement Compliance

Economic Development
Commission
(June 4, 2024)

Jane Kupersmith

Director of Economic & Sustainable Development
jane.kupersmith@bloomington.in.gov

Common Council
(June 12, 2024)

Andrea “De” de la Rosa

Assistant Director, Small Business Development
de.delarosa@bloomington.in.gov

Agenda

- Summary of Tax Abatements
- Evaluative Criteria and Process
- Compliance Review Process
- Economic Impact of Abatements
- Residential Abatements - Project Details
- Mixed Use - Review Project Details
- Commercial Abatements - Project Details
- Pending Abatements - Project Details

Summary of Tax Abatements

- Tax abatements are financial incentives in the form of a temporary reduction or elimination of property taxes granted by local governments to stimulate business investment and development within specific areas that are economically distressed or underdeveloped.
- They apply to real property (buildings and land improvements) and personal property (machinery and equipment).
- Tax abatements apply to the **increment** or the increase in the property's assessed value

Summary of Tax Abatements

- For a project to be eligible for tax abatement, the area in which it is located must be designated as an Economic Revitalization Area (ERA) or Economic Development Target Area (EDTA) by the City of Bloomington.
- An area must have “become undesirable for or impossible of, normal development and occupancy” because of such factors as “a lack of development, cessation of growth, deterioration of improvements or character of occupancy, age, obsolescence, substandard buildings, or other factors which have impaired values or prevent a normal development of property or use of property,” in order to become designated as an ERA. (I.C. § 6-1.1-12.1-1)

Summary of Tax Abatements

- Phase-in of new property taxes
 - All or part of **new** assessed value exempted from paying property tax
- Terms from 1 to 10 years (up to 20 years for Personal Property)
 - Sliding scale from 100% to **no** exemption on the new AV;
 - Designating body may provide an “alternative deduction schedule” (IC 6-1.1-12.1-17)

Evaluative Criteria and Application Process

Authorization Process

- ESD Department
 - Receives Application and Statement of Benefits (IN Form SB-1)
 - Recommendation to EDC
- EDC recommendation to Common Council
 - Economic Revitalization Area
 - Economic Development Target Area, if appropriate
 - Abatement term and schedule
- Common Council
 - Designating resolution
 - Public hearing and confirmatory resolution

Evaluative Criteria and Application Process

- SB-1 sets the baseline for:
 - AV at the time of application
 - Employment at the time of application
 - Amount of investment
 - Estimated Increase in jobs and estimated wages
- Other evaluative criteria considered during application process:
 - Quality of Life and Environmental/Sustainability
 - Affordable Housing
 - Community Service
 - Community Character
 - Art, local business, historic preservation

Compliance Review Process

Roles & Responsibilities in Tax Abatement Approvals

- EDC Recommends
- Common Council authorizes
- County administers

City of Bloomington General Standards

- Creation of capital investment as an enhancement to the tax base and
 1. Significantly increases the amount of full-time, permanent, living-wage jobs;
 2. Significantly increases existing wages; or
 3. Creates affordable housing units.
- Review criteria adopted in 2022 to acknowledge affordable housing projects

Compliance Review Process

Annual Reporting

- Taxpayer submits annual compliance form (IN Form CF-1)
 - CF-1 is filed with County Auditor for deduction administration
 - CF-1 is filed with City Clerk for reporting to Common Council
 - ESD staff compares SB-1 commitments to CF-1 results
- ESD staff works with HAND and other departments to verify compliance with other evaluative criteria
- ESD recommends findings of:
 - Compliance
 - Substantial compliance
 - Noncompliance

Compliance Review Process

- EDC forwards final report to Council for final action
- Council may approve report or individual abatements as compliant or substantially compliant, or
- Council may request hearing for additional information if they wish to consider a finding of noncompliance.

If the designating body determines that the property owner has not substantially complied with the statement of benefits and that the failure to substantially comply was not caused by factors beyond the control of the property owner (such as declines in demand for the property owner's products or services), the designating body shall mail a written notice to the property owner. 6-1.1-12.1-5.9

Economic Impact of Tax Abatements

New real and personal property investment
(Active Abatements only)

| | Proposed New Investment (SB-1) | Actual New Investment (CF-1) | Proposed new AV (SB-1) | Actual new AV (CF-1) |
|----------------------|--------------------------------------|------------------------------------|---------------------------|-------------------------|
| Mixed Use | \$11,500,000 | \$11,500,000 | \$0 | \$17,078,700 |
| Commercial RE | \$56,000,000 | \$11,382,577 | \$14,200,000 | \$100,984,000 |
| Commercial PP | \$450,000,000 | \$169,117,571 | \$44,000,000 | \$60,690,511 |
| Residential | \$21,246,130 | \$28,891,875 | \$10,960,996 | \$25,334,200 |
| Total | \$538,746,130 | \$220,892,023 | \$69,160,996 | \$202,872,111 |

22-06 PP is still in progress and represents \$340M of the SB-1 Commercial Personal Property.

Economic Impact of Tax Abatements

New and retained jobs and salary estimates

| Total Jobs New and Retained | Total Salaries New and Retained |
|---------------------------------------|---------------------------------------|
| 2,406 | \$195,324,412 |
| <i>Avg. New & Retained Salary</i> | |
| \$81,182 | |

- *Excludes temporary jobs and corresponding salaries from construction.*
- *Excludes unknown salary information from some businesses leasing space in mixed-use developments, and commissions/benefits.*

Economic Impact of Tax Abatements

| | Avg %AMI | MOU # units | 2023 units | |
|-------------------|----------|-------------|------------|-------------|
| New Urban Station | 56% | 10 | 10 | 0 vacancy |
| Southern Knoll | 25% | 31 | 31 | 2 vacancies |
| Union at Crescent | 60% | 102 | 119 | 0 vacancy |

Southern Knoll / Milestone Ventures *1105 W 3rd St / Resolution 18-09; 18-10*



Southern Knoll / Milestone Ventures

1107 W 3rd St / Resolution 18-09; 18-10

Property Description: A 31-unit 2-story affordable housing complex.

Public Benefits:

- 31 units affordable to households at or below 80% AMI
- 75% of units or 24 units affordable to households at or below 60% AMI
- 7 units set aside as permanent supportive housing. (Beacon)
- 7 units will be set-aside for persons with developmental disabilities. (LifeDesigns)

Development Status: Real estate improvements are complete. Property is 100% occupied.

Staff Recommendation: Compliant with tax abatement commitments.

Southern Knoll / Milestone Ventures

1107 W 3rd St / Resolution 18-09; 18-10

| | | | |
|--------------------------------|------------------------------------|--------------------------|-------------------------|
| Abatement Type: | Real Property (Affordable Housing) | | |
| Abatement Length, Rate: | 10-year, 98% (Year 4 of Abatement) | | |
| | Commitment (SB-1) | Compliance (CF-1) | Staff Evaluation |
| New RE Investment: | \$4,000,897 | \$4,417,937 | Compliant |
| New Employment: | 2 | 2 | Compliant |
| New Salaries: | \$21,632 (\$20.8/hr) | \$44,815 (\$21.5/hr) | Compliant |
| Assessed Value: | \$1,033,096 | \$1,794,800 | On target |
| Units at <80% AMI: | 31 | 31 | Compliant |
| Units at <60% AMI: | 24 | 23 | Substantially compliant |

Union at Crescent *N. Crescent Road / Resolution 17-30*



032

Union at Crescent

N. Crescent Road / Resolution 17-30

Property Description: A new 146-unit, 5-story multi-family, mixed affordable and market rate housing development within four attached buildings.

Public Benefits:

- No fewer than 70% or 102 units allocated to households with incomes at or below 60% of the AMI

Development Status: Real estate improvements are complete.

Staff Recommendation: Compliant with tax abatement commitments.

Union at Crescent *N. Crescent Road / Resolution 17-30*

| | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------|
| Abatement Type: | | Real Property (Affordable Housing) | |
| Abatement Length, Rate: | | 10-year, 100% (Year 5 of Abatement) | |
| | Commitment (SB-1) | Compliance (CF-1) | Staff Evaluation |
| New RE Investment: | \$17,245,233 | \$24,473,938 | Compliant |
| New Employment: | 5 | 5 | Compliant |
| New Salaries: | \$135,200 (\$13/hr) | \$223,006 (\$21.5/hr) | Compliant |
| Assessed Value: | \$9,927,900 | \$7,839,300 | On target |
| Housing Units <60%AMI | 102 | 119 | Compliant |

Mixed Use

Urban Station

401 S. Washington St. / 403 S Walnut St. / Resolution 16-11 & 16-12



035

Mixed Use

Urban Station (Previously Approved)

401 S. Washington St. / 403 S Walnut St. / Resolution 16-11 & 16-12

Property Description: A 4-story, mixed-use building with 7,000 sq ft of commercial space and 148 bedrooms.

NB: This abatement was reviewed

Public Benefits:

- No fewer than 15 bedrooms will be allocated to households with incomes at or below 80% of the AMI
- Rent for the affordable units may not exceed 85% of the market rate
- Affordability duration of 99 years.

Development Status: Real estate improvements are complete.

Staff Recommendation: Compliant with tax abatement commitments.

Mixed Use

Urban Station

401 S. Washington Street / Resolution 16-12

| | |
|--------------------------------|------------------------------------|
| Abatement Type: | Real Property (Affordable Housing) |
| Abatement Length, Rate: | 10-year, 30% (Year 7 of Abatement) |

| | Commitment (SB-1) | Compliance (CF-1) | Staff Evaluation |
|-----------------------------|--------------------------|--------------------------|-------------------------|
| New RE Investment: | \$11,500,000 | \$11,500,000 | Compliant |
| Retained Employment: | 10 | 10 | Compliant |
| Retained Salaries: | \$400,000 (\$19.20/hr) | \$400,000 (\$19.20/hr) | Compliant |
| New Employment: | 5 | 5 | Compliant |
| New Salaries: | \$165,000 (\$15.86/hr) | \$170,000 (\$16.34/hr) | Compliant |
| Assessed Value: | 0 | \$17,078,700 | On target |
| Units at <80% AMI | 15 | 15 | Compliant |

Woolery Mill Ventures, LLC

Property at 2550 S Breaking A Way / Resolutions 04-02; 13-14



Commercial

Woolery Mill Ventures, LLC

Property at 2550 S Breaking A Way / Resolution: 04-02; 13-14

Property Description: Renovation and reactivation of historic limestone mill.

Public Benefits:

- Renovation of an abandoned limestone mill into a mixed use facility (original abatement forecasted 42 apts/condos, 55-room hotel, recreational amenities, event space)
- Rehabilitation to the historic standards of the Secretary of Interior.

Development Status: Woolery Ventures completed Phase I (event space) in May 2019. They have met their investment and construction timeline for Phase I requirements. The property owners continue to work to develop Phase II (condo/hotel) but have been significantly delayed given a variety of market pressures.

Staff Recommendation: Compliant with tax abatement commitments.

Commercial

Woolery Mill Ventures, LLC

Property at 2550 S breaking A Way / Resolution: 04-02; 13-14

| | |
|--------------------------------|------------------------------------|
| Abatement Type: | Real Property |
| Abatement Length, Rate: | 10-year, 50% (Year 5 of Abatement) |

| | Commitment (SB-1) | Compliance (CF-1) | Staff Evaluation |
|---------------------------|--------------------------|---|-------------------------------|
| New RE Investment: | \$6,000,000 | \$4,670,977 | Substantially Compliant |
| New Employment: | 45 | 63 | Compliant |
| New Salaries: | \$762,000 | \$990,000 (PT - \$15/hr.) (FT - \$20/hr.) | Compliant |
| Assessed Value: | \$4,200,000 | \$2,725,300 | On schedule/meets expectation |

Catalent Indiana, LLC (Formerly Cook Pharmica)

1300 S Patterson Drive / Resolution 15-06, 19-04



Catalent Indiana, LLC (Formerly Cook Pharmica)

1300 S Patterson Drive / Resolution 15-06, 19-04, 22-06

- Multiple tax abatements covering separate expansion phases and employee growth projections
- Initial abatement with Cook Pharmica, assumed by Catalent Indiana as part of its acquisition
- Real and Personal Property abatements have distinct phases
- Employee growth is blended in Catalent's CF-1's
- CF-1 data reflects total annual payroll and year-end headcount.
- Projected job growth significantly exceeds commitments
- Catalent's 2022 tax abatement passed February 2022 and therefore is included in compliance assessment

Staff Recommendation: 15-04 and 19-06: Compliant with tax abatement commitments.
22-06: Substantially compliant with tax abatement commitments.

Commercial

Catalent Indiana, LLC (Formerly Cook Pharmica)

1300 S Patterson Drive / Resolution 15-06

Property Description: Investment in building improvements, machinery and equipment in order to expand its capacity to formulate, fill and finish (package) vials and syringes.

| | |
|--------------------------------|------------------------------------|
| Abatement Type: | Personal Property |
| Abatement Length, Rate: | 10-year, 70% (Year 6 of Abatement) |

| | Commitment (SB-1) | Compliance (CF-1) | Staff Evaluation |
|---------------------------|--------------------------|--------------------------|--------------------------------|
| New PP Investment: | \$25,000,000 | \$31,859,287 | Compliant |
| Assessed Value: | \$10,000,000 | \$4,787,105 | On schedule/ meets expectation |

Commercial

Catalent Indiana, LLC (Formerly Cook Pharmica)

1300 S Patterson Drive / Resolution 19-04

Property Description: Phase 1: Build out 15,000 ft of manufacturing space to expand packaging capacity and to support new specialized device assembly.

| | | | |
|--------------------------------|--------------------------|--|-------------------------|
| Abatement Type: | | Real Estate and Personal Property | |
| Abatement Length, Rate: | | RE: 10-year, 80% (Year 3 of Abatement) PP: 10-year, 95% (Year 3 of Abatement) | |
| | Commitment (SB-1) | Compliance (CF-1) | Staff Evaluation |
| New RE Investment: | \$40,000,000 | \$0 | DNF |
| New PP Investment: | \$85,000,000 | \$107,485,476 | Compliant |
| RP Assessed Value: | \$10,000,000 | \$26,384,800 | Exceeds Expectation |
| PP Assessed Value: | \$34,000,000 | \$43,994,271 | Exceeds Expectation |

044

Commercial

Catalent Indiana, LLC (Formerly Cook Pharmica)

1300 S Patterson Drive / Resolution 22-06

Property Description: Expanded drug substance capacity in Building A (Parcel 1); expanded drug product fill/finish capacity, additional quality control lab space, and expanded packaging capacity in Building B (Parcel 1); expanded packaging capacity and additional cold storage in Building D (parcel 5); and the development of surface parking at the former IMI parcel.

| Abatement Type: | Real Estate and Personal Property | | |
|--------------------------------|--|--------------------------|-------------------------|
| Abatement Length, Rate: | RE: 10-year, 100% (Year 1 of Abatement) PP: 20-year, 100% (Year 1 of Abatement) | | |
| | Commitment (SB-1) | Compliance (CF-1) | Staff Evaluation |
| New RE Investment: | \$10,000,000 | \$6,711,600 | Compliant |
| New PP Investment: | \$340,000,000 | \$29,772,838 | Substantially Compliant |
| RP Assessed Value: | N/a | \$72,599,900 | N/A |
| PP Assessed Value: | N/a | \$11,909,135 | N/A |

045

Commercial

Catalent Indiana, LLC (Formerly Cook Pharmica) 1300 S Patterson Drive / Resolution 15-06, 19-04, 22-06

| | Resolution 15-06 | CF-1 | Resolution 19-04 | CF-1 | Resolution 22-06 | CF-1 |
|---------------------------------|---------------------|--------------|---------------------|--------------|---------------------|--------------|
| Retained Employment: | 550 | 550 | 839 | 839 | 3,212 | 2,324 |
| New Employment: | 70 | 1,774 | 200 | 1,485 | 1,000 | 0 |
| Total Employment: | 620 | 2,324 | 1,039 | 2,324 | 4,212 | 2,324 |

Commercial

Catalent Indiana, LLC (Formerly Cook Pharmica) 1300 S Patterson Drive / Resolution 15-06, 19-04, 22-06

| | Resolution 15-06 | CF-1 | Resolution 19-04 | CF-1 | Resolution 22-06 | CF-1 |
|---------------------------|--------------------------|------------------------|--------------------------|------------------------|-----------------------|------------------------|
| Retained Salaries: | \$31,000,000 | \$45,793,083 | \$43,926,000 | \$43,926,000 | \$200,428,800 | \$193,496,591 |
| New Salaries | \$3,200,000 | \$147,703,508 | \$13,312,000 | \$149,570,59 | \$62,400,000 | \$0 |
| Total Salaries: | \$34,200,000 | \$193,496,591 | \$57,238,000 | \$193,496,591 | \$262,828,800 | \$193,496,591 |
| Total Employment: | 620 | 2,324 | 1,039 | 2,324 | 4,212 | 2,324 |
| <i>Avg. Salaries:</i> | \$55,161 (\$26.5/hr.) | \$83,260 (\$40/hr.) | \$55,090 (\$26.5/hr.) | \$83,260 (\$40/hr.) | \$62,400 (\$30/hr) | \$83,260 (\$40/hr.) |

Commercial

Catalent Indiana, LLC (Formerly Cook Pharmica)

1300 S Patterson Drive / Resolution 15-06, 19-04, 22-06

Rationale for Staff Recommendation of Substantial Compliance

- Personal Property capital investments for 15-06 exceed commitments
- Personal Property investments for 19-04 exceed commitments
- Real and Personal Property investments for 22-06 are in process and meet the level of commitment per the MOU. (that is, capital investments have been made, and the company has until 2027
- CF-1 data reflects total annual payroll and year-end headcount.

Not Yet Active

Retreat at Switchyard

Property at 1730 S Walnut Street / Resolutions 20-21; 20-22



049

Retreat at Switchyard

Property at 1730 S Walnut Street / Resolutions 20-21; 20-22

Property Description: An affordable housing development, which would include 64 units in a five-story building with dedicated first-floor retail space

Public Benefits:

- 48 of 64 housing units (75% of the total units) will be reserved for low to moderate-income residents for a period of 99 years, and the remaining 16 units would be available for lease at the market rate
- Partnering with Stone Belt and will set aside 10 units (of the 48) as housing along with additional service areas within the Project for Stone Belt's clients;
- According to Petitioner's Statement of Benefits, this Project would create two new full-time, permanent jobs with an estimated total annual payroll of \$80,000.00, with the lower starting full-time wage of \$35,000.00 per year.
- **Development Status:** The development will be complete in October 2024.

Staff Recommendation: Informational only

Not Yet Active

Retreat at Switchyard

Property at 1730 S Walnut Street / Resolutions 20-21; 20-22

| | |
|--------------------------------|------------------------------------|
| Abatement Type: | Real Property |
| Abatement Length, Rate: | 10-year, N/a (Year 0 of Abatement) |

| | Commitment (SB-1) | Compliance (CF-1) |
|---------------------------|--------------------------|--------------------------|
| New RE Investment: | \$9,777,112 | \$695,200 |
| New Employment: | 2 | 0 |
| New Salaries: | \$80,000 | \$0 |
| Assessed Value: | \$1,440,000 | \$2,725,300 |

THANK YOU.

Questions?

Jane Kupersmith

Director of Economic & Sustainable Development
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Andrea “De” de la Rosa

Assistant Director, Small Business Development
de.delarosa@bloomington.in.gov



MEMO FROM COUNCIL OFFICE:

To: Members of the Common Council

From: Ash Kulak, Deputy Administrator / Deputy Attorney

Date: June 7, 2024

Re: Ordinance 2024-14 – To Amend Title 7 of the Bloomington Municipal Code Entitled “Animals” – Re: Amending Chapter 7.16 (Commercial Animal Establishment Permits); Chapter 7.54 (Fees); and Chapter 7.56 (Enforcement Procedure)

Synopsis

This ordinance is sponsored by Councilmembers Piedmont-Smith and Rollo. It comes in the wake of action by the Indiana General Assembly, which has preempted local units from prohibiting the sale of dogs by retail pet shops through passage of House Enrolled Act 1412, which will go into effect July 1, 2024. This ordinance reinstates the requirements, present in the Bloomington Municipal Code before passage of [Ordinance 21-45](#), with which pet shops must comply in order to sell dogs. This ordinance updates those requirements in conformity with the newly-enacted state code. It also clarifies the continued prohibition on the sale of cats and the requirements for the display of shelter or rescue animals by host pet shops; institutes a new permit fee for pet shops that wish to sell dogs; and clarifies the penalties for violations of Title 7, including instituting a uniform penalty for violations in which the permit is free or costs \$0.

Relevant Materials

- [Ordinance 2024-14](#)
- Sponsor Memo from Councilmember Piedmont-Smith
- Amendments to Bloomington Municipal Code Title 7 in Context (Redline)

Summary

This ordinance would update Title 7 of the Bloomington Municipal Code in the wake of the Indiana General Assembly’s action, through the passage of [House Enrolled Act \(HEA\) 1412](#), to preempt local units of government from prohibiting the sale of dogs by retail pet shops. HEA 1412 goes into effect on July 1, 2024, making the portions of any ordinance that bans the sale of dogs void and unenforceable on that date.

The sponsors of this legislation, Isabel Piedmont-Smith and Dave Rollo, are two of the same sponsors of [Ordinance 21-45](#), which banned the sale of dogs and cats in retail stores within city limits. Materials for that ordinance are available on the council website for the [December 1, 2021 Common Council Regular Session](#). Both councilmembers are interested in updating this ordinance before HEA 1412 makes portions of current local code unenforceable, as well as regulating the sale of pets to the extent permitted by state law.



Council staff worked with Animal Care and Control (AC&C) Director Virgil Sauder, the councilmember sponsors, and Assistant City Attorney Aleks Pratt to draft this proposed ordinance. The Animal Control Commission reviewed this ordinance on May 13, 2024 and gave it a positive recommendation.

This proposed ordinance would do several things, including:

- Add a new section to local code stating that every commercial animal establishment and nonmunicipal animal shelter/sanctuary permit holder must also comply with the requirements in Indiana Code Title 15.
 - *Reasoning:* This was added because HEA 1412 also adds additional requirements that pet shops must comply with in order to sell dogs, including registration with the state board of animal health, consumer protections and disclosures, microchipping requirements, spay/neuter commitments, refund policies, records creation and retention, and dog acquisition requirements.
- Reinststitute one standard for commercial animal establishments (requiring the name/address of the breeder to be posted on the kennel) that existed before Ordinance 21-45 repealed it.
- Reinststitute, with some changes, the enumerated consumer protection requirements that existed before Ordinance 21-45 repealed those provisions. The changes between the past rules and current ones are as follows:
 - “Major pet shop” has been replaced with “pet shops that sell dogs” to be more clear, as the “major” and “minor” pet shop distinctions were not brought back into local code in this draft.
 - “The date of the animal’s birth” has been replaced with “The dog’s age and date of birth” to match this requirement in state code.
 - For a simpler reading, the requirement to provide a list of vaccinations, record of any known disease/illness/condition, and record of any veterinary treatment/medication has been separated out into different subsections.
 - The “illness or condition with which the dog is or has been afflicted at the time of sale” was changed to “illness or condition with which the dog is or has been afflicted at any point while in possession of the pet shop” to clarify confusion about whether the pet shop needs to disclose any illness the dog has *ever had* at the time of sale or only illnesses that *currently exist in the dog* at the time of sale.
 - A “Disclosure that the dog has been microchipped” was added to match this new requirement in state law.



- Remove the prohibition on sale of dogs but keep the prohibition on the sale of cats, as well as separate the requirements for host pet shops to host dogs and/or cats from a municipal animal shelter or rescue organization into a different BMC section to remove confusion.
 - *Reasoning:* This provision becomes unenforceable as to dogs due to state preemption. However, the sponsors still wish to encourage pet shops to use their spaces to house animals from shelters/rescue organizations. The sponsors suggested putting requirements for the display of shelter/rescue dogs and cats in a different section now that the sale of dogs is permissible. Requirements about not having an ownership interest in any of the rescue/shelter animal's dogs would have been confusing if left in the same section as the prohibition on only the sale of cats.
- Institute a new fee for obtaining a commercial animal establishment in order to sell dogs, which would be \$750, as well as distinguish the fees for a "pet shop that does not sell dogs" from a "pet shop that sells dogs".
 - *Reasoning:* The fee would increase from \$500, which was the price prior to Ordinance 21-45. The reason for this would be to adjust for the AC&C staff time needed to conduct inspections and enforce the applicable BMC provisions. The new fee amount comes on the advice of the AC&C Director.
 - In addition, in order to avoid needing to define "pet shop that sells dogs" throughout the ordinance (as the sponsors hoped to avoid), this chart clearly differentiates between the permits associated with a "pet shop that does not sell dogs" and a "pet shop that sells dogs" to be more clear.
- Delete the \$0 fee for private or nonprofit "nonmunicipal animal shelter/sanctuary" listed in 7.54.030(a) and instead insert the words "nonmunicipal animal shelter/sanctuary" in the next subsection that lists the exceptions to the fee requirement, in order to list the fee exceptions in the same place.
- Clarify the penalties for violations of 7.16.070 (re: the continued prohibition on sale of cats) would only be for unauthorized sales of cats, not cats and dogs.
- Institute a uniform penalty for fines that are "double" or "triple" the permit fee specifically for permits that cost \$0.
 - *Reasoning:* Currently, any of those fines that cost "double" or "triple" the permit fee would cost \$0 for violations where the permit-holder paid \$0 for their permit. This change comes at the request of the AC&C Director.



City of Bloomington Indiana

City Hall | 401 N. Morton St. | Post Office Box 100 | Bloomington, Indiana 47402

Office of the Common Council | (812) 349-3409 | Fax: (812) 349-3570 | email: council@bloomington.in.gov

Fiscal Impact

AC&C Director Sauder confirmed that the proposed cost of the permits for pet shops that sell dogs (\$750) is based on the estimated administrative costs that it will take to implement and enforce the provisions of the BMC related to the sale of dogs, including but not limited to staff time conducting routine inspections, following up with complaints, gathering paperwork, and fuel costs.

Contact

Councilmembers Isabel Piedmont-Smith, Dave Rollo, and the Office of the Common Council, 812-349-3409, council@bloomington.in.gov

Virgil Sauder, Animal Care & Control Director, 812-349-3492, sauderv@bloomington.in.gov

ORDINANCE 2024-14

**TO AMEND TITLE 7 OF THE BLOOMINGTON MUNICIPAL CODE ENTITLED
“ANIMALS”**

– Re: Amending Chapter 7.16 (Commercial Animal Establishment Permits); Chapter 7.54 (Fees); and Chapter 7.56 (Enforcement Procedure)

WHEREAS, Title 7 of the Bloomington Municipal Code (“BMC”) sets forth provisions regarding the care and control of animals through the Animal Care and Control Department for the City of Bloomington (City); and

WHEREAS, House Enrolled Act (HEA) 1412 was passed by the Indiana General Assembly and then signed by Indiana Governor Holcomb on March 4, 2024;

WHEREAS, HEA 1412 adds a new section to Indiana Code (I.C. 15-21-6-2) that expressly preempts local units of government from prohibiting retail pet stores from selling dogs acquired from specific types of dog breeders and dog brokers; and

WHEREAS, any ordinance prohibiting retail sales of dogs under these terms will become void and unenforceable when HEA 1412 goes into effect, on July 1, 2024;

WHEREAS, the City of Bloomington Common Council passed Ordinance 21-45 on December 1, 2021, and it was signed by the Mayor on December 3, 2021; and

WHEREAS, Ordinance 21-45 prohibits the retail sale of both dogs and cats within City limits; and

WHEREAS, pursuant to HEA 1412, portions of Ordinance 21-45 will become void and unenforceable on July 1, 2024; and

WHEREAS, this ordinance updates the Bloomington Municipal Code in conformity with the mandates of state law;

WHEREAS, HEA 1412 does not prohibit local units from adopting an ordinance or regulating a retail pet store for inspections, business licenses, or other applicable local ordinances, as long as the ordinances do not outright prohibit the sale of dogs; and

WHEREAS, the issues presented by Ordinance 21-45 still exist, and in bringing back the ability for retail stores to sell dogs, the City still wishes to regulate all that is permissible under state law, including a continued prohibition on the sale of cats; and

WHEREAS, in conformity with the mandates of HEA 1412, this ordinance reinstates the consumer protection requirements that were previously included in the Bloomington Municipal Code before their repeal by Ordinance 21-45 and updates these requirements in conformity with state code; and

WHEREAS, this ordinance institutes a new fee to obtain a commercial animal establishment permit to sell dogs, in accordance with the additional city staff time that will be required to conduct inspections and enforce applicable provisions of the Bloomington Municipal Code; and

WHEREAS, this ordinance clarifies the existing requirements to display dogs and cats from a shelter or rescue organization now that the sale of dogs will be allowed within the City subject to a permitting process; and

WHEREAS, this ordinance also institutes a uniform fine for offense violations for which the permit is free because currently such offenses correspond with fines that amount to \$0;

WHEREAS, the Animal Care and Control Commission supported passage of this ordinance at its meeting on May 13, 2024;

NOW, THEREFORE, BE IT HEREBY ORDAINED BY THE COMMON COUNCIL OF THE CITY OF BLOOMINGTON, MONROE COUNTY THAT:

Section 1. Title 7 (“Animals”) of the Bloomington Municipal Code (BMC) shall be amended by adding a new Section 7.16.015 “Applicability of state laws.” to state as follows:

7.16.015 - Applicability of state laws.

Every commercial animal establishment and nonmunicipal animal shelter/sanctuary that obtains a commercial animal establishment permit shall be subject to the state laws concerning animals as set out in Title 15 of the Indiana Code.

Section 2. BMC Section 7.16.040, entitled “Standards for commercial animal establishments”, shall be amended by inserting a new subsection (f) and renumbering subsequent subsections as follows:

(f) If it is a pet shop that sells dogs, post the name and address of the breeder of all dogs for sale on the dog’s kennel;

Section 3. Title 7 (“Animals”) of the BMC shall be amended by adding a new Section 7.16.045 “Consumer protection requirements” to state as follows:

7.16.045 - Consumer protection requirements.

- (a) This section applies to the sale of dogs by pet shop permit holders.
- (b) Pet shops that sell dogs shall provide a purchaser of a dog with a health record for the animal at the time of sale. The health record shall include the following:
 - (1) The dog’s breed. If the breed is unknown or mixed, the health record shall so indicate. If the dog is advertised or represented as registerable, the following information shall be provided: the breeder’s name and address; the name and registration number of the dam and sire of the purchased dog’s litter; and the name and address of the pedigree registry organization where the dam and sire are registered. Providing registration papers, if available, shall meet this requirement;
 - (2) The dog’s age and date of birth;
 - (3) The dog’s sex, color, and markings;
 - (4) A list of all vaccinations administered, if known; the date and type of vaccinations and the name of the person, business, or entity who administered them, if known, up to the date of sale;
 - (5) A record of any known disease, illness, or condition with which the dog is or has been afflicted at any point while in possession of the pet shop;
 - (6) A record of any veterinary treatment or medication received by the dog;
 - (7) The date, dosage, and type of any anti-parasitic medicine, if known, that was administered;
 - (8) Disclosure that the dog has been microchipped; and
 - (9) The name, address, and signature of the pet shop permit holder’s representative.

Section 4. BMC Section 7.16.070 “Sale of dogs and cats by pet shops prohibited” shall be amended by removing the prohibition on the sale of dogs in the title of the section and in subsection (a) and by deleting all remaining subsections except subsection (e), which is to be relettered to subsection (b), such that the entire section now reads as follows:

Section 7.16.070 - Sale of cats by pet shops prohibited.

- (a) No pet shop shall sell cats or offer cats for sale.
- (b) Each sale or offer for sale made in violation of subsection (a) of this section shall constitute a separate violation subject to the penalties set forth under Chapter 7.56.

Section 5. Title 7 (“Animals”) of the BMC shall be amended by adding a new Section 7.16.080 “Display of shelter or rescue dogs and cats by host pet shops.” to state as follows:

Section 7.16.080 - Display of shelter or rescue dogs and cats by host pet shops.

- (a) A pet shop, offering space to a municipal animal shelter or to an animal rescue organization, as defined in Section 7.01.010, may display the animal shelter’s or rescue organization’s dogs and cats for adoption.
- (b) No part of any fees associated with the display or adoption of dogs or cats from a municipal animal shelter or animal rescue organization, including but not limited to adoption fees or fees for the provision of space, shall be paid to the host pet shop or to any legal entity affiliated with or under common ownership with the host pet shop.
- (c) The host pet shop shall not have any ownership interest in any of the dogs or cats from a municipal animal shelter or animal rescue organization displayed for adoption.

Section 6. BMC Section 7.54.030, entitled “Commercial animal establishment permit fees”, is amended by adding the words “that does not sell dogs” to the sixth commercial animal establishment permit listed, deleting the last commercial animal establishment permit “for each nonmunicipal animal shelter/sanctuary,” and adding a new commercial animal establishment permit “for each pet shop that sells dogs” and corresponding permit fee to the table contained in subsection (a):

| | |
|---|----------|
| (6) For each pet shop that does not sell dogs | \$250.00 |
| (7) For each pet shop that sells dogs | \$750.00 |

Section 7. BMC Section 7.54.030, entitled “Commercial animal establishment permit fees” is amended by inserting, within subsection (b), the words “nonmunicipal animal shelter/sanctuary,” after the words “municipal animal shelter” such that it reads as follows:

- (b) No fee shall be required of any municipal animal shelter, nonmunicipal animal shelter/sanctuary, research laboratory, or government-operated zoological park.

Section 8. BMC Section 7.56.030, entitled “Penalties”, is amended by removing references to “sale of dog” in the violation table contained in subsection (b), such that the following violation now reads as follows:

| | |
|--|----------|
| Sale of cat by pet shop in violation of Section 7.16.070 | \$500.00 |
|--|----------|

Section 9. BMC Section 7.56.030, entitled “Penalties”, is amended by adding a new subsection (c), and renumbering subsequent subsections, with the new subsection to read as follows:

- (c) For any of the above-described offenses in which the fine is double or triple the applicable permit fee, and for which the applicable permit fee is \$0, the fine for the first of any such offense shall be \$50. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense.

Section 10. If any section, sentence or provision of this ordinance, or application thereof to any person or circumstances shall be declared invalid, such invalidity shall not affect any of the other sections, sentences, provisions or application of this ordinance which can be given effect without the invalid provision or application, and to this end the provisions of this ordinance are declared to be severable.

Section 11. This ordinance shall be in full force and effect from and after its passage by the Common Council and approval by the Mayor.

PASSED AND ADOPTED by the Common Council of the City of Bloomington, Monroe County, Indiana, upon this _____ day of _____, 2024.

ISABEL PIEDMONT-SMITH, President
Bloomington Common Council

ATTEST:

NICOLE BOLDEN, Clerk
City of Bloomington

PRESENTED by me to the Mayor of the City of Bloomington, Monroe County, Indiana, upon this _____ day of _____, 2024.

NICOLE BOLDEN, Clerk,
City of Bloomington

SIGNED and APPROVED by me upon this _____ day of _____, 2024.

KERRY THOMSON, Mayor
City of Bloomington

SYNOPSIS

This ordinance is sponsored by Councilmembers Piedmont-Smith and Rollo. It comes in the wake of action by the Indiana General Assembly, which has preempted local units from prohibiting the sale of dogs by retail pet shops through passage of House Enrolled Act 1412, which will go into effect July 1, 2024. This ordinance reinstates the requirements, present in the Bloomington Municipal Code before passage of Ordinance 21-45, with which pet shops must comply in order to sell dogs. This ordinance updates those requirements in conformity with the newly-enacted state code. It also clarifies the continued prohibition on the sale of cats and the requirements for the display of shelter or rescue animals by host pet shops; institutes a new permit fee for pet shops that wish to sell dogs; and clarifies the penalties for violations of Title 7, including instituting a uniform penalty for violations in which the permit is free or costs \$0.

To: Members of the Common Council
Mayor Kerry Thomson

From: Isabel Piedmont-Smith, Council Member for District 1

Date: May 31, 2024

Subj: Ordinance 2024-14, To Amend Title 7 of the Bloomington Municipal Code Entitled
“Animals”

In September 2020, a group of local animal advocates reached out to some Common Council Members to encourage the Council to adopt what they called a humane pet shop ordinance, which would ban the sale of dogs by local pet shops. Their motivation was to reduce the demand for animals from puppy mills, breeding operations where conditions are documented to be inhumane. Their work was supported by the Humane Society of the United States, Indiana Chapter, and after further discussion, both the local and the state groups of advocates encouraged the inclusion of kittens/cats in the proposed ban as well, since many of these animals are also raised in inhumane conditions.

During 2021, a second motivation arose among supporters (and myself) for passage of the humane pet shop ordinance. Our local and regional animal shelters and animal rescue organizations have more dogs and cats available for adoption than the number of people who want to adopt them. Removing the pet store option to obtain dogs and cats would make it more likely that people would turn to an animal shelter or rescue organization to adopt a pet. Council Members Susan Sandberg, Dave Rollo, and I decided to co-sponsor the legislation. After much conversation with local advocates, review by the Animal Care and Control Commission, outreach to local pet shops, and significant public comment, the Council adopted Ordinance 21-45 on December 1, 2021, and it was signed by Mayor Hamilton two days later. The ban on the sale of dogs and cats went into effect on January 1, 2023.

Unfortunately, in March 2024 the Indiana General Assembly passed House Enrolled Act (HEA) 1412, “Canine standard of care,” which was signed by Governor Holcomb on March 4, 2024. This bill pre-empted Bloomington’s local ban on the sale of dogs. Although the legislation purportedly protects the welfare of dogs through pet store registration with the board of animal health and inspection by that entity, the board of animal health did not receive any additional staff or funding to follow through with enforcement. Regardless, this state legislation necessitates a change in the Bloomington Municipal Code regarding the sale of dogs. (The legislation does not address cats.)

I have worked with Deputy City Council Attorney/Administrator Ash Kulak and Animal Care and Control Director Virgil Sauder on Ordinance 2024-14, and it has been discussed twice by the Animal Care and Control Commission, which approved the draft legislation on May 13. In addition to repealing our local ban on the sale of dogs, Ordinance 2024-14 restores and

enhances BMC 7.16.045 “Consumer Protection Requirements” to identify the dog’s breeder and the breeder’s state registration, detail the health records of the animal, ensure microchipping of the animal, and meet other requirements as outlined in HEA 1412. The ordinance also instates a higher local permitting fee for pet shops that sell dogs (\$750) as compared with those that do not sell dogs (\$250) due to the increased city staff time involved in ensuring that the Consumer Protection Requirements are met. Other sections of the ordinance clarify existing rules and refer to the recently adopted changes to the state’s regulations (Title 15 of Indiana Code).

To provide further context for the concerns that led to the initial ban on dog sales, and that continue to underly the strict guidelines in BMC Title 7, I include a few paragraphs from the Common Council staff memo from the council packet for the Dec. 1, 2021 meeting below. If you have any questions, please feel free to reach out to me. I hope you will vote in favor of Ordinance 2024-14 to continue to protect, as best we can, the welfare of domestic animals in our community.

* * * *

Ordinance 21-45 proposes to prohibit the sale of dogs and cats by pet shops because prohibiting the retail sale of dogs and cats is likely to decrease the demand for dogs and cats bred in puppy and kitten mills.¹ Decreasing demand is one component of reducing or eliminating puppy/kitten mills altogether.

A puppy/kitten mill is a commercial breeding facility that ignores the needs of parent animals and their progeny in favor of high-volume births in order to generate maximum profit.² The abuses endemic to puppy/kitten mills are well-documented.³ Further, it is widely accepted that poor care of the parent animals contributes to poor health and behavior problems in the offspring.⁴

The Humane Society of the United States estimates that there are 10,000 active puppy mills in the United States with approximately 500,000 dogs kept solely for breeding purposes, and that 2.6 million puppies originating from a puppy mill are sold each year. The majority of dogs sold in pet stores in the United States are from puppy mills.⁵

The Animal Welfare Act passed by Congress in 1966 is the only federal law regulating the standard of care for animals bred for commercial resale. Pursuant to the Act, any person who is an animal dealer must have a USDA license. A dealer is defined as any person who buys and sells any dog for use as a pet, research or teaching subject, or sells dogs wholesale for hunting,

¹ Humane Society of the United States; Internal Audit of the Animal and Plant Health Inspection Service, *Animal and Plant Health Inspection Service Animal Care Program Inspections of Problematic Dealers*

² PAWS, <https://www.paws.org/resources/puppy-mills/>; The Humane Society of the United States, <https://www.humanesociety.org/>;

³ The Humane Society of the United States

⁴ The Humane Society of the United States

⁵ The Humane Society of the United States

security, or breeding. However, retail pet stores are not considered dealers, unless they sell dogs to research facilities, exhibitors, or other pet stores.⁶

The Animal Welfare Act is enforced by the Animal and Plant Health Inspection Services (APHIS). There are currently 120 inspectors nationwide who are experts in animal care and husbandry and have received formal training in animal related fields. These inspectors are responsible for performing pre-licensing inspections, unannounced compliance inspections, and follow-up inspections after public complaints. Loopholes and inefficiencies in the Act in addition to funding and staffing shortages make it a relatively ineffective tool for regulating puppy/kitten mills.⁷

Indiana has anti-cruelty laws intended to prevent neglect and mistreatment of dogs. These laws apply to commercial breeders and commercial dog brokers. However, there is no requirement that commercial breeders or commercial dog brokers submit to inspections. Without a mechanism for regular inspection, it is all but impossible to ensure compliance with any requirement or standard.

Federal and state regulations set forth minimum standards for survival, but not for humane care. These minimal standards of care, the lack of commercial breeding facility inspections, and low accountability for noncompliance contribute to the poor care received by animals that are kept, bred, and sold in puppy/kitten mills where parent animals live the entirety of their lives in cage without the opportunity for socialization with other animals, tender care from humans, and/or proper veterinary care.⁸

⁶ Animal and Plant Health Inspection Service, https://www.aphis.usda.gov/animal_welfare/downloads/breeders/commercial-dog-introduction-aphis-animal-care-and-regulatory-process-slides.pdf

⁷ Internal Audit of the Animal and Plant Health Inspection Service, *Animal and Plant Health Inspection Service Animal Care Program Inspections of Problematic Dealers*

⁸ The Humane Society of the United States, PAWS

Amendments to the Bloomington Municipal Code Title 7
proposed by Ordinance 2024-14 in context.
(Additions are shown in **Bold**, deletions are shown in ~~strikeout~~)

Sections 1, 2, 3, 4, 5, 6, 7, 8, and 9 of Ordinance 2024-14

Section 1 of Ordinance 2024-14

7.16.015 - Applicability of state laws.

Every commercial animal establishment and nonmunicipal animal shelter/sanctuary that obtains a commercial animal establishment permit shall be subject to the state laws concerning animals as set out in Title 15 of the Indiana Code.

Section 2 of Ordinance 2024-14

7.16.040 - Standards for commercial animal establishments.

In order to be eligible to obtain a permit, a commercial animal establishment must:

- (a) Be operated in such a manner as not to constitute a nuisance;
- (b) Provide an isolation area for animals which are sick or diseased to be sufficiently removed so as not to endanger the health of other animals;
- (c) Keep all animals caged, within a secure enclosure or under the control of the owner/guardian or operator at all times;
- (d) With respect to all animals kept on the premises, comply with all of the provisions of Chapter 7.36, animal care, of this title providing for the general care of animals;
- (e) Not sell dogs and/or cats which are unweaned, less than eight weeks of age, or obviously diseased;
- (f) If it is a pet shop that sells dogs, post the name and address of the breeder of all dogs for sale on the dog's kennel;**
- ~~(g)~~ **(g)** If it is a pet shop, keep records of the name, address and telephone number of the breeder and seller of each animal for a period of two years after the date the animal is sold and make those records available for inspection by the City of Bloomington Animal Care and Control Department-;
- ~~(g)~~ **(h)** Recommend that any animal sold, transferred or given away be examined by a licensed veterinarian within one week of the date of transfer and notify the new owner/guardian of state requirements for rabies vaccinations-; **and**
- ~~(h)~~ **(i)** Be in compliance with all zoning laws.

Section 3 of Ordinance 2024-14

7.16.045 - ~~Reserved.~~ Consumer protection requirements.

- (a) This section applies to the sale of dogs by pet shop permit holders.
- (b) Pet shops that sell dogs shall provide a purchaser of a dog with a health record for the animal at the time of sale. The health record shall include the following:
 - (1) The dog's breed. If the breed is unknown or mixed, the health record shall so indicate. If the dog is advertised or represented as registerable, the following information shall be provided: the breeder's name and address; the name and registration number of the dam and sire of the purchased dog's litter; and the name and address of the pedigree registry organization where the dam and sire are registered. Providing registration papers, if available, shall meet this requirement;
 - (2) The dog's age and date of birth;
 - (3) The dog's sex, color, and markings;
 - (4) A list of all vaccinations administered, if known; the date and type of vaccinations and the name of the person, business, or entity who administered them, if known, up to the date of sale;
 - (5) A record of any known disease, illness, or condition with which the dog is or has been afflicted at any point while in possession of the pet shop;
 - (6) A record of any veterinary treatment or medication received by the dog;
 - (7) The date, dosage, and type of any anti-parasitic medicine, if known, that was administered;
 - (8) Disclosure that the dog has been microchipped; and
 - (9) The name, address, and signature of the pet shop permit holder's representative.

Section 4 of Ordinance 2024-14

7.16.070 - Sale of ~~dogs and~~ cats by pet shops prohibited.

- (a) No pet shop shall sell **cats** or offer **cats** for sale ~~a dog or a cat~~.
- ~~(b) This section shall not prohibit a pet shop from offering space to a municipal animal shelter or to an animal rescue organization, as defined in Section 7.01.010, to display dogs and cats for adoption.~~
- ~~(c) No part of any fees associated with the display or adoption of dogs or cats, including but not limited to adoption fees or fees for the provision of space, shall be paid to the host pet shop or to any legal entity affiliated with or under common ownership with the host pet shop.~~
- ~~(d) The host pet shop shall not have any ownership interest in any of the dogs or cats displayed for adoption.~~
- ~~(e)~~ (b) Each sale or offer for sale made in violation of subsection (a) of this section shall constitute a separate violation subject to the penalties set forth under Chapter 7.56.

Section 5 of Ordinance 2024-14

7.16.080 - Display of shelter or rescue dogs and cats by host pet shops.

- (a) **A pet shop, offering space to a municipal animal shelter or to an animal rescue organization, as defined in Section 7.01.010, may display the animal shelter's or rescue organization's dogs and cats for adoption.**
- (b) **No part of any fees associated with the display or adoption of dogs or cats from a municipal animal shelter or animal rescue organization, including but not limited to adoption fees or fees for the provision of space, shall be paid to the host pet shop or to any legal entity affiliated with or under common ownership with the host pet shop.**
- (c) **The host pet shop shall not have any ownership interest in any of the dogs or cats from a municipal animal shelter or animal rescue organization displayed for adoption.**

Sections 6 & 7 of Ordinance 2024-14

7.54.030 - Commercial animal establishment permit fees.

- (a) Fees for commercial animal establishment permits shall be as follows:

| | |
|---|--|
| (1) For each riding school or stable | \$100.00 |
| (2) For each auction | \$500.00 |
| (3) For each zoological park | \$500.00 |
| (4) For each circus or animal exhibition—transient | \$1,000.00 per day |
| (5) For each animal exhibition—permanent | \$500.00 per year |
| (6) For each pet shop that does not sell dogs | \$250.00 |
| (7) For each pet shop that sells dogs | \$750.00 |
| (7) For each nonmunicipal animal shelter/sanctuary | \$0.00 private/\$0.00 nonprofit |

(b) No fee shall be required of any municipal animal shelter, **nonmunicipal animal shelter/sanctuary**, research laboratory, or government-operated zoological park.

Sections 8 & 9 of Ordinance 2024-14

7.56.030 - Penalties.

(a) Any first offense violation that is subject to Chapter 7.56 shall be subject to a civil penalty of not more than \$2,500.00 for each such violation for a first violation, and any second or subsequent violation that is subject to Chapter 7.56 shall be subject to a civil penalty of not more than \$7,500.00 for each such second or subsequent violation. These financial penalties are in addition to any and all other remedies available to the city, except where a lesser fine is specified herein.

(b) The following violations of this title shall be subject to the fines listed in the below table.

| | |
|---|--|
| Falsification of Application for a Commercial Animal Establishment Permit | Triple the applicable permit fee for first offense. Second and subsequent offenses within twelve consecutive months of the first offense shall be double the fine associated with the most recent offense. |
| Commercial Animal Establishment's Violation of Animal Care Standards in Section 7.16.040 | Triple the applicable permit fee for first offense. Second and subsequent offenses within twelve consecutive months of the first offense shall be double the fine associated with the most recent offense. |
| Commercial Animal Establishment's Violation of Chapter 7.16 | Double the applicable permit fee for first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Operation of a Commercial Animal Establishment without a Permit | \$2,500.00 for the first offense. \$5,000.00 for a second offense in a two year period. \$7,500.00 for a third and all subsequent offenses in a two year period. |
| Falsification of Application for a Kennel Permit | Triple the applicable permit fee for first offense. Second and subsequent offenses within twelve consecutive months of the first offense shall be double the fine associated with the most recent offense. |
| Kennel Permittee's Violation of Animal Care Standards in Section 7.21.040; 7.21.050; or 7.21.057. | Triple the applicable permit fee for first offense. Second and subsequent offenses within twelve consecutive months of the first offense shall be double the fine associated with the most recent offense. |

| | |
|---|---|
| Kennel Permittee's Violation of Chapter 7.21 | Double the applicable permit fee for first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Operation of a Kennel without a Permit | \$2,500.00 for the first offense. \$5,000.00 for a second offense in a two year period. \$7,500.00 for a third and all subsequent offenses in a two year period. |
| Falsification of Application for a Breeder Permit | Triple the applicable permit fee for first offense. Second and subsequent offenses shall be double the fine associated with the most recent offense. |
| Breeder Permittee's Violation of Consumer Protection Requirements in Section 7.22.035 | Double the applicable permit fee for first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Breeder Permittee's Violation of Chapter 7.22 | Double the applicable permit fee for first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Breeding without a Permit | Double the applicable permit fee for first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to Restrain an Altered Animal | \$20.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to Restrain an Unaltered Animal | \$100.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense, unless the owner has the animal altered, in which case the fine shall be that which is associated with restraint on an altered animal. |
| Allowing an animal to be a public nuisance | \$50.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Giving animals as prizes | \$100.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |

| | |
|---|--|
| Poisoning animals | \$2,500.00 for the first offense. \$5,000.00 for a second offense in a two-year period. \$7,500.00 for a third and all subsequent offenses in a two-year period. |
| Cruelty, abuse or neglect of an animal resulting in serious injury or death to the animal | \$2,500.00 for the first offense. \$5,000.00 for a second offense in a two-year period. \$7,500.00 for a third and all subsequent offenses in a two-year period. |
| Torturing, beating, mutilating or neglecting an animal which result in injury or pain to the animal | \$1,500.00 for the first offense. \$3,000.00 for a second offense in a two-year period. \$6,000.00 for a third offense in a two-year period. \$7,500.00 for a fourth and all subsequent offenses in a two-year period. |
| Failure to report hitting a dog or cat with a motor vehicle | \$50.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Using a device to induce an animal to perform | \$2,500.00 for the first offense. \$5,000.00 for a second offense in a two-year period. \$7,500.00 for a third and all subsequent offenses in a two-year period. |
| Violations of General Animal Care Standards in Section 7.36.050 | \$50.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Violations of Provisions for Animals Used to Draw Vehicles in Section 7.36.060 | \$50.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Abandonment of Animal | \$2,500.00 for the first offense. \$5,000.00 for a second offense in a two-year period. \$7,500.00 for a third and all subsequent offenses in a two-year period. |
| Wild Animal Violations in Chapter 7.40 | \$500.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Reptile Violations in Chapter 7.40 | \$50.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |

| | |
|---|--|
| Failure to Vaccinate an Animal Against Rabies | \$200.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to Quarantine an Animal in Accordance with Section 7.44.020 | \$200.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to restrain a female in heat | \$100.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to restrain a potentially dangerous or vicious animal. | \$100.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to post warning signs for a potentially dangerous or vicious animal. | \$50.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to notify City of Bloomington Animal Care and Control Department of a change in status for a potentially dangerous or vicious animal. | \$50.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to prevent potentially dangerous or vicious animal from breeding. | \$100.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to alter potentially dangerous or vicious animal in accordance with this Title. | \$100.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Failure to comply with a provision of Chapter 7.26 not specifically addressed in this Table. | \$100.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |

| | |
|---|--|
| Failure to comply with an Order of the Animal Control Commission. | \$100.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Habitual offender. | \$200.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |
| Sale of dog or cat by pet shop in violation of Section 7.16.070. | \$500.00 |
| Deer feeding violations in Chapter 7.40 | \$50.00 for the first offense. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense. |

(c) For any of the above-described offenses in which the fine is double or triple the applicable permit fee, and for which the applicable permit fee is \$0, the fine for the first of any such offense shall be \$50. Second and subsequent offenses within twelve months of the first offense shall be double the fine associated with the most recent offense.

~~(e)~~ **(d)** Any of the above-described fines can be waived at the discretion of the director of the animal care and control department, or their designees, or by the city's legal department.



MEMO FROM COUNCIL OFFICE:

To: Members of the Common Council

From: Stephen Lucas, Administrator/Attorney for Common Council

Date: June 7, 2024

Re: Resolution 2024-13 – Authorizing the Allocation of the Jack Hopkins Social Services Program Funds for the Year 2024 and Related Matters

Synopsis

This resolution brings forward the recommendations of the 2024 Jack Hopkins Social Services Committee. The principal task of the Committee is to recommend funding for local social services agency proposals that best meet Program criteria and best meet the needs of the community. This resolution allocates a total of \$359,996.38 to 30 different agency programs. The resolution also: approves the funding agreements with these agencies; accepts the report of the Committee; and authorizes the Chair of the Committee to resolve any questions regarding the interpretation of the agreements.

Relevant Materials

- Resolution 2024-13
- 2024 Report from the Jack Hopkins Social Services Funding Committee
 - 2024 Solicitation Letter, Application, and Funding Agreement Template
 - Elaboration of Criteria
 - Table of Committee Recommended Allocations

Summary

This is the 32nd year of the Jack Hopkins Social Services Funding Program, named after former Councilmember, Jack Hopkins. The Jack Hopkins Social Services Funding Program Committee is a standing committee of the Common Council pursuant to Bloomington Municipal Code [2.04.210](#) with the principal task of making funding recommendations to the Common Council regarding the use of discretionary grant funding for social service agencies.

Each year, the demand for funds exceeds supply, and each year, the Committee works hard to develop a fair and responsive process, one sensitive to local need, and one intended to foster responsible fiscal stewardship. This year, the Committee had \$350,000 in budgeted funds to distribute. An additional \$9,996.38 is available through past unused program funds. The administration has indicated it is willing to propose an additional appropriation ordinance later this year to make use of these funds, if necessary.



City of Bloomington Indiana

City Hall | 401 N. Morton St. | Post Office Box 100 | Bloomington, Indiana 47402

Office of the Common Council | (812) 349-3409 | Fax: (812) 349-3570 | email: council@bloomington.in.gov

Resolution 2024-13 implements the recommendations of the 2024 Jack Hopkins Social Services Committee. Specifically, the legislation:

- Allocates \$359,996.38 in grant funds to 30 agency programs;
- Approves the Funding Agreements with these agencies and delegates to the Committee Chair the task of resolving any questions regarding their implementation; and
- Approves the Report of the Jack Hopkins Social Services Committee.

Contact

Isak Nti Asare, isak.asare@bloomington.in.gov, (812) 349-3409

Office of the Common Council, council@bloomington.in.gov, (812) 349-3409

RESOLUTION 2024-13

AUTHORIZING THE ALLOCATION OF THE JACK HOPKINS SOCIAL SERVICES PROGRAM FUNDS FOR THE YEAR 2024 AND RELATED MATTERS

- WHEREAS, the Common Council established the Social Services Funding Committee (Committee) in 1993 to make recommendations to the entire Common Council and Mayor regarding the allocation of discretionary social services funds and, in 2002, named the program in the honor of Jack Hopkins, who was instrumental as a Council member in the establishment of this funding program; and
- WHEREAS, pursuant to Resolution 02-16, as amended by Resolution 13-07, Resolution 16-06, Resolution 20-09, and Resolution 21-01, the Committee serves as a standing committee of the Council with four members from the Council assigned by the President of the Council and with three City residents (appointed by the Committee Chair) with experience in social services; and
- WHEREAS, this year the Committee includes Council members Isak Nti Asare (Chair), Courtney Daily, Hopi Stosberg, and Andy Ruff, along with City residents Nordia McNish, Camryn Greer, and Eddy Riou; and
- WHEREAS, this year, the Committee had \$350,000.00 in budgeted funds to distribute; and
- WHEREAS, an additional \$9,996.38 is available through past unused monies in the Jack Hopkins non-reverting fund and the Administration has indicated that it will propose an appropriation ordinance for the same, if necessary; and
- WHEREAS, the Committee held an Organizational Meeting on February 29, 2024 to establish the program procedures for the year; and
- WHEREAS, at that time, the Committee affirmed its policies that set forth and elaborated upon the following criteria for making recommendations:
1. The program should address an identified priority for social services funds (as indicated in the *Service Community Assessment of Needs (SCAN)*, the City of Bloomington Housing and Neighborhood Development Department's *Consolidated Plan*, or any other community-wide survey of social service needs); and
 2. The funds should provide an investment that, through matching funds or other fiscal leveraging, makes a significant contribution to the program; and
 3. This investment in the program should lead to broad and long lasting benefits to the community; and
- WHEREAS, this affirmation included a 2012 change that allowed agencies to submit a second application as part of a collaborative project with one or more other agencies and also included an opportunity made available since 2016 for agencies to submit requests for operational funding; and
- WHEREAS, by the application deadline at 4:00 p.m. on April 01, 2024, the Committee received 39 applications seeking approximately \$649,067.36 in funding; and
- WHEREAS, on April 16, 2024 the Committee met to discuss the applications, decided to hear from 37 applicants, and raised questions to be addressed by the applicants at the presentation hearing, which was held on April 23, 2024; and
- WHEREAS, after receiving agency responses to the Committee's questions and hearing the presentations, the members of the Committee evaluated proposals and assigned each proposal a recommended allocation; and
- WHEREAS, on May 09, 2024, the Committee met for a Pre-Allocation Meeting and adopted a preliminary recommendation to fund 30 applications, and these recommendations were adopted by the Committee at its Allocation Hearing on May 14, 2024; and
- WHEREAS, all the foregoing meetings were open to the public to attend, observe and record what transpired, and a period of public comment was offered before a vote on the recommendations was taken; and
- WHEREAS, funding agreements have or will be executed by the 30 agencies recommended to receive funds, and those agencies understand and agree to abide by the terms of those agreements; and

WHEREAS, the staff of the HAND department will arrange for the disbursement of the grant funds pursuant to the funding agreements, which will be interpreted by the Chair of the Committee; and

NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE COMMON COUNCIL OF THE CITY OF BLOOMINGTON, MONROE COUNTY, INDIANA, THAT:

SECTION 1. The Common Council now allocates Three Hundred Fifty-Nine Thousand, Nine Hundred Ninety-Six Dollars and Thirty-Eight Cents (\$359,996.38) set aside for the Jack Hopkins Social Services Funding program to the following agencies for the following amounts and in accordance with the funding agreements approved in Section 2.

SECTION 2. The Council approves the funding agreements for these allocations, copies of which are kept in the Council Office and HAND department files, and directs the Office of the Controller to issue checks in the ordinary course of business to the agency once the staff of the Housing and Neighborhood Development Department submit a copy of the signed agreement and the appropriate purchase orders.

| | <u>Agency</u> | <u>Grant</u> | <u>Purpose</u> |
|-----|---|--------------|---|
| 1. | Alexandra's Army | \$2,000.00 | 2024 Technology Training & Upgrades - website editing/maintenance training and professional development, mobile app development, and purchase of chromebooks |
| 2. | All-Options | \$5,000.00 | Diaper Program - purchase of diapers, potty training supplies, menstrual hygiene support and supplies |
| 3. | Amethyst House, Inc. | \$19,165.00 | Residential upgrades - refurbishment or replacement of historic windows at Women's House |
| 4. | Beacon | \$31,617.81 | Program Essentials for People in Poverty - locker sets and locks, oven, refrigerator, mattresses, and chairs |
| 5. | Big Brothers Big Sisters of South Central Indiana | \$11,000.00 | Increase staffing - Elevating part-time staff member to full-time - 20 additional hours per week from May 1, 2024 to December 31, 2024 (35 weeks); health benefits; professional development training |
| 6. | Bloomington Cooperative Living | \$2,295.50 | Middle Earth Repairs - New electrical panel |
| 7. | Bloomington Meals on Wheels | \$5,500.00 | Medically-tailored meal kits - Costs for dietician to develop meal plans, recipes, and ingredient list; food; and delivery of food |
| 8. | Bloomington St. Vincent De Paul serving Monroe CO | \$30,000.00 | Housing Stability Program - Rental assistance (up to \$250/household) |
| 9. | Boys & Girls Clubs of Bloomington | \$15,755.00 | Safe Entrances and Exits - Replacement of exterior and interior doors and Ferguson Crestmont and Lincoln Street clubs |
| 10. | Cancer Support Community | \$4,500.00 | Financial Assistance for Cancer Patients - grocery cards, gas cards, cancer supplies (e.g., wig kits, chemo kits, hats, skin care items, etc.), and application processing expenses |
| 11. | Catholic Charities Bloomington | \$20,000.00 | Affordable therapy for low-income children and youth - Staffing costs, office rental |
| 12. | Community Justice & Mediation Center | \$21,890.00 | Eviction Prevention Project - staffing costs, equipment/technology costs (cell phones, software, etc.), indirect costs, and training and volunteer recruitment expenses |
| 13. | Community Kitchen | \$18,184.64 | Express Rebuild Equipment Replacement - a reach-in cooler, reach-in refrigerator, mobile hot food cabinet, and portable buffet |

| | <u>Agency</u> | <u>Grant</u> | <u>Purpose</u> |
|-----|--|--------------|---|
| 14. | Courage to Change Sober Living | \$5,000.00 | Wrap-Around Rental Program - rental scholarships and graduate scholarships (rental assistance for program participants) |
| 15. | Cry of the Children, Inc. | \$1,000.00 | Community Enrichment - Books, games, backpacks and supplies for youth; food and meal supplies for Annual Thanksgiving Meal |
| 16. | Dental Care Action Inc. | \$13,000.00 | Technology Improvements - computers, monitors, servers and related technology; installation costs; and air quality equipment |
| 17. | Hoosier Hills Food Bank | \$25,500.00 | Supplemental food purchasing |
| 18. | Indiana Recovery Alliance | \$20,000.00 | Linkage to Care Coordinator - salary for new position to provide case management to IRA participants - 20 hours/week at \$20/hr |
| 19. | Middle Way House | \$7,939.20 | New Wings Emergency Shelter Keypad Entry Locks - purchase and installation of 12 keypad entry locks |
| 20. | Monroe County Humane Association | \$4,308.75 | Accessible Veterinary Care for Low Income Families - flea/tick/heartworm prevention; medications; vaccinations; lab/diagnostic services; radiology/x-rays; medical exams; spay/neuter surgery; euthanasia |
| 21. | Monroe County United Ministries | \$21,000.00 | Facility Renovations - renovations at agency's administration/self-sufficiency center building (827 W. 14th Ct.) |
| 22. | Mother Hubbard's Cupboard | \$7,150.00 | Education and Youth Programming Support - workshop supplies and stipends; garden education supplies; tool share equipment and maintenance; kids' snacks; gravel for parking lot; summer interns via ILP program |
| 23. | New Hope for Families | \$17,500.00 | Early Learning Center Food Program - salary for Chef position for food program |
| 24. | New Leaf, New Life | \$4,423.48 | Reducing Recidivism: Reentry Case Management - salary expenses for case managers |
| 25. | Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky | \$7,500.00 | Safety-Net Sexual and Reproductive Health Services - contraception costs, HIV/STI services, cancer screenings, gender-affirming hormones, pregnancy tests |
| 26. | Refugee Support Network | \$4,000.00 | Newly-arriving Asylum Seeker/Refugee Family Transition Support - rent assistance, utility assistance, medical payment assistance, transportation, food assistance |
| 27. | South Central Community Action Program | \$12,500.00 | Youth Mental Health for Thriving Connections Families - mental health individual counseling; staffing and supply costs; grants for families; and youth coaching/enhancing partnerships/professional development |
| 28. | Special Olympics Indiana Monroe County | \$1,267.00 | Update and replace outdated sports equipment (e.g., bowling ramp, practice pinnies, basketballs, batons, bags, etc.) |
| 29. | Stone Belt Arc | \$6,000.00 | Job-A-Palooza - career fair for people of all ages and disabilities - venue, materials, marketing, decorations, food/drink for volunteers, participation incentives |
| 30. | Tandem | \$15,000.00 | Operational Scaling - salaries (director and office manager), rent, and utilities |

SECTION 3. The Council authorizes the Chair of the Jack Hopkins Social Services Funding Committee to resolve any questions regarding the implementation of the 2024 funding agreements.

SECTION 4. The Council also approves the *2024 Report* of this Standing Committee of the Common Council.

PASSED by the Common Council of the City of Bloomington, Monroe County, Indiana, upon this _____ day of _____, 2024.

ISABEL PIEDMONT-SMITH, President
Bloomington Common Council

ATTEST:

NICOLE BOLDEN, Clerk
City of Bloomington

PRESENTED by me to the Mayor of the City of Bloomington, Monroe County, Indiana, upon this _____ day of _____, 2024.

NICOLE BOLDEN, Clerk
City of Bloomington

SIGNED and APPROVED by me upon this _____ day of _____, 2024.

KERRY THOMSON, Mayor
City of Bloomington

SYNOPSIS

This resolution brings forward the recommendations of the 2024 Jack Hopkins Social Services Committee. The principal task of the Committee is to recommend funding for local social services agency proposals that best meet Program criteria and best meet the needs of the community. This resolution allocates a total of \$359,996.38 to 30 different agency programs. The resolution also: approves the funding agreements with these agencies; accepts the report of the Committee; and authorizes the Chair of the Committee to resolve any questions regarding the interpretation of the agreements.

City of Bloomington Common Council Jack Hopkins Social Services Committee

REPORT AND RECOMMENDATION ON:

RESOLUTION 2024-13 – Authorizing the Allocation of the Jack Hopkins Social Services Program Funds for the Year 2024 and Related Matters

Prologue: *The following description of the 2024 Jack Hopkins Social Services Program, along with the supporting documentation attached hereto, constitutes the Report of the 2024 Jack Hopkins Social Services Committee pursuant to Bloomington Municipal Code 2.04.230. The Report of the Committee is advisory in nature.*

This is the 32nd year of the Jack Hopkins Social Services Funding Program, named after former Councilmember Jack Hopkins. Since its inception in 1993 through 2023, the City has awarded over \$6.2 million under this program to serve the needs of our community's most vulnerable residents. Indeed, since the inception of this program, annual funding has increased dramatically: from \$90,000 in 1993 to \$350,000 available in 2024. Each year the demand for funds exceeds supply, and each year the Committee works hard to develop a fair and responsive process, one sensitive to local need and one intended to foster responsible fiscal stewardship. This year, the Committee received 39 applications for funding and recommends awarding grant funds to 30 agency programs.

Res 2024-13 implements the recommendations of the 2024 Jack Hopkins Committee. The legislation:

- Allocates \$359,996.38 in grant funds to 30 agency programs (\$350,000 appropriated for use in 2024 and \$9,996.38 in unspent funds from previous years);
- Approves the *Funding Agreements* with these agencies;
- Delegates questions regarding the interpretation of the *Funding Agreements* to the Chair of the Committee (Councilmember Asare);
- Approves the *Report* of the Jack Hopkins Committee (which includes this summary and the attached supporting documentation).

Committee Members

The Committee is a Standing Committee of the Council, pursuant to BMC 2.04.210. The 2024 Committee included four Council members and three members of the public with experience in social services. The non-Council members are appointed by the Committee Chair:

- Isak Nti Asare (Chair)
- Courtney Daily
- Hopi Stosberg
- Andy Ruff
- Nordia McNish
- Camryn Greer
- Eddy Riou

Housing and Neighborhood Development Department Staff

While Council staff coordinates the program prior to Council action, Anna Killion-Hanson and Cody Toothman of HAND provide critical insight and assistance throughout the process. Once Council approves the recommended allocations, Mr. Toothman executes reimbursement of funds to

agencies, monitors the grants, and otherwise advises agencies post-award.

The 2024 Hopkins Process

The following is a brief summary of the 2024 Hopkins process:

- **Organizational Meeting – 29 February 2024**

The Committee met to establish policies and procedures for the 2024 program. At this meeting the Committee:

- Received a status report of last year's grants from the HAND department;
- Reviewed and made some changes to the elaboration of criteria for evaluating and awarding grants, as follows:
 - More clearly stating that high priority is given to programs primarily serving city residents
 - Adding that high priority is given to programs providing services to historically marginalized populations or groups
 - Specifying that agencies may only submit claims for expenses incurred after adoption of the authorizing resolution for grant allocations
- Discussed other possible changes to criteria for future consideration;
 - Incorporation of a scoring rubric or matrix
 - Ways to improve transparency and to include a systematic equity review process;
- Approved solicitation materials; and
- Established a schedule for 2024.

- **Request for Applications Issued – 04 March 2024**

The Council Office sent a solicitation letter directly to social services agencies, posted the letter and grant application on the Committee's website, and issued a press release announcing the availability of the application.

- **Technical Assistance Meeting – 18 March 2024**

A voluntary Technical Assistance meeting was held on 18 March in order to explain the program to, and answer questions from, agency representatives. Approximately 17 individuals attended the meeting. Agencies were encouraged to contact the Council office with remaining questions.

- **Deadline for Applications – 01 April 2024, 4:00pm**

A total of 39 applications were submitted to the Council Office by the deadline requesting a total of \$649,067.36

- **Distribution of Packet of Applications – 12 April 2024**

The Council Office distributed summaries and application materials to committee members and staff.

- **Initial Review of Applications by the Committee – 16 April 2024**

The Committee met for an initial review of the applications. The Committee first announced any conflicts of interests before reviewing the applications. During its initial review, the Committee removed two applications from further consideration and developed questions to be answered by remaining agencies, which were shared with the agencies via email.

- **Agency Presentations – 23 April 2024**

Agency Presentations were held in a hybrid meeting format. A total of 36 agencies presented,

with each agency having an opportunity to speak for up to five minutes. Agencies were then able to answer any remaining questions posed by committee members

- **Individual Committee Member Recommendations – 08 May 2024**

Committee members submitted individual recommended allocations and comments to the Council Office. The Council Office averaged allocations and returned those averages, along with compiled comments, to the Committee in interest of its next meeting.

- **Pre-Allocation Meeting – 09 May 2024**

The Committee accepted conflict of interest disclosures from two members (Riou and McNish) and made preliminary recommendations for funding amounts to be considered at its Allocation hearing.

- **Allocation Hearing – 14 May 2024**

The Committee recommended funding for 30 agency applications for a total of \$359,996.38. The Committee offered an opportunity for public comment before voting on its recommendations at this meeting.

- **De-Briefing Meeting – 23 May 2024**

The Committee met to review the 2024 program – what worked well and what warrants change in 2025. The Committee explored several ideas, including:

- implementing a funding focus area for a given year’s funding cycle (e.g., focusing on housing service providers one year, focusing on healthcare providers the next year, etc.);
- awarding larger amounts to fewer agencies or continuing to award many partial awards to more agencies, and possibly separating out the grant process into two different tracks or pools of funding;
- utilizing a scoring rubric to encourage equity and transparency in decision making, as well as to aid in providing feedback to applicants;
- incorporating an equity review as part of the grant process, either through a scoring rubric or through some other mechanism;
- using agency presentations as an opportunity to hear only from those agencies from which the Committee needs more information rather than all applicants still under consideration;
- adding questions to the application to ask how agencies coordinate and work with each other and to ask more explicitly about the minimum amount of funding needed for a particular project to proceed.

The Committee left open the possibility of meeting again in 2024 or in early 2025 to better think through and implement the ideas noted above ahead of the 2025 funding cycle.

- **Council Action – 12 June 2024**

The Common Council will consider the *Resolution* approving recommendations and taking related actions regarding the program.

- **Technical Assistance Meeting for Grantees - Tuesday, 18 June 2024, 9:00 am**

The HAND department has scheduled a Technical Assistance meeting to inform funded agencies how to obtain reimbursements under the grant.

Criteria and Other Program Policies

Former Council member Jack Hopkins established three criteria for this program in 1993. The Committee has elaborated upon the criteria over the years by providing a policy statement, which was sent out with the funding solicitation as well as placed on the Jack Hopkins web page. Those criteria are briefly stated below:

- 1) The program should address an identified priority for social services funding (as indicated in the [Service Community Assessment of Needs \[SCAN\]](#), the City of Bloomington Housing and Neighborhood Development Department's [Consolidated Plan](#) or any other community-wide survey of social service needs);
- 2) The funds should provide a one-time investment that, through matching funds or other fiscal leveraging, makes a significant contribution to the program or operational funds; and
- 3) This investment in the program should lead to broad and long-lasting benefits to the community.

On Criteria: Continued Allowance for Operational Funds

As originally envisioned, Hopkins funds were intended to be a “one-time investment.” This one-time funding rule was intended to encourage innovation, address changing community needs, and to discourage dependency of an agency on Hopkins funding for its on-going operational needs. Over time, the Committee has established exceptions to the “one time funding” rule. Those exceptions allowed for requests for operating funds for a pilot project, to bridge the gap left by a loss of another funding source, and for collaborative projects.

For the last several years, the Committee has received increasing feedback from agencies calling for a broader allowance for operational requests. Agencies have opined that in the current economic climate, operational funds are the hardest to come by and that such funds are critical for non-profits' continued provision of essential services. In response, in 2016 the Committee voted to accept applications for operational funds that do not fit one of the aforementioned exceptions on a trial basis, which was continued each year since. In 2022, the Committee agreed to amend its criteria indefinitely to allow requests for operational funding and included the following proviso in its solicitation material:

Operational Expenses

Agencies seeking funding for operational expenses should be aware that future funding may be unavailable or inadequate to cover their needs and therefore they should not rely solely on Jack Hopkins Social Services Funding for their operational expenses. Any request for operational funding should be accompanied by a well-developed plan for future funding.

Enhanced Reporting on Efficacy of Operational Funds

Over time, the Committee has worked to build in more meaningful reporting requirements for grantees, such that it might be better positioned to assess the efficacy of a program or agency in future years. This is especially true for operational funds. For that reason, this year's funding agreement contains an enhanced reporting requirement requiring those who receive operational funds to report back to the Committee at two points: once when the agency submits its final claim on December 6, 2024 (a requirement made of all grantees); and again by March 14, 2025 to provide

an update on the project’s outcome indicators. Operational costs are those that are recurring and include outlays for personnel, rent, utilities, maintenance, supplies, client services, and other like ongoing budget items.

The 2024 Report of the Jack Hopkins Social Services Funding Committee is signed by the following majority of its membership:

Council Members

Date

Isak Nti Asare (Chair)
Council Member, At-Large

Courtney Daily
Council Member, District V

Hopi Stosberg
Council Member, District III

Andy Ruff
Council Member, At-Large

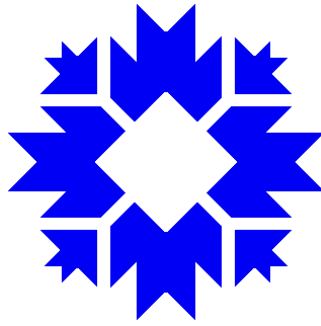
Residents With Experience in Social Services

Date

Nordia McNish

Camryn Greer

Eddy Riou



City of Bloomington Common Council

Jack Hopkins Social Services Funding Committee

March 4, 2024

Dear Social Services Agency:

The City of Bloomington Common Council's Jack Hopkins Social Services Committee invites social services agencies serving the needs of City of Bloomington residents to apply for 2024 grant funding. This year, the Committee has \$350,000 (plus possible reverted funds) to distribute. Each year, the Mayor and City Council have allocated funding for the Jack Hopkins initiative. In fact, since 1993, the Jack Hopkins Committee has granted over \$6 million to social service agencies who serve our community's most vulnerable residents.

As funding for the Jack Hopkins program has increased over the years, so too has our responsibility to be good stewards of this fund – a fund enabled by City of Bloomington taxpayer dollars. As stewards of these dollars, we strive to fund projects that have the potential for lasting change -- projects that will improve the human condition of Bloomington residents in the long run. Please be advised that, depending on the strength of the applicant pool, the Committee may not distribute all of its available funding.

Changes in 2024

The Jack Hopkins Committee has made a few clarifications or additions within its criteria for 2024:

- 1) Priority Given to Programs Serving Historically Marginalized Groups
Programs providing services to historically marginalized populations or groups will be given a high priority.
- 2) Clarification added to Claims Submission Dates
Claims will only be considered for expenses incurred after the date that the Common Council allocates the Jack Hopkins funds via authorizing resolution (in mid-June).

Proposal Must Meet the Following Criteria:

1) Address an Identified Priority for Social Services Funding.

The need should be identified in some manner, such as in the [Service Community Assessment of Needs \(SCAN\)](#), City of Bloomington, Housing and Neighborhood Development Department's [Consolidated Plan](#) or any other community-wide survey of social service needs. High funding priorities include emergency services (food, shelter or healthcare) or other support services to City residents who are: low-moderate income, under 18-years old, elderly, affected with a disability, or are otherwise disadvantaged.

2) Scope of Funding

- a. One-Time Investment - One Time Investment – Applications requesting funds for projects that address changing circumstances in the community are encouraged. Requests should provide a one-time investment that, through matching funds or other fiscal leveraging, make a significant contribution to the project.
- b. Operational Expenses - Applications requesting operational expenses will also be considered. These expenses are recurring rather than non-recurring and examples typically include outlays for personnel, rent, utilities, maintenance, supplies, client services, and other ongoing budget items. It is worth noting that paid time off and bonuses are not eligible for Jack Hopkins Social Services Funding.

3) Leverage Matching Funds or Other Fiscal Mechanisms.

Other fiscal mechanisms might include things like number of volunteers or volunteer hours devoted to the proposed project, working in partnership with another agency, and/or other in-kind donations.

4) Make a Broad and Long-Lasting Contribution To Our Community.

As articulated by Jack Hopkins, the co-founder of this program: “[P]riority should be given to projects or programs where investments now will have a positive, long-term spillover effect (such as reduced susceptibility to...diseases, decreased absences from school, reducing lost time from work, [alleviating the effects of poverty]...etc.)” Historically, this criterion has excluded funding for events or celebrations.

5) Expenses Incurred Prior to the Allocation of Jack Hopkins Funds.

Expenses incurred prior the allocation of Jack Hopkins Funds as authorized via resolution (mid-June) will not be considered.

Collaborative Projects – Two Applications Allowed

The Committee continues to accept applications for collaborative projects that address community-wide social problems and more efficiently meet the needs of social service agencies and agency clients. Note that if you are submitting a collaborative application, you may submit two applications – an individual application on behalf of your agency and another as part of your collaborative proposal. If submitting an application for a collaborative project, applicants must include a Memorandum of Understanding (MOU).

Elaboration of Criteria

Over time, the Committee has refined each criterion. A detailed explanation of criteria is provided in the Committee's *Elaboration of Criteria*, posted on the Committee's webpage [here](#). Agencies are strongly encouraged to review this document.

Other Requirements

In addition to satisfying the Jack Hopkins criteria, to be eligible for funding an application must meet the following requirements:

- Hopkins funds are intended to be put to work in the community as soon as possible. For that reason, agencies must submit final claims no later than December 2, 2024 (tentative).
- The program for which funding is sought **must primarily benefit City residents**.
- The application must request a minimum of \$1,000.
- The applicant must be a 501(c)(3), or be sponsored by one. In the event the applicant is sponsored by a 501(c)(3), the sponsoring agency must provide a letter acknowledging its fiscal relationship to the applicant. All new applicants are required to submit 501(c)(3) documentation.
- One application per agency, unless participating in a collaborative project.
- Any agency receiving Jack Hopkins funds must participate in the federal [E-Verify](#) program.

Living Wage Requirements

Some not-for-profit agencies receiving Jack Hopkins Funds are subject to the City's Living Wage Ordinance, *Bloomington Municipal Code* §2.28. For 2024, the Living Wage is \$15.75 an hour, of which \$2.36 may be in form of health insurance to the covered employee.

An agency is subject to the Living Wage Ordinance, **only if all three** of the following are true:

1. The agency has at least 15 employees; and
2. The agency receives \$25,000 or more in assistance from the City in the same calendar year;
and
3. At least \$25,000 of the funds received are for the operation of a social services program, not for physical improvements.

An agency who meets all three criteria is not obligated to pay the full amount of the living wage in the first two years they received assistance from the City; instead they are subject to a phase-in requirement. Please visit the [City's Living Wage Ordinance page](#) to learn more.

How to Apply

To be eligible for consideration, your agency **must** submit the following. Applications that are missing any of the required information will be eliminated from further consideration.

- ✓ **COMPLETED APPLICATION FORM.** Electronic forms are available [here](#). (Return as a PDF)
- ✓ **PROJECT BUDGET DETAILING THE USE OF HOPKINS FUNDS** A budget template is available [here](#). (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not the budget for the organization)
- ✓ **APPLICATION SUMMARY** available [here](#). (Return as a Word Document)
- ✓ **A YEAR-END FINANCIAL STATEMENT** including fund balances, total revenue and expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for equipment or capital improvements
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project
- ✓ **501(c)(3) DOCUMENTATION FOR ANY FIRST-TIME HOPKINS APPLICANT**
Agencies who have previously applied from Jack Hopkins funding do not need to provide this documentation.

2024 Jack Hopkins Social Services Funding Schedule

| | |
|--|---|
| Technical Assistant Meeting for Applicants | Monday, 18 March 2024 at 4:00 pm |
| APPLICATION DEADLINE | Monday, 01 April 2024 BY 4:00 PM |
| Agency Presentations | Tuesday, 23 April 2024 at 5:30 pm |
| Committee Recommends Allocation of Funds | Tuesday, 14 May 2024 at 6:00 pm |
| Agencies Sign Funding Agreements | Early June 2024 |
| Common Council Acts on Committee Recommendations | Wednesday, 12 June 2024 at 6:30 pm |
| HAND Technical Assistance Meeting for Grantees on Claims & Reimbursements (<i>tentative</i>) | Tuesday, 18 June 2024 at 9:00 am |

Helpful Hints

- Consult the Application Checklist
- Attend the Technical Assistance Meeting for Applicants
While attendance at the Technical Assistance Meeting is not required, it is strongly encouraged for new applicants and for those agencies whose applications have not been successful in the past. Bring your questions.
- Read the [Elaboration of Criteria](#) as Posted on the [Committee's webpage](#).
This document provides further explanation of the Committee's funding criteria. Agencies whose proposals are not successful sometimes fail because the proposal runs afoul of a rule in this document.
- Keep your Application Clear and Concise.
Remember, in some years, Committee members have had as many as 50 applications to review.
- Applications Should Be Self-Explanatory and Self-Contained
(i.e., no need for staff follow up; **no** addenda accepted after the deadline)
- Review an Example of a [Well-Written Application](#)
as posted on the Committee's webpage.
- Peruse Other Successful Applications
as posted on the [Committee's webpage](#).

About the Jack Hopkins Committee

The Committee is composed of four members of the Bloomington Common Council and three City residents with experience in social services. Councilmembers serving are: Isak Nti Asare (Chair), Hopi Stosberg, and Andy Ruff (with a fourth member yet to be appointed). The citizen appointments are: Eddy Riou, Camryn Greer, and Nordia McNish.

Help with Applications

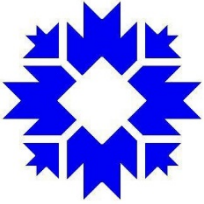
The application process is designed to be simple. However, if you have any questions, please don't hesitate to give us a call. You can email the Council Office at council@bloomington.in.gov or Cody Toothman in the Housing and Neighborhood Development Department at cody.toothman@bloomington.in.gov.

Thank you for all you do to make our community a better place!

Sincerely,

[/s/ Isak Nti Asare](#)

Isak Nti Asare, Chair
2024 Jack Hopkins Social Services Committee
City of Bloomington Common Council



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2024 GRANT APPLICATION**

APPLICATION CHECKLIST

All applicants for 2024 Jack Hopkins funding must submit the following:

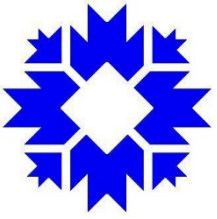
- ✓ **COMPLETED APPLICATION FORM** (return as a PDF)
- ✓ **COMPLETED APPLICATION SUMMARY** (return as a Word Document)
- ✓ **PROJECT BUDGET DETAILING THE USE OF JACK HOPKINS FUND** (Please Note: this is a detailed accounting of how Jack Hopkins dollars would be spent on the project proposed in the application, not an organization budget)
- ✓ **A YEAR-END FINANCIAL STATEMENT** fund balances, total revenue, expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if seeking funding for capital improvements
- ✓ **501(c)(3) DOCUMENTATION** for any first-time applicant.
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project

ALL APPLICATIONS DUE BY MONDAY, 01 APRIL 2024 at 4:00 PM.

Send to: council@bloomington.in.gov

with subject line “[agency name] - 2024 JHSSF App”

Incomplete or late applications will not be accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING
COMMITTEE 2024 GRANT APPLICATION**

CONTACT INFORMATION

Lead Agency Name: _____

Address:

Phone: _____

E-Mail: _____

Website: _____

President of Board of Directors: _____

Name of Executive Director: _____

Phone: _____

E-Mail: _____

Name of Grant Writer: _____

Phone: _____

E-Mail: _____

AGENCY INFORMATION

Is the Lead Agency a 501(c)(3)?

Yes

No

Number of Employees:

| Full-Time | Part-Time | Volunteers |
|-----------|-----------|------------|
| | | |

MISSION STATEMENT *(150 words or less)*

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

PROJECT INFORMATION

Name of the project to be funded:

Total cost of project: _____

Requested amount of Jack Hopkins funding: _____

Number of City residents to be served by this project in 2024: _____

Number of clients to be served by this project in 2024: _____

PROJECT SYNOPSIS (200 words or less)

Describe the project to be funded. Begin your synopsis with the amount you are requesting and a concrete description of your proposed project. *Example - "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."*

COLLABORATIVE PROJECTS

Is this a collaborative project?

Yes

No

If yes, list the name(s) of agency partner(s)

How do your missions, operations and services complement each other?

What is the existing relationship between agencies?

How will communication and coordination change as a result of the project?

Explain any challenges and steps you plan to take to address those challenges.

For collaborative projects, please attach a signed Memorandum of Understanding to this application.

PROJECT LOCATION

Address where the project will be housed (if different than agency address):

Do you own or have site control of the property at which the project is to take place?

Yes No N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

If the property zoned for your intended use? Yes No N/A

If "no," please explain:

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval. *Note: Funds will not be disbursed until all requisite variances or approvals are obtained.*

PROJECT COSTS

Is this request for operational funds? *(e.g., salaries, rent, vouchers, etc),*

Yes No

If “yes,” indicate the nature of the operational request:

Pilot Bridge Collaborative
 None of the above – General request for operational funds

Other Expected Project Funds: *(Indicate source, amount, and whether confirmed or pending):*

Describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received:

FISCAL LEVERAGING *(100 words or less)*

Describe how your project will leverage other resources (e.g., other funds, in-kind contributions, or volunteers.)

FUNDING PRIORITIES – RANKED

If the Committee is unable to meet your full request, will you be able to proceed with partial funding? (Due to limited funds, the Committee may recommend partial funding for a program)

Yes No

If “yes”, provide an itemized list of program elements, ranked by priority:

| | Item | Cost |
|------------------------|-------------|-------------|
| Priority #1 | | |
| Priority #2 | | |
| Priority #3 | | |
| Priority #4 | | |
| Priority #5 | | |
| Priority #6 | | |
| Priority #7 | | |
| Total Requested | | |

JACK HOPKINS FUNDING CRITERIA

NEED *(200 words or less)*

Explain how your project addresses a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), or any other community-wide survey of social service needs.

ONE-TIME INVESTMENT *(100 words or less)*

Jack Hopkins Funds are intended to be a one-time investment. Explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), you must detail your plan for future funding.

LONG-TERM BENEFITS (200 words or less)

How will your project have broad and long-lasting benefits for our community?

OUTCOME INDICATORS (100 words or less)

Describe the outcome indicators to be used to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term, preferably quantitative indicators used to measure the change your program has created during the period of your funding agreement. *Example: an agency providing a service might cite to the number of persons with new or improved access to a service.*

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

FUNDING AGREEMENT
CITY OF BLOOMINGTON - JACK HOPKINS
SOCIAL SERVICES PROGRAM

«Organization»

This Agreement entered into in June 2024 by and between the City of Bloomington, Indiana hereinafter referred to as the "City," and «Organization», hereinafter referred to as the "Agency," provides for the following:

- Whereas, the Jack Hopkins Social Services Committee (Committee) reviewed Agency applications, heard their presentations, considered additional information provided by agencies in response to Committee questions, and made funding recommendations to the Common Council;
- Whereas, the Common Council adopted Resolution 2024-13, which provided funding to this Agency in the amount and for the purposes set forth in Sections I and III of this Agreement;
- Whereas, the resolution also delegated the duty of interpreting the Funding Agreement for the City to the Chair of the Committee; and
- Whereas, in interpreting the Agreement, the Chair may consider the purposes of the program, the application and comments by Agency representatives, and statements made by decision-makers during deliberations.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

I. USE OF FUNDS

These funds are intended to serve vulnerable City residents. Agency agrees to use Agreement funds as follows:

«Project_Description__»

II. TIME OF PERFORMANCE

The last claim for expenses under this Agreement must be submitted to the City of Bloomington Housing and Neighborhood Development (HAND) no later than December 06, 2024. Requests for extensions must be submitted in writing to HAND's Director no later than November 15, 2024. If an extension is approved, the Director will provide a confirmation letter granting the extension for claim submission. The Director may extend the deadline no later than March 14, 2025.

III. PAYMENT PROCEDURES

It is expressly agreed and understood that the total amount to be paid by the City under this Agreement shall not exceed

«Received__»

Claims for the payment of eligible expenses shall be made against the items specified in Section I, Use of Funds.

The Agency will submit to the City a claim voucher pursuant to City's claim procedures and deadlines for the expenditures corresponding to the agreed upon use of funds outlined above. Along with the claim voucher, the Agency will submit documentation satisfactory to the City, at the City's sole discretion, showing the Agency's expenditures.

IV. ADMINISTRATIVE REQUIREMENTS

A. Accounting Procedures

The Agency agrees to use generally accepted accounting procedures and to provide for:

- (1) Accurate, current, and complete disclosure of the financial component of its activities;
- (2) Records which identify adequately the source and application of funds for City supported activities;
- (3) Effective control over and accountability for all funds, property, and other assets;
- (4) Adequate safeguarding of all such assets and assurance that they are used solely for authorized purposes;
- (5) The City to conduct monitoring activities as it deems reasonably necessary to insure compliance with this Agreement; and
- (6) Return of the funds received under this Agreement that the City determines were not expended in compliance with its terms.

B. Access to Records

The Agency agrees that it will give the City, through any authorized representative, access to, and the right to examine, all records, books, papers or documents related to the funding provided by this Agreement, for the purpose of making surveys, audits, examinations, excerpts, and transcripts.

C. Retention of Records

The Agency agrees that it will retain financial records, supporting documents, statistical records, and all other records pertinent to the funding provided to the Agency for a period of three years from the termination of this Agreement pursuant to Section VII or VIII.

D. Reporting Requirement

The Agency agrees to provide a report to HAND with the Agency's last claim submission describing the use of Jack Hopkins Social Services funds. The report should be submitted in Word format and not exceed 500 words. The report should include, but not be limited to:

1. Amount of the agency's grant award
2. General description of the project
3. Results of the project as measured by the project's outcome indicators
4. Population served by the program
5. Community benefits of the project
6. Digital photograph(s) depicting the Jack Hopkins-funded project (if applicable)
7. Copies of any written material for the project giving the Jack Hopkins Social Services Funding Committee credit as required by V(G) below.

Agencies are asked to report the results of their projects clearly, concisely and honestly and to include both successes and challenges. The report shall be submitted no later than December 6, 2024 unless the Agency was granted an extension by the HAND Director, pursuant to Section II of this agreement.

Agencies who receive **operational funding** under this Agreement shall submit an additional report providing an update on the project's outcome indicators, as outlined in the agency's application for funding, due March 14, 2025. Operational expenses are those that are recurring and include outlays for personnel, rent, utilities, maintenance, supplies, client services, and other like ongoing budget items.

VI. GENERAL CONDITIONS

A. General Compliance

Agency agrees to comply with all applicable federal, State, and local laws, regulations, and policies governing the funds provided under this contract.

B. Independent Contractor

Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Agency shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. None of the benefits provided by an employer to an employee, including but not limited to minimum wage and overtime compensation, workers' compensation insurance and unemployment insurance, shall be available from or through the City to the Agency.

C. Hold Harmless

The Agency shall hold harmless, defend and indemnify the City from any and all claims, actions, suits, charges and judgments whatsoever that arise out of a subrecipient's performance or nonperformance of the services or subject matter called for in this Agreement.

D. Nondiscrimination (for agencies receiving grants in excess of \$10,000)

Agencies receiving grants in excess of Ten Thousand Dollars (\$10,000) shall be subject to Section 2.21.000 et seq. of the Bloomington Municipal Code. Unless specific exemptions apply, the Agency will not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, national origin, sex, disability, sexual orientation or gender identity. The Agency will take affirmative action to insure that all employment practices are free from such discrimination. Such employment practices include but are not limited to the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Agency agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the City setting forth the provisions of this nondiscrimination clause.

E. Living Wage Requirements

(1) This agreement is subject to the City of Bloomington Living Wage Ordinance, Chapter 2.28 of the Bloomington Municipal Code and any implementing regulations. The Living Wage Ordinance requires among other things, that unless specific exemptions apply, all beneficiaries of City subsidies, as defined, shall provide payment of a minimum level of compensation to employees which may include the cost of health benefits. Such rate shall be adjusted annually pursuant to the terms of the Bloomington Living Wage Ordinance.

(2) Under the provisions of the Bloomington Living Wage Ordinance, the City shall have the authority, under appropriate circumstances, to terminate this contract and to seek other remedies as set forth therein, for violations of the Ordinance.

F. Compliance with IC 22-5-1.7 – E-Verify Program

Agency shall sign a sworn affidavit, attached as Exhibit A, affirming that the Agency has enrolled and is participating in the E-Verify Program and affirming that the Agency does not knowingly employ an unauthorized alien. Agency must provide documentation to the City that Agency has enrolled and is participating in the E-Verify program.

G. Jack Hopkins Social Services Committee Recognition

The Agency agrees to provide a credit line for the City of Bloomington Common Council Jack Hopkins Social Services Committee in all written materials about the program and program activities funded pursuant to this Agreement.

VII. NOTICES

Communication and details concerning this Agreement shall be directed to the following representatives:

| | |
|---|--|
| City: Cody Toothman, Program Manager Housing and Neighborhood Development City of Bloomington P.O. Box 100 Bloomington, IN 47402 Tel: (812) 349-3512 Fax: (812) 349-3582 E-mail: cody.toothman@bloomington.in.gov | Agency: «Director_of_Agency__» «Organization» «Mailing_Address» «City_State_Zip_Code» Tel: «Home_Phone» E-mail: «Agency_Email» |
|---|--|

VIII. TERMINATION OF AGREEMENT

The Agency agrees that this Agreement is subject to the availability of funds and that if funds become unavailable for the performance of this Agreement, the City may terminate the Agreement. If funds become unavailable, the City shall promptly notify the Agency in writing of the termination and the effective date thereof.

It is further agreed that the City may terminate this Agreement in whole or in part if it determines that the Agency has failed to comply with the Agreement or with other conditions imposed by applicable laws, rules and regulations. The City shall promptly notify the Agency in writing of the determination and the reasons for the determination, together with the effective date. The Agency agrees that if the City terminates the Agreement for cause it will refund to the City that portion of the funds that the City determines was not expended in compliance with the Agreement. The Agency shall be responsible for paying any costs incurred by the City to collect the refund, including court costs and reasonable attorneys' fees.

If any provision of this Agreement is held invalid, the remainder of the Agreement shall not be affected thereby, and all other parts of this Agreement shall nevertheless be in full force and effect.

IX. TERM OF AGREEMENT

Unless terminated as provided in Section VII herein, this Agreement shall terminate upon the City's determination that the provisions of this Agreement regarding use of the Agreement funds have been met by the Agency.

CITY OF BLOOMINGTON, INDIANA

«Organization»

By: _____
Isabel Piedmont-Smith
President, Common Council

By: _____
«Pres_BoD»
President, Board of Directors

Date

Date

By: _____
Anna Killion-Hanson, Director
Housing and Neighborhood Development

By: _____
«Director_of_Agency__»
Executive Director

Date

Date

By: _____
Kerry Thomson, Mayor

Date



Jack Hopkins Social Services Funding Program

Elaboration of Criteria for Evaluating and Awarding Grants

In 1993 Jack Hopkins wrote a letter outlining a set of criteria for the use of these social services funds. Those criteria have since served as the basis for allocating the funds. The following is an elaboration of those criteria. These interpretations have been approved by the Jack Hopkins Social Services Committee.

Program Focus

The program should address an identified priority for social services funds (as indicated in the [Service Community Assessment of Needs \(SCAN\)](#), the City of Bloomington Housing and Neighborhood Development Department's [2020-2024 Consolidated Plan](#), or any other community-wide survey of social service needs.)

This investment in the program should lead to broad and long lasting benefits to the community. Again, in the words of Jack Hopkins, "priority should be given to projects or programs where investments now will have a positive, long-term spillover effect (such as reduced susceptibility to ...diseases, decreased absences from school, reducing lost time (from work) .., etc.)

Priorities

The Common Council prioritizes programs that provide food, housing, healthcare, or other services to city residents who are of low or moderate income, under 18-years of age, elderly, affected with a disability, or otherwise disadvantaged.

- I. City Residency - Programs that primarily serve City residents are given a high priority.
- II. Low Income - Programs primarily serving low-income populations are given a high priority.
- III. Emergency Services – Programs primarily providing emergency services (e.g. food, housing, and mental and physical medical services) are given a high priority.
- IV. Marginalized Groups – Programs providing services to historically marginalized populations or groups are given a high priority.

Scope of Funding

The Jack Hopkins Social Services Funding Program seeks to encourage innovation and address changing community needs. Further, the Jack Hopkins Social Services Funding Program recognizes that in the current economic climate, operational funding, essential to a non-profit's continued provision of services, is difficult to come by. The Jack Hopkins Social Services Funding Program will consider requests for both one-time investments and operational expenses.

One-Time Investment

Applications requesting funds for projects that address changing circumstances in the community are encouraged. Requests should provide a one-time investment that, through matching funds or other fiscal leveraging, make a significant contribution to the project. EXAMPLES – capital improvements, community health initiatives, seed funding for new programs etc.

Operational Expenses

Applications requesting operational expenses will also be considered. These expenses are recurring rather than non-recurring and examples typically include outlays for personnel, rent, utilities, maintenance, supplies, client services, and other ongoing budget items.

Paid Time Off and Bonuses

Paid time off and bonuses shall not be considered eligible for Jack Hopkins Social Services Funding.

Agencies seeking funding for operational expenses should be aware that future funding may be unavailable or inadequate to cover their needs and therefore they should not rely solely on Jack Hopkins Social Services Funding for their operational expenses. Any request for operational funding should be accompanied by a well-developed plan for future funding.

Fiscal Leveraging

In the words of Jack Hopkins, who originally proposed these criteria, investments “should be leveraged wherever possible by matching funds from other sources.” Agencies may demonstrate such leveraging by using matching funds, working in partnership with other agencies, or through other means.

Applications from City Agencies and Other Property Tax Based Entities

Over the years the Council has not funded applications submitted by city departments. This is based on the theory that the departments have other, more appropriate avenues for requesting funds and should not compete against other agencies, which do not have the benefit of city resources at their disposal. Except on rare occasions, the Council has not directly or indirectly funded agencies that have the power to levy property taxes or whose primary revenues derive from property taxes.

Expenses Incurred Prior to the Allocation of Jack Hopkins Funds

Expenses incurred prior to the allocation of Jack Hopkins Funds (mid-June) will not be considered. Agencies may only submit claims for expenses incurred after the adoption of the resolution authorizing the grant allocations for that particular funding cycle.

Collaborative Projects

The Committee encourages social service agencies to collaborate in order to solve common problems and better address local social service needs. To serve these ends, the Committee will allow agencies to submit an application for funding as a Collaborative Project. An agency may submit a collaborative project application in addition to submitting a standard application.

Collaborative Project Applicants

Applicants pursuing such funding should:

- I. Declare that they are seeking funds as a Collaborative Project and describe the project
- II. Describe each agency's mission, operations, and services, and how they do or will complement one another
- III. Describe the existing relationships between the agencies and how the level of communication and coordination will change as a result of the project
- IV. Identify challenges to the collaboration and set forth steps that address the greatest challenges to its success
- V. Address the following standard criteria and explain how the collaborative project will:
 - Serve a previously-recognized community need
 - Achieve fiscal leveraging or efficiencies
 - Provide broad and long lasting benefits to the community
- VI. Complete a Memorandum of Understanding signed by authorized representatives of collaborating agencies and detailing the allocation of duties between them

Other Policies

Agency Acting as Fiscal Agent Must have 501(c) (3) Status

The agency that acts as the fiscal agent for the grant must be incorporated as a 501(c)(3) corporation. This policy is intended to assure that grant funds go to organizations:

- I. With boards who are legally accountable for implementing the funding agreements
- II. With the capability of raising matching funds which is an indicator of the long-term viability of the agency.

Given its mission, the presence of a board, and its general viability, an exception has historically been made for the Bloomington Housing Authority.

Funding of Events and Celebrations Discouraged

Historically the Council has not funded applications that promote or implement events or celebrations. This policy is based upon the conclusion that these occasions do not engender the broad and long-lasting effects required above.

One Application per Agency – Exception for Collaborative Projects

Except as noted below, each agency is limited to one application. This policy is intended to:

- I. Spread funds among more agencies
- II. Assure the suitability and quality of applications by having the agency focus and risk their efforts on one application at a time
- III. Lower the administrative burden by reducing the number of applications of marginal value.

As noted above, an exception to this rule applies to agencies that submit an application as a Collaborative Project. Those agencies may also submit one other application that addresses the standard criteria.

Improvements to Real Property Located Outside of City Limits or not Owned by the Applicant Agency are Discouraged

Applicants are advised that the Committee typically does not grant funds to agencies for capital improvements to real property located outside of city limits or not owned by the agency. Applications for construction, renovation, or improvements to a building located outside of city limits or not owned by the applicant agency will be given a low priority.

\$1,000 Minimum Dollar Amount for Request

This is a competitive funding program involving many hours on the part of staff and the committee members deliberating upon and monitoring proposals. The \$1,000 minimum amount was chosen as a good balance between the work expended and the benefits gained from awarding these small grants.

Funding Agreement – Reimbursement of Funds

Agencies that are granted funds will be expected to enter into a funding agreement with the City of Bloomington. The Housing and Neighborhood Development (HAND) Department has been monitoring funding agreements since 2001. In order to be consistent with the practices it employs in monitoring CDBG and other funding programs, the funding agreements provide for a reimbursement of funds. Rather than receiving the funds before performing the work, agencies either perform the work and seek reimbursement, or enter into the obligation and submit a request for the city to pay for it.

Expenditure Before the End of the Year

In order to avoid having the City unnecessarily encumber funds, agencies should plan to expend and verify these grants before December of the year the grant is awarded, unless specifically approved in the funding agreement or granted an extension by the Director of HAND. Please note that funds encumbered from one calendar year to the next cannot be reimbursed by use of the City's credit cards.

Proportionality of Funding Request Relative to Clients Served

In making funding decisions, the Committee may consider the amount of funding requested relative to the number of clients that would be served by a given project.

**2024 JACK HOPKINS SOCIAL SERVICES COMMITTEE
RECOMMENDED ALLOCATIONS**

| PART 1 | | |
|---|---|-------------------|
| AGENCY | PROJECT | ALLOCATION |
| Alexandra's Army | 2024 Technology Training & Upgrades - website editing/maintenance training and professional development, mobile app development, and purchase of chromebooks | \$ 2,000.00 |
| All-Options | Diaper Program - purchase of diapers, potty training supplies, menstrual hygiene support and supplies | \$ 5,000.00 |
| Amethyst House, Inc. | Residential upgrades - refurbishment or replacement of historic windows at Women's House | \$ 19,165.00 |
| Beacon | Program Essentials for People in Poverty - locker sets and locks, oven, refrigerator, mattresses, and chairs | \$ 31,617.81 |
| Big Brothers Big Sisters of South Central Indiana | Increase staffing - Elevating part-time staff member to full-time - 20 additional hours per week from May 1, 2024 to December 31, 2024 (35 weeks); health benefits; professional development training | \$ 11,000.00 |
| Bloomington Cooperative Living | Middle Earth Repairs - New electrical panel | \$ 2,295.50 |
| Bloomington Meals on Wheels | Medically-tailored meal kits - Costs for dietician to develop meal plans, recipes, and ingredient list; food; and delivery of food | \$ 5,500.00 |
| Bloomington St. Vincent De Paul serving Monroe CO | Housing Stability Program - Rental assistance (up to \$250/household) | \$ 30,000.00 |
| Boys & Girls Clubs of Bloomington | Safe Entrances and Exits - Replacement of exterior and interior doors and Ferguson Crestmont and Lincoln Street clubs | \$ 15,755.00 |
| Cancer Support Community | Financial Assistance for Cancer Patients - grocery cards, gas cards, cancer supplies (e.g., wig kits, chemo kits, hats, skin care items, etc.), and application processing expenses | \$ 4,500.00 |
| Catholic Charities Bloomington | Affordable therapy for low-income children and youth - Staffing costs, office rental | \$ 20,000.00 |
| Community Justice & Mediation Center | Eviction Prevention Project - staffing costs, equipment/technology costs (cell phones, software, etc.), indirect costs, and training and volunteer recruitment expenses | \$ 21,890.00 |
| Community Kitchen | Express Rebuild Equipment Replacement - a reach-in cooler, reach-in refrigerator, mobile hot food cabinet, and portable buffet | \$ 18,184.64 |
| Courage to Change Sober Living | Wrap-Around Rental Program - rental scholarships and graduate scholarships (rental assistance for program participants) | \$ 5,000.00 |
| Cry of the Children, Inc. | Community Enrichment - Books, games, backpacks and supplies for youth; food and meal supplies for Annual Thanksgiving Meal | \$ 1,000.00 |
| Dental Care Action Inc. | Technology Improvements - computers, monitors, servers and related technology; installation costs; and air quality equipment | \$ 13,000.00 |
| Hoosier Hills Food Bank | Supplemental food purchasing | \$ 25,500.00 |
| Indiana Recovery Alliance | Linkage to Care Coordinator - salary for new position to provide case management to IRA participants - 20 hours/week at \$20/hr | \$ 20,000.00 |
| Middle Way House | New Wings Emergency Shelter Keypad Entry Locks - purchase and installation of 12 keypad entry locks | \$ 7,939.20 |
| Monroe County Humane Association | Accessible Veterinary Care for Low Income Families - flea/tick/heartworm prevention; medications; vaccinations; lab/diagnostic services; radiology/x-rays; medical exams; spay/neuter surgery; euthanasia | \$ 4,308.75 |
| Monroe County United Ministries | Facility Renovations - renovations at agency's administration/self-sufficiency center building (827 W. 14th Ct.) | \$ 21,000.00 |
| Mother Hubbard's Cupboard | Education and Youth Programming Support - workshop supplies and stipends; garden education supplies; tool share equipment and maintenance; kids' snacks; gravel for parking lot; summer interns via ILP program | \$ 7,150.00 |
| New Hope for Families | Early Learning Center Food Program - salary for Chef position for food program | \$ 17,500.00 |

| | | | |
|--|---|--------------|----------------------|
| Planned Parenthood Great Northwest, Hawai'i, Alaska, Indiana, Kentucky | Safety-Net Sexual and Reproductive Health Services - contraception costs, HIV/STI services, cancer screenings, gender-affirming hormones, pregnancy tests | \$ | 7,500.00 |
| Refugee Support Network | Newly-arriving Asylum Seeker/Refugee Family Transition Support - rent assistance, utility assistance, medical payment assistance, transportation, food assistance | \$ | 4,000.00 |
| Special Olympics Indiana Monroe County | Update and replace outdated sports equipment (e.g., bowling ramp, practice pinnies, basketballs, batons, bags, etc.) | \$ | 1,267.00 |
| Stone Belt Arc | Job-A-Palooza - career fair for people of all ages and disabilities - venue, materials, marketing, decorations, food/drink for volunteers, participation incentives | \$ | 6,000.00 |
| Tandem | Operational Scaling - salaries (director and office manager), rent, and utilities | \$ | 15,000.00 |
| PART 2 | | | |
| New Leaf, New Life | Reducing Recidivism: Reentry Case Management - salary expenses for case managers | \$ | 4,423.48 |
| South Central Community Action Program | Youth Mental Health for Thriving Connections Families - mental health individual counseling; staffing and supply costs; grants for families; and youth coaching/enhancing partnerships/professional development | \$ | 12,500.00 |
| | | TOTAL | \$ 359,996.38 |

| Applicants not recommended for funding | |
|---|---|
| Center for Sustainable Living dba Indiana Solar for All | Solarization of 3 lower-income homes in Bloomington |
| Exodus Refugee Immigration | Emergency Assistance Program - emergency rent (Airbnb, extended stay hotels, rent) for program participants; other basic needs (e.g., food, utilities, childcare, medical costs, work clothing) |
| Girl's Inc. of Monroe County | Her Health Initiative - summer camp supplies, in-school programming supplies, Girl's Inc center supplies |
| Hotels for Hope (Hotels for Homeless) | Emergency Hotel Room Stays - hotel room fees for clients |
| My Sisters Closet of Monroe County, Inc. | Geppetta's - Cobbler Skills Training for Shoe Repair - salary for project leads (20 hrs/week, \$17.20/hr); supplies (leather cleaning, restoration, polishing, exterior repair, etc.); air quality expenses (air purifier, ductwork inspection, filtration system); paid client workforce experiences (4 clients, 100 hrs/each, \$13.74/hr) |
| People and Animal Learning Services | Purchasing a UTV for sensory trail. |
| Wheeler Mission | Outdoor Respite Space - picnic tables, benches, umbrellas, tracs receptacles, and related shipping expenses |
| Collaborative - Beacon/Continental | Crawford Room repairs & locking medical cabinet - repairs to damaged common areas; locking cabinet for medical supplies |
| Collaborative - Bloomington Food Policy Council | Nutrition Security - Food support for families at Tandem and Middle Way House; staff/admin expenses (24 hrs/month, \$25/hr); Door Dash Delivery services |

MEMO FROM COUNCIL OFFICE:

To: Members of the Common Council

From: Ash Kulak, Deputy Administrator / Deputy Attorney

Date: June 7, 2024

Re: [Resolution 2024-14](#) – To Protect Individuals Seeking Gender Affirming Care

Synopsis

This resolution is sponsored by Councilmember Daily and Councilmember Flaherty and comes forward on the recommendation of the Bloomington/Monroe County Human Rights Commission. The resolution acknowledges the importance of access to gender affirming healthcare and notes that such access has come under recent threat. The resolution adopts a Gender-Affirming Healthcare Policy to be followed by city personnel.

Relevant Materials

- [Resolution 2024-14](#)
- Memo from Sponsors, Councilmembers Courtney Daily & Matt Flaherty
- Bloomington/Monroe County Human Rights Commission Proposed Resolution
- Community Advisory on Public Safety Resolution 23-01
- Gender-Affirming Care Fact Sheet from HHS Office of Population Affairs
- Report from UCLA Williams Institute on Trans Youth Health Care Bans
- American Academy of Pediatrics News Release & Policy Statement on Gender-Affirming Care
- Endocrine Society Position Statement on Transgender Health

Summary

This resolution, sponsored by Councilmembers Daily and Flaherty, comes at the request of the Bloomington/Monroe County Human Rights Commission (HRC). The Bloomington/Monroe County HRC considered this item at several of its meetings following the Indiana General Assembly's passage of [Senate Bill 480](#) in April 2023. The Bloomington/Monroe County HRC unanimously passed its Safe Haven from Anti-Transgender Laws Statement (included herein) at its [January 2024](#) meeting. Subsequent HRC meetings this year included updates about the status of SB 480 in the courts and included discussions about bringing forward this resolution.

The Community Advisory on Public Safety Commission also passed a resolution (included herein) at its [November 2023](#) meeting calling for the city to declare itself a Safe Haven for Transgender Youth and adopt a policy consistent with formally condemning any state action to abrogate the fundamental liberties of gender diverse youth.

Both commissions considered Kansas City, Missouri City Council's [Resolution No. 230385](#), entitled "Declaring the City of Kansas City a Safe Haven for Gender-Affirming Healthcare through adoption of a Gender-Affirming Healthcare Policy," which was [passed by the Kansas City Council on May 11, 2023](#) in the wake of the [Missouri General Assembly passing legislation](#) prohibiting transgender youth from accessing gender affirming care. The language of proposed [Resolution 2024-14](#) was modeled off of Kansas City, Missouri's resolution.

Background on Indiana SB 480

Indiana SB 480 was signed into law by Governor Holcomb on April 5, 2023. SB 480 was supposed to go into effect on July 1, 2023, with a weaning provision allowing transgender youth who already had access to gender-affirming healthcare to continue accessing such care until December 31, 2023. The ACLU [filed a class action lawsuit](#) against the bill on the same day it was signed into law. The ACLU argued for and received a preliminary injunction temporarily stopping the bill from going into effect before the case could be fully argued at trial. The state appealed. On February 27, 2024, a panel of the 7th Circuit Court of Appeals stayed the injunction, which meant that SB 480 went into immediate effect the next day. The 7th Circuit denied rehearing. The ACLU may choose to consider additional avenues for further litigation. At this time, SB 480 remains in effect.

Effect of this Resolution

This resolution would implement a city-wide Gender-Affirming Healthcare policy that clarifies, as permitted by law, the city's priorities for enforcement of other laws or regulations passed by the state or other jurisdictions requesting information about; facilitating the collection of a judgment for; or imposing liability, penalties, or sanctions for receiving or assisting receipt of gender-affirming healthcare.

The policy would define gender-affirming healthcare and would direct city personnel to follow the policies described below, with the caveat that all personnel must follow any requirements of state or federal law, including those that might conflict with these policies:

- city personnel should not impose any penalties on people who provide, look for, receive, or help someone else receive gender-affirming healthcare;
- clarify that the city's priorities are low for enforcing any state law imposing various penalties for providing, looking for, receiving, or helping someone else receive gender-affirming healthcare;
- city personnel should not enforce laws of other states that impose various penalties on people who provide, look for, receive, or help someone else receive gender-affirming care;
- city personnel should not respond to requests for information from other states if those requests for information will be used to impose various penalties on people who provide, look for, receive, or help someone else receive gender-affirming healthcare; and
- city personnel should not help collect judgments from other states when those judgments come from private causes of action established by those states against people who provide, look for, receive, or help someone else receive gender-affirming care.

The sponsors are unaware of a fiscal impact to the City.

Contact

Councilmembers Courtney Daily & Matt Flaherty and the Office of the Common Council, 812-349-3409, council@bloomington.in.gov

RESOLUTION 2024-14

TO PROTECT INDIVIDUALS SEEKING GENDER AFFIRMING CARE

WHEREAS, in 2023, the Indiana General Assembly passed Senate Bill 480, banning gender-affirming healthcare for transgender and gender diverse Hoosiers under the age of 18; and

WHEREAS, gender affirming healthcare has been proven to be evidence-based, medically necessary, and lifesaving by the American Medical Association¹, the American Academy of Child and Adolescent Psychiatry², the American Academy of Pediatrics³, the Endocrine Society⁴, the American Psychiatric Association⁵, and the World Professional Association for Transgender Health⁶, among other institutions; and

WHEREAS, studies have shown that gender transition, including access to gender-affirming healthcare, improves the overall wellbeing of transgender people and that access to gender-affirming healthcare for youth is associated with better mental health outcomes and lower risks of suicide⁷; and

WHEREAS, multiple healthcare institutions across the country, including in Indiana, have scaled back or have considered scaling back gender-affirming healthcare services in response to legal challenges, perception of legal risk, harassment, or threats of violence; and

WHEREAS, it is necessary and appropriate to exercise the authority vested in the City of Bloomington, including the coordinated and integrated direction, supervision, and control of all City of Bloomington departments, boards, commissions, and other agencies, to protect healthcare professionals and persons lawfully seeking, receiving, and assisting another individual in seeking or receiving gender-affirming healthcare in the City of Bloomington; and

WHEREAS, Bloomington Municipal Code Section 2.23.110 sets out the policy of the City of Bloomington to not discriminate on the basis of sex, sexual orientation, or gender identity; and

WHEREAS, the Bloomington/Monroe County Human Rights Commission is charged by the City of Bloomington and by Monroe County with investigating complaints filed with the Commission and with enforcing the respective Human Rights Ordinances of both the City of Bloomington and Monroe County; and

WHEREAS, the Bloomington/Monroe County Human Rights Commission fully supports this resolution, the draft of which was approved by the Commission on January 22, 2024;

NOW THEREFORE, BE IT HEREBY RESOLVED BY THE COMMON COUNCIL OF THE CITY OF BLOOMINGTON, MONROE COUNTY, INDIANA THAT:

¹ Advocacy Update, American Medical Association, AMA Fights to Protect Health Care for Transgender Patients, Mar. 26, 2021, <https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update>.

² Policy Statement, American Academy of Child & Adolescent Psychiatry, AACAP Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth, Nov. 8, 2019, https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx.

³ News Release, American Academy of Pediatrics, AAP Policy Statement Urges Support and Care of Transgender and Gender-Diverse Children and Adolescents, Sept. 17, 2018, <https://www.aap.org/en/news-room/news-releases/aap/2018/aap-policy-statement-urges-support-and-care-of-transgender-and-gender-diverse-children-and-adolescents/>.

⁴ Press Release, Endocrine Society, Discriminatory Policies Threaten Care for Transgender, Gender-Diverse Individuals, Dec. 16, 2020, <https://www.endocrine.org/news-and-advocacy/news-room/2020/discriminatory-policies-threaten-care-for-transgender-gender-diverse-individuals>. See also Position Statement, Endocrine Society, Transgender Health, Dec. 16, 2020, <https://www.endocrine.org/advocacy/position-statements/transgender-health>.

⁵ News Release, American Psychiatric Association, Frontline Physicians Oppose Legislation That Interferes in or Criminalizes Patient Care, Apr. 2, 2021, <https://www.psychiatry.org/newsroom/news-releases/frontline-physicians-oppose-legislation-that-interferes-in-or-criminalizes-patient-care>.

⁶ E. Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, International Journal of Transgender Health, Sep. 15, 2022, <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>.

⁷ Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, JAMA network open, Feb. 25, 2022, at 1, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>.

Section 1. The Mayor and Council hereby declare the City of Bloomington a Safe Haven for Gender Affirming Healthcare, adopting the following Gender-Affirming Healthcare Policy:

Gender-affirming healthcare is defined as any combination of medical, surgical, mental health, and non-medical services designed to support and affirm an individual's gender identity.

1. City personnel shall not impose administrative penalties on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, except as otherwise required by law.
2. In the event any law or regulation is passed in the State of Indiana that imposes civil liability, administrative penalties, or professional sanctions on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, city personnel shall make enforcement of said law or regulation a low priority.
3. City personnel shall not enforce laws of other jurisdictions that impose civil liability, administrative penalties, or professional sanctions, on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, except as otherwise required by law.
4. City personnel shall not respond to any request for information from another jurisdiction if the request is related to that jurisdiction's laws, rules, or regulations imposing criminal punishment, civil liability, administrative penalties, or professional sanctions, on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, except as otherwise required by law.
5. City personnel shall not enforce or facilitate the collection of any judgment of another jurisdiction to the extent the judgment arises out of a cause of action in that jurisdiction based on providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, except as otherwise provided by law.

Section 2. If any section, sentence or provision of this resolution, or application thereof to any person or circumstances shall be declared invalid, such invalidity shall not affect any of the other sections, sentences, provisions or application of this resolution which can be given effect without the invalid provision or application, and to this end the provisions of this resolution are declared to be severable.

PASSED AND ADOPTED by the Common Council of the City of Bloomington, Monroe County, Indiana, upon this _____ day of _____, 2024.

ISABEL PIEDMONT-SMITH, President
Bloomington Common Council

ATTEST:

NICOLE BOLDEN, Clerk
City of Bloomington

PRESENTED by me to the Mayor of the City of Bloomington, Monroe County, Indiana upon this _____ day of _____, 2024.

NICOLE BOLDEN, Clerk
City of Bloomington

SIGNED and APPROVED by me upon this _____ day of _____, 2024.

KERRY THOMSON, Mayor
City of Bloomington

SYNOPSIS

This resolution is sponsored by Councilmember Daily and Councilmember Flaherty and comes forward on the recommendation of the Bloomington/Monroe County Human Rights Commission. The resolution acknowledges the importance of access to gender affirming healthcare and notes that such access has come under recent threat. The resolution adopts a Gender-Affirming Healthcare Policy to be followed by city personnel.

To: Members of the Common Council
From: Councilmembers Courtney Daily & Matt Flaherty
Date: June 7, 2024
Re: Resolution 2024-14, To Protect Individuals Seeking Gender Affirming Care

Dear Council Colleagues,

Members of the Bloomington/Monroe County Human Rights Commission (BMCHRC) approached us with the request that the Common Council consider and pass a Resolution declaring the City of Bloomington a Safe Haven for transgender youth. This action came in the wake of the Indiana General Assembly passing Senate Bill 480 in April of 2023, which prohibits minors from accessing gender affirming care in the state. The BMCHRC has been working on this item since mid-2023, when SB 480 was signed into law by Governor Holcomb, and the BMCHRC unanimously passed a draft resolution at its January 2024 meeting to forward to the Council for our consideration.

SB 480 was supposed to go into effect on July 1, 2023, but the ACLU sued and received a preliminary injunction blocking the law until the 7th Circuit Court of Appeals struck it down abruptly in late February of this year, making the law go into immediate effect. Transgender and gender diverse youth and their families [suffered an immediate end to life-saving care overnight](#). The BMCHRC responded by continuing to put this item on its agenda even after passing its statement in January.

Gender affirming care is defined by the [World Health Organization](#) to mean “any single combination of a number of social, psychological, behavioural [sic] or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual’s gender identity.” Typically, minors under the age of 18 must receive parental consent to undergo gender-affirming medical treatments. Treatment can commonly include recommendations for establishing a relationship with a mental health provider. The [Endocrine Society](#) and the [American Academy of Pediatrics](#) both recommend treatment of adolescents.

This resolution establishes a robust Gender-Affirming Healthcare Policy aligned with the City's commitment to non-discrimination based on sex, sexual orientation, or gender identity ([BMC 2.23.110](#)). Under this policy, the City will adjust its enforcement priorities to ensure that laws or regulations penalizing individuals for seeking or providing gender-affirming healthcare are not prioritized. This includes refraining from requesting information about such healthcare or assisting in the collection of penalties related to it. By enacting this policy, the City underscores its dedication to protecting the rights and well-being of its transgender and gender-diverse residents.

In essence, this resolution serves as a beacon of inclusivity and support for transgender individuals within our community. It reinforces the principle that all residents, regardless of gender identity, deserve equal access to necessary medical care. By formalizing this commitment through policy, the City aims to alleviate the concerns and anxieties of transgender individuals and their families, ensuring they can reside in Bloomington with confidence, knowing they will be supported in living authentically and receiving the healthcare they require.

We have been in touch with members of the Bloomington/Monroe County Human Rights Commission, as well as pertinent City staff including Legal about the potential legal ramifications of any such policy. We ask for your support of [Resolution 2024-14](#). Thank you.

RESOLUTION
OF THE
BLOOMINGTON CITY COUNCIL
OF THE CITY OF BLOOMINGTON, INDIANA
TO
PROTECT INDIVIDUALS SEEKING GENDER AFFIRMING CARE

WHEREAS, in 2023, members of the Indiana State Legislature introduced a record number of bills criminalizing or penalizing access to gender affirming healthcare across Indiana, at least one of which passed and is being challenged in federal court; and

WHEREAS, gender affirming healthcare has been proven to be evidence-based, medically necessary, and lifesaving by the American Medical Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatricians, the Endocrine Society, the American Psychiatric Association, and the World Professional Association for Transgender Health, amongst other institutions; and

WHEREAS, studies have shown that gender transition, including access to gender-affirming healthcare, improves the overall wellbeing of transgender people and that access to gender-affirming healthcare for youth is associated with better mental health outcomes and lower risks of suicide; and

WHEREAS, multiple healthcare institutions across the country, including in Indiana, have scaled back or have considered scaling back gender-affirming healthcare services in response to legal challenges, perception of legal risk, harassment, or threats of violence; and

WHEREAS, it is necessary and appropriate to exercise the authority vested in the City of Bloomington, including the coordinated and integrated direction, supervision, and control of all City of Bloomington departments, boards, commissions, and other agencies, to protect healthcare professionals and persons lawfully seeking, receiving, and assisting another individual in seeking or receiving of gender-affirming healthcare in the City of Bloomington; and

WHEREAS, Bloomington City ordinance 2.23.110 prohibits discrimination on the basis of sex, sexual orientation, and gender identity; and

WHEREAS, The Bloomington-Monroe County Human Rights Commission is tasked by the Bloomington City Council and the Monroe County Council with the authority to investigate and enforce the City's non-discriminations ordinance, found in chapter 2.23.100 *et seq.* of the Bloomington Ordinance; and

WHEREAS, the Bloomington Monroe County Human Rights Commission fully supports this resolution, the draft of which was approved by the Commission on _____.

BE IT RESOLVED BY THE BLOOMINGTON CITY COUNCIL:

Section 1. That the Mayor and Council hereby declare the City of Bloomington a Safe Haven for Gender Affirming Healthcare.

Section 2. That the City of Bloomington hereby adopts the following Gender-Affirming Healthcare Policy:

1. City Personnel shall not impose administrative penalties on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, except as otherwise required by law.
2. In the event any law or regulation is passed in the State of Indiana which imposes civil liability, administrative penalties, or professional sanctions, on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, City personnel shall make enforcement of said law or regulation a low priority.
3. City personnel shall not enforce laws of other jurisdictions that impose civil liability, administrative penalties, or professional sanctions, on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare.
4. City personnel shall not respond to any request for information from another jurisdiction if the request is related to that jurisdiction's laws, rules, or regulations imposing criminal punishment, civil liability, administrative penalties, or professional sanctions, on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, except as otherwise required by law.
5. City personnel shall not enforce or facilitate the collection of any judgment of another jurisdiction to the extent the judgment arises out of a cause of action in that jurisdiction based on providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, except as otherwise provided by law.

Community Advisory on Public Safety Commission Resolution 23-01:
Protection of LGBTQ Rights & Freedom

Community Advisory on Public Safety Commission Resolution 23-01 expresses concern of the Community Advisory on Public Safety Commission over the slate of legislation passed during the 2023 Session of the Indiana General Assembly restricting the rights of transgender youth, their families, their medical providers, and their educators.

WHEREAS, the Indiana General Assembly (IGA) has passed and Indiana Governor Eric Holcomb has signed into law several bills within the 2023 Session that restrict or infringe on the rights of transgender youth; and

WHEREAS, on April 5, 2023, Indiana Governor Eric Holcomb signed into law Senate Bill 480 (S.B. 480), which bans gender-affirming medical care for all minors under the age of eighteen within the State of Indiana; and

WHEREAS, on May 4, 2023, Indiana Governor Eric Holcomb signed into law House Bill 1608 (H.B. 1608), which bans instruction on human sexuality in public schools from kindergarten through the third grade and requires public school educators to notify the parents of a student who requests to go by a different name or pronoun of this change; and

WHEREAS, on May 4, 2023, Governor Holcomb signed into law House Bill 1447 (H.B. 1407), which opens public school educators to liability for disseminating educational materials alleged to be harmful to minors; and

WHEREAS, in response to H.B. 1608 and H.B. 1447, the Community Advisory on Public Safety Commission recommends the City of Bloomington (City) foster a welcoming and safe environment for transgender youth in schools and honor the decisions of public school educators to develop curricula without fear of liability from state-sanctioned punishment of speech; and

WHEREAS, according to the American Civil Liberties Union of Indiana (ACLU Indiana), the effect of these laws is to censor books and educational topics by and about LGBT people and other marginalized groups, which has a chilling effect on the availability of educational materials for students¹; and

WHEREAS, the American Civil Liberties Union of Indiana filed a lawsuit² on June 9, 2023, seeking a declaration that H.B. 1608 is unconstitutional and an injunction against its enforcement because it is, according to ACLU Indiana, unconstitutionally overbroad, to the point where educators will not be able to determine what can and cannot be said to students, and it infringes on constitutional First Amendment rights of educators to express themselves as private citizens outside of the classroom³; and

WHEREAS, according to ACLU Indiana, H.B. 1608 also requires teachers to forcibly “out” students who wish to go by a different name or pronoun by sending a note home to their parents or guardians, which increases the risk of parental rejection and negative emotional well-being when students do not feel ready or safe to come out at home⁴; and

WHEREAS, such forced disclosures will make school become yet another “closet” for transgender and gender diverse youth who may not ever feel safe enough to explore their identities when there is no longer any safe space at school to do so; and

WHEREAS, H.B. 1608’s mandates on pronoun usage and instruction on human sexuality in Hoosier schools remain in effect while the court case with ACLU Indiana is pending because, on July 28, 2023, just as the 2023 school year was about to begin or had already begun for the vast majority of primary schools across the State, the U.S. District Court for the Southern District of Indiana denied the Plaintiff’s motion for a preliminary injunction⁵; and

WHEREAS, it is necessary and appropriate to exercise the authority vested within the City to protect public school educators lawfully engaged in developing meaningful and effective coursework for students within the municipality, and to protect gender diverse students within the municipality from forced disclosures that could negatively impact their well-being; and

WHEREAS, in response to S.B. 480, the Community Advisory on Public Safety Commission recommends the City honor the rights of transgender youth, their parents or guardians, and their medical providers to make well-informed medical decisions without government interference; and

WHEREAS, access to medical transition and hormone blockers has been known to significantly decrease the risk of suicide in populations of transgender youth ages 13-20, including 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12-month follow-up⁶; and

WHEREAS, according to the Human Rights Campaign, as of March of 2023, more than half of transgender youth ages 13-17 in the United States have lost or are at risk of losing access to life-saving gender-affirming medical care⁷; and

WHEREAS, as of late August of this year, at least twenty-one states have passed bills restricting or criminalizing access to gender-affirming healthcare, five of which make it a felony crime to provide best practice medical care for transgender youth⁸; and

WHEREAS, Indiana joined this list on April 5, 2023 by the passage of S.B. 480, which prohibits health care practitioners from providing any types of medical gender-affirming healthcare to minors under the age of eighteen, including cross-sex hormones and puberty blockers, even with parental consent; and

WHEREAS, under S.B. 480, health care practitioners who assist another health care practitioner in providing gender-affirming care to a minor violate the standards of practice for health care professions and can be subject to discipline under their respective health care profession board; and

WHEREAS, S.B. 480 creates a private cause of action for a minor or their parent or guardian against a health care professional who provided or assisted another health care professional in providing the minor with gender-affirming care; and

WHEREAS, S.B. 480 does not provide exemptions for Hoosier transgender youth currently being prescribed gender-affirming medical care, and the bill gives transgender youth until the end of this year to receive care until it is prohibited across the board; and

WHEREAS, under the mandate of S.B. 480, Hoosier transgender youth who have previously been prescribed puberty blockers or cross-sex hormones with parental consent will, by January of 2024, be required to detransition (reverse, or go through the puberty that does not align with their preferred gender identity) or move out of state in order to continue receiving a continuum of gender-affirming medical care; and

WHEREAS, the vast majority of major medical organizations support gender-affirming care in populations of transgender youth, including the American Academy of Pediatrics⁹, Endocrine Society¹⁰ and Pediatric Endocrine Society¹¹, American Medical Association¹², American Psychiatric Association¹³, and American Academy of Child and Adolescent Psychiatry¹⁴; and

WHEREAS, national and international guidance exists on age-appropriate treatments for transgender youth, including suppression of puberty in prepubescent adolescents and cross-sex hormone treatment in youth of at least sixteen years of age¹⁵; and

WHEREAS, because the risk of depression and suicide among transgender youth decreases as access to gender-affirming medical care increases¹⁶, transgender youth depression and suicide rates will increase with state-legislated forced detransition and assigned-sex puberty that must legally occur until the patient can access or re-access gender-affirming care at the age of eighteen; and

WHEREAS, while policy rationales behind state-legislated gender-affirming care bans concern protecting minors from making semi-irreversible decisions that they may later come to regret, gender-affirming care is statistically associated with low levels of regret¹⁷ and blanket gender-affirming care bans will not protect transgender minors from undergoing semi-irreversible changes that they may later regret, notably a forced puberty that does not align with their known experience of gender identity; and

WHEREAS, medical doctors, minor patients, their consenting parents or guardians, and all other health care professionals who provide or assist in providing gender-affirming medical care enjoy a basic right to privacy and a confidential relationship between patient and physician that should protect them from criminal punishment, civil liability, administrative penalty, or any professional sanction related to decisions made within the healthcare provider-patient relationship so long as those decisions occur without coercion, force, or negligence; and

WHEREAS, the American Civil Liberties Union of Indiana filed a class action lawsuit¹⁸ on April 5, 2023, alleging violations of U.S. constitutional rights, including Equal Protection, and federal law, including the Medicaid Act and Affordable Care Act and seeking injunctive relief against enforcement of S.B. 480¹⁹; and

WHEREAS, the U.S. District Court for the Southern District of Indiana granted the Plaintiffs in the case a partial preliminary injunction on June 16, 2023, blocking the effect of S.B. 480 during the pendency of litigation as it applies to minors seeking gender affirming care (but not surgeries), and speech that would “aid or abet” the provision of gender affirming care to a minor²⁰; and

WHEREAS, while the preliminary injunction will remain in effect until the case is fully litigated, the Defendants in the case have filed a Notice of Appeal as of July 11, 2023²¹; and

WHEREAS, while the litigation in this case is pending, it is important for the City to declare itself a safe haven for its LGBTQ+ youth; and

WHEREAS, the Council for Kansas City, Missouri declared, by Resolution No. 230385²², the municipality to be a Safe Haven for Gender-Affirming Healthcare in the wake of proposed but not yet passed executive and legislative initiatives to ban gender-affirming medical care; and

WHEREAS, the Council for Kansas City adopted a Gender-Affirming Healthcare Policy which declared, within the extent of what is required by law within its jurisdiction, that the municipality would make enforcement of any state-sanctioned ban on gender-affirming care the lowest priority, including the enforcement of penalties, other jurisdictions’ laws and requests for information, and collection of any judgment; and

WHEREAS, the City of Bloomington should follow this model of adopting a policy that declares the City a Safe Haven for transgender youth, their parents or guardians, treating healthcare professionals, and educators within the municipality to the extent permissible by state and federal law; and

WHEREAS, the City has a responsibility to protect its residents from violations of their human rights and any criminalization of the free exercise thereof;

NOW, THEREFORE, BE IT RESOLVED BY THE COMMUNITY ADVISORY ON PUBLIC SAFETY COMMISSION THAT THE FOLLOWING POLICIES AND ACTIONS BE RECOMMENDED TO THE MAYOR AND COMMON COUNCIL FOR ADOPTION BY THE CITY:

Section 1. That the City of Bloomington formally condemns any action intended to abrogate the fundamental liberties of its people and affirms its commitment to protecting the right of its residents to make private health decisions regarding gender-affirming care.

Section 2. That the City of Bloomington formally condemns any action intended to ban and censor educational materials about marginalized groups in schools within the municipality, as well as any action intended to make schools within the municipality a less safe space for transgender and otherwise gender diverse students to exist as their authentic selves without fear.

Section 3. That the Mayor and Common Council declare the City of Bloomington a Safe Haven for Transgender Youth and adopt a policy or policies consistent with the principles set forth above.

PASSED by the Community Advisory on Public Safety Commission of the City of Bloomington, Monroe County, Indiana, this 1st day of November, 2023.

PASSED 8-0-1

Co-Chairs, Community Advisory on Public Safety Commission

Jason Michálek
Co-Chair

11.02.2023

Date

s/ Patricia Moon

11.02.2023

Co-Chair

Date

Synopsis:

This Community Advisory on Public Safety Commission Resolution asks the City of Bloomington Common Council and the Mayor to declare the City a Safe Haven for Transgender Youth in response to recent state legislation that bans gender-affirming health care for minors, restricts educational materials with LGBTQ+ themes in municipal schools, and requires parental notification of nomenclature and pronoun change requests from students in municipal schools. The Commission asks the City to create a policy or policies consistent with the principles set forth in the resolution.

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- ² *Smiley v. Jenner*, No. 1:23-cv-1001 (S.D. Ind. filed June 9, 2023), https://www.aclu-in.org/sites/default/files/field_documents/dkt_1_-_complaint_12.pdf.
- ³ Press Release, American Civil Liberties Union Indiana, ACLU of Indiana Challenges Law Censoring Classroom Discussions (June 9, 2023), <https://www.aclu-in.org/en/press-releases/aclu-indiana-challenges-law-censoring-classroom-discussions>.
- ⁴ Press Release, American Civil Liberties Union Indiana, Indiana Bill Targeting LGBTQ Students Signed by Governor (May 4, 2023), <https://www.aclu-in.org/en/press-releases/indiana-bill-targeting-lgbtq-students-signed-governor>.
- ⁵ John Tufts & Caroline Beck, *ACLU's Request to Delay Pronouns Law Denied as School Year Starts in Indiana*, INDYSTAR (July 29, 2023, 7:01 AM) <https://www.indystar.com/story/news/2023/07/29/judge-denies-injunction-indiana-sex-education-law-aclu-lawsuit/70490561007>, (updated July 31, 2023, 12:09 PM).
- ⁶ Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, JAMA NETWORK OPEN, Feb. 25, 2022, at 1, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>.
- ⁷ Press Release, Cullen Peele, Human Rights Campaign, New HRC Data Reveals Over Half of Transgender Youth Ages 13-17 Could Soon Face Barriers to Life-Saving, Medically Necessary Gender Affirming Care (Mar. 22, 2023), <https://www.hrc.org/press-releases/new-hrc-data-reveals-over-half-of-transgender-youth-ages-13-17-could-soon-face-barriers-to-life-saving-medically-necessary-gender-affirming-care>.
- ⁸ *Bans on Best Practice Medical Care for Transgender Youth*, MOVEMENT ADVANCEMENT PROJECT, https://www.lgbtmap.org/equality-maps/healthcare/youth_medical_care_bans (last updated August 28, 2023).
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- ¹⁰ Position Statement, Endocrine Society, Transgender Health (Dec. 16, 2020), <https://www.endocrine.org/advocacy/position-statements/transgender-health>.
- ¹¹ Press Release, Endocrine Society, Discriminatory Policies Threaten Care for Transgender, Gender-Diverse Individuals (Dec. 16, 2020), <https://www.endocrine.org/news-and-advocacy/news-room/2020/discriminatory-policies-threaten-care-for-transgender-gender-diverse-individuals>.
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- ¹⁵ E. Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 INT'L J. TRANSGENDER HEALTH S1 (2022), <https://www.tandfonline.com/doi/full/10.1080/26895269.2022.2100644>; Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. CLINICAL ENDOCRINOLOGY & METABOLISM 3869, 3870-72 (2017), <https://academic.oup.com/jcem/article/102/11/3869/4157558?login=false>; see also Clinical Practice Guideline, *Gender Dysphoria/Gender Incongruence Guideline Resources*, ENDOCRINE SOCIETY (Sept. 1, 2017), <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence#2>.
- ¹⁶ Amy E. Green et al., *Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth*, 70 J. ADOLESCENT HEALTH 643, 647-48 (2021), <https://doi.org/10.1016/j.jadohealth.2021.10.036>.
- ¹⁷ Coleman et al., *supra* note 15, at S36, S45-47.

¹⁸ *K.C. v. Individual Members of Med. Licensing Bd. of Ind.*, No. 1:23-CV-595 (S.D. Ind. filed Apr. 5, 2023), https://www.aclu-in.org/sites/default/files/field_documents/1_-_complaint.pdf.

¹⁹ Press Release, American Civil Liberties Union Indiana, ACLU Sues Indiana Over Ban on Health Care for Transgender Youth (Apr. 5, 2023), <https://www.aclu-in.org/en/press-releases/aclu-sues-indiana-over-ban-health-care-transgender-youth>.

²⁰ Order Granting In Part Plaintiffs' Motion For A Preliminary Injunction at 2, *K.C. v. Individual Members of Med. Licensing Bd. of Ind.*, No. 1:23-CV-595 (S.D. Ind. filed Apr. 5, 2023), <https://wp.api.aclu.org/wp-content/uploads/2023/06/IN-PI-decision.pdf>.

²¹ *K.C. v. Individual Members of Med. Licensing Bd. of Ind.*, No. 1:23-CV-595 (S.D. Ind. filed Apr. 5, 2023), *appeal docketed*, No. 23-2366 (7th Cir. filed July 12, 2023), https://content.govdelivery.com/attachments/INAG/2023/07/12/file_attachments/2552516/77%20-%20Notice%20of%20Appeal.pdf.

²² Kansas City, Mo., Resolution 230385, A Resolution Declaring the City of Kansas City a Safe Haven for Gender-Affirming Healthcare Through the Adoption of a Gender-Affirming Healthcare Policy (May 11, 2023), <https://clerk.kcmo.gov/LegislationDetail.aspx?ID=6195676&GUID=A44A421C-CC91-4816-B2CB-86F7BDA4BD67&FullText=1>.



Gender-Affirming Care and Young People

What is gender-affirming care?

Gender-affirming care is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people.

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system.

Why does it matter?

Research demonstrates that gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents.¹ Because gender-affirming care encompasses many facets of healthcare needs and support, it has been shown to increase positive outcomes for transgender and nonbinary children and adolescents. Gender-affirming care is patient-centered and treats individuals holistically, aligning their outward, physical traits with their gender identity.

Gender diverse adolescents face significant health disparities compared to their cisgender peers. Transgender and gender nonbinary adolescents are at increased risk for mental health issues, substance use, and suicide.^{2,3} The Trevor Project's 2021 *National Survey on LGBTQ Youth Mental Health* found that 52 percent of LGBTQ youth seriously considered attempting suicide in the past year.⁴

A safe and affirming healthcare environment is critical in fostering better outcomes for transgender, nonbinary, and other gender expansive children and adolescents. Medical and psychosocial gender affirming healthcare practices have been demonstrated to yield lower rates of adverse mental health outcomes, build self-esteem, and improve overall quality of life for transgender and gender diverse youth.^{5,6} Familial and peer support is also crucial in fostering similarly positive outcomes for these populations. The presence of affirming support networks is critical for facilitating and arranging gender affirming care for children and adolescents. Lack of such support can result in rejection, depression and suicide, homelessness, and other negative outcomes.^{7,8,9}

Common Terms

Cisgender: Describes a person whose gender identity aligns with their sex assigned at birth

Gender diverse or expansive: An umbrella term for a person with a gender identity and/or expression broader than the male or female binary. Gender minority is also used interchangeably with this term

Gender dysphoria: Clinically significant distress that a person may feel when sex or gender assigned at birth is not the same as their identity

Gender identity: One's internal sense of self as man, woman, both or neither

Nonbinary: Describes a person who does not identify with the man or woman gender binary

Transgender: Describes a person whose gender identity and or expression is different from their sex assigned at birth, and societal and cultural expectations around sex

HHS uses LGBTQI+ (lesbian, gay, bisexual, transgender, queer/questioning, or intersex) to reflect the diversity of this community. More specific terms are used in alignment with research and information sources. However, people who are part of this community may use various other [terms to define their identity](#).

Additional Information

- [Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline](#)
- [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents | American Academy of Pediatrics](#)
- [Standards of Care \(SOC\) for the Health of Transsexual, Transgender, and Gender Nonconforming People | World Professional Association for Transgender Health](#)

Gender-Affirming Care and Young People

| Affirming care | What is it? | When is it used? | Reversible or not |
|-----------------------------------|---|--|----------------------|
| Social Affirmation | Adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities | At any age or stage | Reversible |
| Puberty Blockers | Using certain types of hormones to pause pubertal development | During puberty | Reversible |
| Hormone Therapy | Testosterone hormones for those who were assigned female at birth Estrogen hormones for those who were assigned male at birth | Early adolescence onward | Partially reversible |
| Gender-Affirming Surgeries | “Top” surgery – to create male-typical chest shape or enhance breasts “Bottom” surgery – surgery on genitals or reproductive organs Facial feminization or other procedures | Typically used in adulthood or case-by-case in adolescence | Not reversible |

Resources

- [Discrimination on the Basis of Sex | HHS Office of Civil Rights](#)
- [Lesbian, Gay, Bisexual, and Transgender Health | Healthy People 2030](#)
- [Lesbian, Gay, Bisexual, and Transgender Health: Health Services | Centers for Disease Control and Prevention](#)
- [National Institutes of Health Sexual & Gender Minority Research Office](#)
- [Family Support: Resources for Families of Transgender & Gender Diverse Children | Movement Advancement Project](#)
- [Five Things to Know About Gender-Affirming Health Care | ACLU](#)
- [Gender-Affirming Care is Trauma-Informed Care | The National Child Traumatic Stress Network](#)
- [Gender-Affirming Care Saves Lives | Columbia University](#)
- [Gender Identity | The Trevor Project](#)
- [Genderspectrum.org](#)
- [Glossary of Terms | Human Rights Campaign](#)
- [Health Care for Transgender and Gender Diverse Individuals | ACOG](#)
- [Transgender and Gender Diverse Children and Adolescents | Endocrine Society](#)

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- ⁸ Seibel BL, de Brito Silva B, Fontanari AMV, Catelan RF, Bercht AM, Stucky JL, DeSousa DA, Cerqueira-Santos E, Nardi HC, Koller SH, Costa AB. (2018). The Impact of the Parental Support on Risk Factors in the Process of Gender Affirmation of Transgender and Gender Diverse People. *Front Psychol*, 27;9:399. doi: 10.3389/fpsyg.2018.00399. Erratum in: *Front Psychol*. 2018 Oct 12;9:1969. PMID: 29651262; PMCID: PMC5885980.
- ⁹ Sievert ED, Schweizer K, Barkmann C, Fahrenkrug S, Becker-Hebly I. (2021). Not social transition status, but peer relations and family functioning predict psychological functioning in a German clinical sample of children with Gender Dysphoria. *Clin Child Psychol Psychiatry*, 26(1):79-95. doi: 10.1177/1359104520964530. Epub 2020 Oct 20. PMID: 33081539.

RESEARCH THAT MATTERS

PROHIBITING GENDER-AFFIRMING MEDICAL CARE for Youth

MARCH 2023

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EXECUTIVE SUMMARY

Gender-affirming care is considered safe, effective, and medically necessary by major professional health associations, including the American Medical Association, the American Academy of Pediatrics, and the Endocrine Society. Yet, a growing number of states have taken action to restrict access to this care for youth through enacted or proposed legislation or executive actions. Bills that limit access to gender-affirming health care for minors include criminal penalties against health professionals and parents who provide or enable access to such care.

The Williams Institute estimates that

- 156,500 transgender youth live in 32 states where access to gender-affirming care has been restricted or was at risk of being banned due to legislation filed this legislative session.
 - 146,300 transgender youth in 30 states have lost access to care or are currently at risk of losing access to care due to pending legislation.
 - 77,900 transgender youth live in 11 states that passed bans or took other executive actions this year or in prior years to prohibit or limit their access to gender-affirming care.
 - 18,700 transgender youth impacted by legislative bans recently signed into law in Georgia, Iowa, Mississippi, South Dakota, Tennessee, and Utah and 59,200 transgender youth impacted by bans or executive action in prior years in Alabama, Arizona, Arkansas, Florida, and Texas.
 - 68,400 transgender youth in 19 states remain at risk of losing access to gender-affirming care due to pending legislation. These states are Hawaii, Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, Washington, and West Virginia.
 - 10,200 youth live in two states—Virginia and Wyoming—where bills were introduced this year but did not pass.

This report provides information about the current bans, which include over 126 bills filed this legislative session,¹ and the impacts of these bans. It also reviews the larger landscape of state efforts to restrict care and provides an estimate of the number of transgender youth at-risk of losing access to gender-affirming health care due to these efforts.

¹ See appendix for a full list of the bills considered in this report.

OVERVIEW

Due to efforts by state legislatures and administrations over the past four years, transgender youth in many states have lost access to gender-affirming care or are in imminent danger of losing access to such care. An estimated 156,500 transgender youth live in 32 states where access to gender-affirming care has been restricted or was at risk of being banned due to legislation filed this year.

An estimated 146,300 transgender youth in 30 states have lost access to care or are currently at risk of losing access to care due to pending legislation.

An estimated 77,900 transgender youth live in 11 states that have enacted bans or taken executive actions this year or in prior years to prohibit or limit their access to gender-affirming care. This includes 18,700 youth impacted by legislative bans recently enacted this year in Georgia, Iowa, Mississippi, South Dakota, Tennessee, and Utah and 59,200 impacted by bans or executive action in prior years. An estimated 13,200 transgender youth reside in Alabama, Arizona, and Arkansas, where legislative bans to restrict access to gender-affirming care were enacted in prior years, and another 46,000 youth reside in Florida and Texas where executive actions were taken to restrict access to care in 2022.

An estimated 68,400 youth in 19 states are in jeopardy of losing access to gender-affirming care if pending legislation is enacted in Hawaii, Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, Washington, and West Virginia. Bans that would have impacted 10,200 transgender youth who reside in two states—Virginia and Wyoming—did not pass this year.

State-specific estimates of the number of youth at risk are provided in the table below.

WHAT IS GENDER-AFFIRMING CARE?

Gender-affirming care, including the use of hormones to delay puberty and to promote the development of secondary sex characteristics that are consistent with a child's gender identity, is recommended for transgender youth² by the American Academy of Pediatricians and the Endocrine Society and is viewed by the American Academy of Child and Adolescent Psychiatry (AACAP) and the American Psychiatric Association (APA), and the American Medical Association (AMA) as evidence-based patient care.³

Research shows that gender-affirming care improves mental health and overall well-being for transgender people,⁴ including youth. A 2020 study published in *Pediatrics* found that access to pubertal suppression treatment was associated with lower odds of lifetime suicidal ideation among transgender adults.⁵ Similarly, a 2022 *Pediatrics* study conducted with youth who sought gender-affirming care at a gender clinic reported lower odds of depression and suicidality among those who initiated puberty blockers or gender-affirming hormone therapy.⁶ Research conducted by the Williams Institute noted that fewer transgender people who wanted and received gender-affirming medical

² More specifically, the Endocrine Society recommends care for with a diagnosis of gender dysphoria – defined by the American Psychiatric Association in the Diagnostic Statistical Manual DSM-5-TR as “a marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration.” Wylie C. Hembree, Peggy T. Cohen-Kettenis, Louis Gooren, Sabine Hannema, Walter J. Meyer, M. Hassan Murad, Stephen M. Rosenthal, Joshua D. Safer, Vin Tangpricha & Guy G. T’Sjoen, *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. OF CLINICAL ENDOCRINOLOGY & METABOLISM 3869-903 (2017); *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*. American Psychiatric Association. 2022.

³ AM. ACAD. OF CHILD & ADOLESCENT PSYCHIATRY, *AACAP Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth*. (Nov. 8, 2019) https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx; AM. PSYCHIATRIC ASSOC., *Frontline Physicians Oppose Legislation That Interferes in or Criminalizes Patient Care*. (Apr. 2, 2021) <https://www.psychiatry.org/newsroom/news-releases/frontline-physicians-oppose-legislation-that-interferes-in-or-criminalizes-patient-care>; Wylie C. Hembree, et. al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*. 102 J. OF CLINICAL ENDOCRINOLOGY & METABOLISM 3869-903 (2017); Jason Rafferty, et. al., AM. ACAD. OF PEDIATRICS COMM. ON PSYCHOSOCIAL ASPECTS OF CHILD & FAM. HEALTH, AAP COMM. ON ADOLESCENCE, AAP SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 PEDIATRICS 1-14 (2018); Press Release, Am. Med. Assoc., *AMA Reinforces Opposition to Restrictions on Transgender Medical Care*, (June 15, 2021), <https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care>.

⁴ CORNELL UNIV. PUB. POL’Y RSCH. PORTAL, *What does the scholarly research say about the effect of gender transition on transgender well-being?* (last visited Mar. 10, 2023) <https://whatwewknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>.

⁵ Jack L. Turban, Dana King, Jeremi M. Carswell & Alex S. Keuroghlian, *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*, 145 PEDIATRICS 68-76. (2020).

⁶ Diana M. Tordoff, Jonathon W. Wanta, Arin Collin, Cesalie Stepney, David J. Inwards-Breland & Kym Ahrens, *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, 5 JAMA NETWORK OPEN e220978 (2022) <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>.

care attempted suicide in the prior year compared to those who did not receive such care (6.5% vs. 8.9%, respectively).⁷

More generally, research indicates that efforts to support transgender youth in living according to their internal sense of gender is associated with better mental health and feelings of safety at school, while efforts to change the gender identity of transgender people (i.e., conversion therapy) are associated with suicidality.⁸

⁷ JODY L. HERMAN, TAYLOR N.T. BROWN & ANN P. HAAS, THE WILLIAMS INST., SUICIDE THOUGHTS AND ATTEMPTS AMONG TRANSGENDER ADULTS: FINDINGS FROM THE 2015 U.S. TRANSGENDER SURVEY (Sept. 2019), <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>.

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BANS ON GENDER-AFFIRMING CARE

CURRENT BANS ON GENDER-AFFIRMING CARE FOR YOUTH

Currently, nine states,⁹ described below in order of recency, have enacted legislative bans on gender-affirming care for youth and young adults:

Georgia. Senate Bill 140 was signed into law in March 2023, affecting Georgia’s 8,500 transgender youth.¹⁰ Georgia’s law, which applies to medical practitioners as well as medical institutions licensed in the state, does not explicitly ban medications to delay puberty and allows a limited exception to continue treatment for those who began receiving care prior to July 1, 2023.¹¹

Iowa. Iowa also enacted a ban on gender-affirming care for minors in March 2023, which will impact the state’s 2,100 transgender youth.¹² The law includes provisions shared by other bills, including characterizing such care as unprofessional conduct, enhancing civil liability for medical practitioners, and prohibiting conduct which “aids or abets” youth access to gender-affirming care.¹³

Tennessee. Earlier in March 2023, the governor of Tennessee signed H.B. 0001/S.B. 0001, which denies gender-affirming care to Tennessee’s 3,100 transgender youth aged 13-17, from July 1, 2023 onward.¹⁴ In 2021, Tennessee put a law in place banning hormone treatments for “prepubertal” minors.¹⁵ It is unclear how many are affected by this ban, since the type of hormone treatments banned by the law do not typically begin until the onset of puberty.¹⁶

Mississippi. In February 2023, the governor of Mississippi signed the Regulate Experimental Adolescent Procedures (REAP) Act, which will prevent access to gender-affirming care for 2,400

⁹ These states are Arkansas, Arizona, Alabama, Iowa, Mississippi, South Dakota, Tennessee and Utah. Oklahoma additionally passed and enacted a law in a special session (S.B. 3 of 2022) which revokes specific pandemic recovery funds for public Oklahoma University Hospital Authority facilities that provide gender-affirming care. S.B. 3, 58th Leg., 2nd Spec. Sess. (Okla. 2022); See also Jo Yorcuba, ASSOC. PRESS, *Oklahoma governor signs bill withholding hospital funding over trans youth care*, NBC NEWS, Oct. 5, 2022, <https://www.nbcnews.com/nbc-out/out-politics-and-policy/oklahoma-governor-signs-bill-withholding-hospital-funding-trans-youth-rcna50804>.

¹⁰ Maxine Tamsett, Pamela Kirkland, and Jack Forrest, *Georgia’s governor signs ban on certain gender-affirming care for minors*, CNN, Mar. 23, 2023, <https://www.cnn.com/2023/03/23/politics/brian-kemp-georgia-gender-affirming-care/index.html>

¹¹ S.B. 140, 157th Gen. Assemb., Reg. Sess. (Ga. 2023).

¹² Press Release, Gov. Reynolds Signs Several Bills into Law (Mar. 22, 2023), <https://governor.iowa.gov/press-release/2023-03-22/gov-reynolds-signs-several-bills-law>.

¹³ S.F. 538, 90th Gen. Assemb., Reg. Sess. (Iowa 2023).

¹⁴ H.B. 0001, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023); S.B. 0005, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023).

¹⁵ S.B. 126, 112th Gen. Assemb., Reg. Sess. (Tenn. 2021), 2021 Tenn. Pub. Acts Ch. 460, <https://publications.tnsosfiles.com/acts/112/pub/pc0460.pdf>.

¹⁶ See, WORLD PRO. ASSOC. FOR TRANSGENDER HEALTH (WPATH), STANDARDS OF CARE FOR THE HEALTH OF TRANSSEXUAL, TRANSGENDER, AND GENDER NONCONFORMING PEOPLE 10-20, (7th ed. 2012) https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341; ENDOCRINE SOCIETY, *Gender Dysphoria/Gender Incongruence Guideline Resources*, <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence#2> (Sept. 1, 2017).

transgender youth under 18.¹⁷ The Act prevents anyone from engaging in conduct which “aids or abets” youth access to gender-affirming care. Additionally, the act prohibits tax deductions and use of public funds for gender-affirming care, exempts gender-affirming treatments from coverage under Mississippi health insurance plans, and establishes liability for state employees who assist with access to this care for minors.

South Dakota. Signed by the governor in February 2023, South Dakota’s law¹⁸ prevents access to gender-affirming care for an estimated 500 transgender youth under 18.

Utah. In January, Utah became the first state in 2023 to ban gender-affirming care for minors.¹⁹ Utah’s law bans gender-affirming surgeries and creates a moratorium on gender-affirming hormone treatments for minors, allowing those currently receiving treatment to continue to do so for a set period of time. This law will impact an estimated 2,100 transgender youth.

Alabama. The Vulnerable Child Compassion and Protection Act²⁰ was signed into law in April 2022. This law makes it a felony for any person to provide gender-affirming care to a person under age 19, restricting access for 4,100 transgender young people.

Arizona. The Arizona’s Children Deserve Help Not Harm Act²¹ went into effect in March 2022, cutting off access to care for the state’s estimated 7,300 transgender youth under 18. In addition to banning treatments and referrals for treatment, the use of public funds, and Medicaid coverage, the bill includes a ban on tax reimbursements for gender-affirming care expenses for young people.

Arkansas. In April 2021, Arkansas was the first state to enact a ban on gender-affirming care for minors, restricting access to treatment for the estimated 1,800 transgender youth in the state.²² Known as the Save Adolescents from Experimentation (SAFE) Act, the bill prohibits physicians and healthcare professionals from providing gender-affirming care to minors, includes restrictions on the use of state funds for this care, and bans coverage under state health insurance plans. On March 14, 2023, Arkansas passed S.B. 199, which imposes separate and additional restrictions on access to gender-affirming care.²³

¹⁷ H.B. 1125, 2023 Leg., Reg. Sess. (Miss. 2023).

¹⁸ H.B. 1080, 98th Leg., Reg. Sess. (S.D. 2023); See Sydney Kashiwagi, *South Dakota governor signs bill prohibiting gender-affirming treatment for transgender minors*, CNN, Feb. 13, 2023, <https://www.cnn.com/2023/02/13/politics/south-dakota-kristi-noem-transgender-minors/index.html>.

¹⁹ S.B. 16, 2023 Leg., Gen. Sess. (Utah 2023); See Rebekah Riess and Zoe Sottile, *Utah governor signs bill banning gender-affirming hormone treatment and surgery for minors*, CNN, Feb. 10, 2023, <https://www.cnn.com/2023/01/29/us/utah-governor-minors-transgender-care-ban/index.html>.

²⁰ S.B. 184, 2022 Leg., Reg. Sess. (Ala. 2022).

²¹ S.B. 1138, 55th Gen. Assemb., 2nd. Reg. Sess. (Ariz. 2022).

²² H.B. 1570, 93rd Gen. Assemb., 2021 Reg. Sess. (Ark. 2021), To Create the Ark. Save Adolescents from Experimentation (SAFE) Act, 2021 Ark. Acts 2819 (codified at ARK. CODE ANN. § 20-9-1501, et seq. 2021).

²³ Arkansas S.B. 199 creates an enhanced civil liability structure for providers. S.B. 199, 94th Gen. Assemb., Reg. Sess. (Ark. 2023). See also, Andrew DeMillio, *Sanders Signs Arkansas trans care malpractice bill into law*, ASSOC. PRESS, March 14, 2023, <https://apnews.com/article/huckabee-sanders-transgender-malpractice-lgbtq-arkansas-41b7cd39b167b3bf2f3796d8be37ecf6>.

In total, 31,900 transgender youth live in the nine states where the legislature has enacted a ban on access to care.

Similarly, two states²⁴ have restricted access to gender-affirming care for 46,000 transgender youth through their executive branches:

Florida. In April 2022, the Florida Department of Health issued guidelines discouraging gender-affirming care for youth, including “social transition” such as the use of affirming names, pronouns, or clothing.²⁵ Subsequently, the Florida Boards of Medicine and Osteopathic Medicine approved a proposed ban on gender-affirming care for youth under 18.²⁶ In February 2023, the Boards adopted the proposed rules, finalizing bans on gender-affirming care which will impact 16,200 transgender youth in the state.²⁷

Texas. In February 2022, the Texas Attorney General issued an opinion memorandum defining most forms of gender-affirming care for youth as “child abuse.”²⁸ A few days later, the governor of Texas issued a directive which is a de facto ban on gender-affirming medical care for transgender youth.²⁹ The governor’s directive requires the state’s Department of Family and Protective Services (“DFPS”) to investigate any reported instances of health care providers or parents who provide or seek out gender-affirming care for children. These restrictions on care in Texas impact as many as 29,800 transgender youth.

Limitations on access to gender-affirming care in Alabama, Arkansas, and Texas are currently subject to litigation.

In **Alabama**, enforcement of the Vulnerable Child Compassion and Protection Act is currently prevented by a court injunction, allowing transgender youth to continue to receive care while the case is resolved.³⁰

²⁴ Additionally, the Attorney General of Missouri has announced intention to limit gender-affirming care through an emergency rule. See Raja Razek and Shawna Mizelle, *Missouri AG seeks to restrict gender-affirming care for minors*, CNN (Mar. 21, 2023), <https://www.cnn.com/2023/03/21/politics/missouri-gender-affirming-care-trans-restriction/index.html>.

²⁵ OFF. OF THE STATE SURGEON GEN., FLA. DEPT. OF HEALTH, *Treatment of Gender Dysphoria for Children and Adolescents* (April 20, 2022) https://www.floridahealth.gov/_documents/newsroom/press-releases/2022/04/20220420-gender-dysphoria-guidance.pdf.

²⁶ Agenda, FLA. BRDS. OF MED. AND OSTEOPATHIC MED., JOINT BRD. MEETING (Nov. 4, 2022) https://ww10.doh.state.fl.us/pub/medicine/Agenda_Info/Public_Information/Public_Books/2022/November/11042022_JointFB_Publicbook.pdf

²⁷ Romy Ellenbogen & Sam Ogozalek, *Florida to ban care for transgender youth – even in clinical trials*, TAMPA BAY TIMES, Feb. 10, 2023, <https://www.tampabay.com/news/health/2023/02/10/transgender-youth-gender-affirming-care-banned-florida-clinical-trials/>. Rule 64B8-9.019 was filed February 24, 2023 with an effective date of March 16, 2023. FLA. ADMIN CODE ANN. r. 64B8-9.019, <https://www.flrules.org/gateway/RuleNo.asp?id=64B8-9.019#:~:text=64B8%2D9.019%20%3A%20Standards%20of%20Practice,Register%20%2D%20FAC%2C%20FAR%2C%20eRulemaking.>

²⁸ Letter from Ken Paxton, Att’y Gen. of Tex., to Matt Krause, Texas State Rep., Opinion No. KP-0401 (Feb. 18, 2022), <https://texasattorneygeneral.gov/sites/default/files/global/KP-0401.pdf>.

²⁹ Letter from Greg Abbott, Gov. of Tex., to Jaime Masters, Comm’r, Tex. Dep’t of Family & Protective Servs. (Feb. 22, 2022), <https://gov.texas.gov/uploads/files/press/O-MastersJaime202202221358.pdf>.

³⁰ See *Eknes-Tucker v. Marshall*, Case No. 2:22-cv-184-LCB, 2022 U.S. Dist. LEXIS 87169, 2022 WL 1521889 (M.D. Ala. May 13, 2022).

Similarly in **Arkansas**, enforcement of the state’s Save Adolescents from Experimentation (SAFE) Act was temporarily blocked by the District Court.³¹ This ruling was upheld by the Court of Appeals for the Eighth Circuit, allowing transgender youth to continue to receive care.³² However, the newly enacted S.B. 199 may serve as a de facto ban despite the court ruling, as the law significantly increases risks and burdens for medical providers.³³

In **Texas**, a judge ruled in July 2022 that DFPS could continue investigating families of transgender youth while shielding the named plaintiffs from state enforcement until the court issues its final decision.³⁴ In September 2022, the judge clarified that its ruling also protects families who are members of Texas’s PFLAG organization, as PFLAG is one of the plaintiffs.³⁵ This means that many transgender youth may continue to receive care without facing DFPS investigations, at least until the case is resolved, but others are still at risk.

BANS PROPOSED IN 2023 STATE LEGISLATIVE SESSIONS

As of March 24, 2023, 19 additional states are currently considering bills that would deny or further restrict gender-affirming medical care to transgender youth.³⁶ Access to gender-affirming care is in jeopardy for an estimated 68,400 transgender youth across these states. In two of those states—Kentucky³⁷ and West Virginia³⁸—bills have been passed by the legislature but have not yet been signed

³¹ See *Brandt v. Rutledge*, 551 F. Supp. 3d 882 (E.D. Ark. 2021).

³² See *Brandt by and through Brandt v. Rutledge*, 47 F. 4th 661 (8th Cir. 2022), *reh’g denied* 2022 WL 16957734 (8th Cir. Nov. 16, 2022).

³³ See e.g. Ronak Patel, *Governor signs gender transition medical lawsuit bill into law*, Talk Business & Politics, Mar. 14, 2023, <https://talkbusiness.net/2023/03/governor-signs-gender-transition-medical-lawsuit-bill-into-law/>.

³⁴ *PFLAG v. Abbott*, Cause No. D-1-GN-22-002569 (Travis Cnty., Tex. Dist. Ct., June 10, 2022) (issuing a temporary restraining order). Defendants, representing the interests of the state of Texas, appealed to the Texas State Court of Appeals, an action that overrode the injunction. However, the Court of Appeals reinstated the injunction, first on a temporary basis on July 7, 2022 and then ordered the reinstatement on September 20, 2022. *Masters v. Voe*, No. 03-22-00420-CV (Tex. Ct. of Apps., 3d Dist. Sept. 20, 2022). District Court proceedings continued during the appeal, and the temporary restraining order was converted into a temporary injunction on July 8, 2022 for all plaintiffs other than PFLAG and two parents. *PFLAG v. Abbott*, Cause No. D-1-GN-22-002569 (Travis Cnty., Tex. Dist. Ct., June 10, 2022). See also *PFLAG v. Abbott*, ACLU, <https://www.aclu.org/cases/pflag-v-abbott#> (last visited March 13, 2023).

³⁵ The temporary restraining order was converted into a temporary injunction by the trial court for the remaining plaintiffs, including PFLAG, on September 16, 2022. *PFLAG v. Abbott*, Cause No. D-1-GN-22-002569 (Travis Cnty., Tex. Dist. Ct., Sept. 16, 2022).

³⁶ These states are Hawaii, Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, Washington and West Virginia. See *Mapping Attacks on LGBTQ Rights in U.S. State Legislature*, AMERICAN CIVIL LIBERTIES UNION, <https://www.aclu.org/legislative-attacks-on-lgbtq-rights?impact=&state=> (last accessed Feb. 24, 2023); *Anti-Transgender Medical Care Bans*, EQUALITY FEDERATION, <https://www.equalityfederation.org/tracker/anti-transgender-medical-care-bans> (last accessed Mar. 22, 2023).

³⁷ Kentucky H.B. 150 was passed by the Kentucky legislature on March 16, 2023. See Bruce Schreiner, AP News, *Kentucky lawmakers pass ban on youth gender-affirming care* (Mar. 16, 2023), <https://apnews.com/article/transgender-rights-health-care-kentucky-legislature-848343fe842e714dfc2bb734745f3cd5>.

³⁸ West Virginia H.B. 2007 was passed on March 11, 2023. Chris Schulz and Curtis Tate, *Lawmakers Approve Gender-Affirming Health Care Ban, With Exception*, WEST VIRGINIA PUBLIC BROADCASTING, Mar. 11, 2023, <https://wvpublic.org/gender-affirming-care-ban-for-minors-gets-exception-returns-to-house/>.

into law. Kentucky's bill was vetoed by the governor, but the legislature could still override the veto.³⁹ Additionally, six states that already have legislative or executive bans (Arizona, Iowa, Florida, Georgia, Tennessee, and Texas) are considering new or additional legislation that would expand the impact of the existing bans.⁴⁰ Legislative attempts to ban care have failed in two additional states.⁴¹ In two additional states, New Mexico and Pennsylvania, laws were introduced in 2023 which may limit access to gender-affirming care, but do not directly prohibit access.⁴² They are not included in our estimates. Please refer to Appendix A for a full list of bills considered in this report.

Although most pending bills⁴³ considered in this report would apply to youth under age 18, several bans proposed in 2023 would limit access to care for older youth. In three states, bills were proposed that would extend the ban on gender-affirming care up to age 26.⁴⁴ This formerly included Oklahoma, which was the first state to propose the higher age restriction in what was called the "Millstone" act, but subsequently removed the language.⁴⁵ However, Texas and South Carolina still have bills proposing this age restriction.⁴⁶ Bills in Kansas, Oklahoma, and South Carolina propose to restrict access to care up to age 21⁴⁷ and a Nebraska bill proposes to restrict up to and including age 18.⁴⁸

³⁹ Olivia Krauth, Gov. Andy Beshear vetoes Kentucky's sweeping anti-trans bill, LOUISVILLE COURIER J., Mar. 24, 2023, <https://www.courier-journal.com/story/news/politics/2023/03/24/kentucky-senate-bill-150-andy-beshear-vetoes-anti-trans-legislation/70029905007/>.

⁴⁰ See Arizona (S.B. 1702), Iowa (multiple), Florida (H.B. 1421, S.B. 254), Georgia (S.B. 141, H.B. 653), Tennessee (H.B. 1378, S.B. 0005), and Texas (multiple). For example, Arizona S.B. 1702 would expand the scope of prohibited treatments. Tennessee H.B. 1378 and S.B. 0005 would add mandatory disclosure requirements and a restriction on public funds and government insurance policies to the state's ban on gender-affirming care, among other changes. Iowa and Georgia passed other bills banning gender-affirming care during the 2023 legislative session and therefore the remaining bills may be less likely to advance.

⁴¹ These states were Virginia (S.B. 791, S.B. 960, and S.B. 1203) and Wyoming (S.F. 0111, S.F. 0144).

⁴² New Mexico H.B. 490 would require parental consent to obtain gender-affirming care under 18 but does not prohibit care. Pennsylvania H.B. 135 extends the statute of limitations for claims related to gender-affirming care but does not explicitly prohibit the care.

⁴³ For these purposes, pending bills include active legislation that was proposed but not yet enacted in the 2023 legislative session. Bills that did not advance are not considered here, unless specifically noted.

⁴⁴ These states are Oklahoma (S.B. 129, later amended), South Carolina (H. 3730) and Texas (H.B. 4754). In Texas, where access to care for those under 18 is currently restricted, an additional 21,600 additional young people could lose access if H.B. 4754 is enacted.

⁴⁵ Press Release, Okla. Sen., Bullard filed bill prohibiting genital mutilation of youth under 26 (Jan. 10, 2023), <https://oksenate.gov/press-releases/bullard-files-bill-prohibiting-genital-mutilation-youth-under-26>. "Millstone" is a reference to a biblical passage, *Matthew* 18:6.

⁴⁶ This language was removed from Oklahoma S.B. 129.

⁴⁷ Kansas S.B. 12, Oklahoma H.B. 1011 and S.B. 345 (which could impact an additional 4,100 youth), and South Carolina S. 0274.

⁴⁸ Nebraska L.B. 574.

Table 1. Estimated number of transgender youth ages 13 and up^a at risk of being denied access to gender-affirming medical care in 30 states through enacted state bans* or executive actions or those filed in 2022-2023 legislative sessions**

| | STATE | ESTIMATE | LOWER BOUND | UPPER BOUND |
|--------------|----------------------|----------------|---------------|----------------|
| Ages 13-25 | South Carolina | 8,100 | 2,300 | 21,300 |
| Ages 13-20 | Kansas | 4,500 | 2,000 | 11,200 |
| Ages 13-18 | Alabama* | 4,100 | 1,200 | 15,500 |
| | Nebraska | 1,500 | 400 | 5,700 |
| Ages 13-17 | Arizona* | 7,300 | 2,000 | 26,900 |
| | Arkansas* | 1,800 | 500 | 6,700 |
| | Florida** | 16,200 | 11,900 | 20,500 |
| | Georgia* | 8,500 | 2,300 | 32,800 |
| | Hawaii | 1,700 | 1,300 | 2,100 |
| | Idaho | 1,000 | 300 | 3,700 |
| | Indiana | 4,100 | 1,100 | 15,500 |
| | Iowa* | 2,100 | 600 | 7,800 |
| | Kentucky | 2,000 | 500 | 7,800 |
| | Michigan | 8,900 | 6,400 | 11,300 |
| | Mississippi* | 2,400 | 600 | 9,200 |
| | Missouri | 2,900 | 800 | 10,500 |
| | Montana | 500 | 100 | 2,000 |
| | New Hampshire | 700 | 200 | 2,400 |
| | New Jersey | 3,800 | 1,100 | 6,500 |
| | North Carolina | 8,500 | 2,400 | 31,400 |
| | North Dakota | 500 | 100 | 1,800 |
| | Ohio | 8,500 | 2,200 | 31,900 |
| | Oklahoma | 2,600 | 700 | 9,400 |
| | Oregon | 2,900 | 800 | 10,500 |
| | South Dakota* | 500 | 100 | 1,900 |
| | Tennessee* | 3,100 | 800 | 11,800 |
| | Texas** | 29,800 | 7,700 | 106,700 |
| | Utah* | 2,100 | 600 | 7,700 |
| | Washington | 5,000 | 1,300 | 18,800 |
| | West Virginia | 700 | 200 | 2,600 |
| Total | | 146,300 | 52,500 | 453,900 |

^a Children under the age of 13 would be impacted by the enacted and proposed bills but are not counted here due to the lack of reliable estimates of the number of transgender children of this age.

* Legislative ban enacted

** Executive action taken to restrict access to gender-affirming care.

Note: At the time of writing, legislative attempts to ban gender-affirming care had failed in the 2023 sessions in Virginia and Wyoming, home to 10,000 transgender youth ages 13 to 20 and 200 transgender youth ages 13 to 17, respectively.

IMPACTS AND RESTRICTIONS

IMPACT ON MEDICAL PROFESSIONALS

The bills carry severe penalties for health care practitioners or other professionals who provide gender-affirming care for minors or refer minors or their families for such care. In 13 states, bills would make it a crime to provide gender-affirming care to minors.⁴⁹ Bills in 18 states would subject providers to discipline from state licensing boards, including potential loss of their ability to practice medicine.⁵⁰ Bills in 19 states would allow individuals to file civil suits for damages against medical providers who violate these laws, and many extend the statute of limitations to allow a longer time to bring such lawsuits.⁵¹ A few states have proposed bills which would prevent professional liability insurance from covering claims related to the provision of gender-affirming care to minors.⁵² Bills in 10 states would additionally prohibit medical practitioners from making referrals to other practitioners for gender-affirming care.⁵³ Additionally, bills in eight states would make it illegal to

⁴⁹ More specifically, Idaho (H.B. 71), Hawai'i (H.B. 891), Kansas (S.B. 12), Michigan (H.B. 4257), Missouri (H.B. 463, H.B. 164), North Dakota (H.B. 1254), Oklahoma (H.B. 1011, S.B. 613), South Carolina (H. 3730), Texas (H.B. 122, H.B. 4754) and Washington (H.B. 1214) bills would subject providers to a felony. Florida (S.B. 254) would subject providers to a felony for administering gender-affirming treatments to minors, and to a misdemeanor for violating strict new rules on informed consent for adults. Indiana H.B. 1118 would impose a felony for surgeries and a misdemeanor for providing hormones. In New Jersey, S. 3076 would make participation in gender-affirming care for a minor "a crime of the third degree, which is punishable by imprisonment for three to five years, a fine up to \$15,000, or both."

⁵⁰ These states are Florida (S.B. 254), Georgia (S.B. 141, H.B. 653), Hawai'i (H.B. 891), Indiana (H.B. 1118, H.B. 1220, S.B. 480), Kansas (S.B. 12, S.B. 233), Kentucky (H.B. 120, H.B. 470), Missouri (H.B. 419, H.B. 463, H.B. 540, H.B. 916, S.B. 164, S.B. 236, S.B. 281, S.B. 49, S.B. 598), Montana (S.B. 99), Nebraska (L.B. 574), North Carolina (H.B. 43), Ohio (H.B. 68), Oklahoma (H.B. 1377, H.B. 2177, S.B. 252, S.B. 613, S.B. 878), Oregon (H.B. 3137), South Carolina (S. 3551, H. 3730), Tennessee (H.B. 1378, S.B. 0005), Texas (H.B. 41, H.B. 122, H.B. 776, H.B. 1532, H.B. 1686, H.B. 4754, S.B. 250, S.B. 625), Washington (H.B. 1214), and West Virginia (S.B. 692, S.B. 697).

⁵¹ These states are Florida (H.B. 1421), Georgia (S.B. 141, H.B. 653), Indiana (H.B. 1118, H.B. 1220, H.B. 1231, H.B. 1589, S.B. 480), Iowa (S.F. 110), Kansas (S.B. 233), Kentucky (H.B. 120, H.B. 470), Missouri (S.B. 164, H.B. 419, H.B. 463, H.B. 540, H.B. 916, S.B. 49, S.B. 236, S.B. 598), Montana (S.B. 99), Nebraska (L.B. 574), New Hampshire (H.B. 619), Ohio (H.B. 68), Pennsylvania (H.B. 135), Oklahoma (H.B. 1011, H.B. 1377, H.B. 1466, H.B. 2177, S.B. 613, S.B. 614, S.B. 786, S.B. 787, S.B. 788, S.B. 789), Oregon (H.B. 3137), South Carolina (H. 3730, S. 0627), Tennessee (H.B. 1378, S.B. 0005), Texas (H.B. 1752, H.B. 888, H.B. 4754), Washington (H.B. 1214), and West Virginia (S.B. 692, S.B. 697). Pennsylvania H.B. 135 extends the statute of limitations for claims related to gender-affirming care but does not explicitly prohibit the care. Oklahoma S.B. 614, S.B. 786, S.B. 787 and S.B. 788 would remove the Statute of Limitations for filing such claims altogether. Texas H.B. 1752 would explicitly limit enforcement to private civil actions and would seek to establish immunity for the state from reviewability. *C.f.* Texas S.B. 8, 87th Leg., Reg. Sess. (Tex. 2022). Similarly, Oklahoma H.B. 1466 contains a private enforcement clause.

⁵² *E.g.*, Oklahoma H.B. 1466, Texas H.B. 41, H.B. 122, H.B. 1532, and S.B. 250.

⁵³ These states are Indiana (H.B. 1220, H.B. 1231, S.B. 480), Iowa (H.S.B. 214, S.S.B. 1197), Kentucky (H.B. 120), Missouri (S.B. 164, H.B. 419, H.B. 463, H.B. 540, H.B. 916, S.B. 236, S.B. 598), Oklahoma (H.B. 1011, H.B. 1377, S.B. 878), New Hampshire (H.B. 619), South Carolina (H. 3730), Texas (H.B. 4754), Washington (H.B. 1214), and West Virginia (S.B. 697). Arizona also proposes to expand its existing prohibition on referrals (S.B. 1702).

“aid and abet” the provision of gender-affirming care.⁵⁴ At least one bill would subject mental health providers to reporting requirements on transgender patients.⁵⁵

IMPACT ON FAMILIES OF TRANSGENDER YOUTH

In some states, family members of transgender youth are also at risk. At least three states would create penalties or liability for parents who facilitate minors’ access to gender-affirming medical care.⁵⁶ Six states have bills that would specifically classify such care as child abuse, which could impact both providers and parents or guardians.⁵⁷ Two of these states have bills that would categorize some forms of gender-affirming care as genital mutilation.⁵⁸

Additionally, several states have introduced bills that would require public employees or medical professionals to disclose to parents or guardians if a young person seeks affirmation of a gender that differs from their assigned sex.⁵⁹

RESTRICTIONS ON FUNDING AND RESOURCES FOR GENDER-AFFIRMING CARE

Many of these bills would further limit access to gender-affirming care for transgender youth by barring certain insurance providers from offering coverage for gender-affirming care, by placing restrictions on the use of state funds or state facilities to provide this care, or by excluding gender-affirming care as a tax-deductible health care expense. Bills in 12 states would prohibit certain health insurance plans from offering coverage for gender-affirming care.⁶⁰ In 16 states, bills would prohibit

⁵⁴ These states are Georgia (H.B. 653), Indiana (S.B. 480), Kentucky (H.B. 470), Missouri (H.B. 419, H.B. 463), Ohio (H.B. 68), Oklahoma (H.B. 1466, H.B. 2177), South Carolina (H. 3551, S. 0627), and West Virginia (H.B. 692). Iowa enacted a law including “aid and abet” language in the 2023 legislative session, and therefore pending laws H.S.F. 214 and S.S.F. 1197 would not make this an additional state. See Iowa S.F. 538.

⁵⁵ See Ohio H.B. 68.

⁵⁶ These states are Missouri (S.B. 281), Oklahoma (S.B. 345, S.B. 788, S.B. 789) and Texas (H.B. 672).

⁵⁷ These states are Idaho (H. 71), Indiana (H.B. 1118, S.B. 1232), Michigan (H.B. 4257), Missouri (H.B. 463, H.B. 164, S.B. 281), Oklahoma (S.B. 788, S.B. 789), and Texas (H.B. 42, H.B. 436, H.B. 672 – criminal endangerment, H.B. 1532, H.B. 1752 – genital mutilation, S.B. 249). New Hampshire (H.B. 417) and Wyoming (S.F. 0111) also introduced similar bills, but they did not advance. Indiana H.B. 1407 is a narrower bill similar to Indiana S.B. 1232, which would specifically shield parents and guardians from allegations of child abuse for not providing gender-affirming care.

⁵⁸ Idaho (H. 71) (surgeries and hormone treatments) and Texas (S.B. 249) (surgeries only).

⁵⁹ Those states include Georgia (S.B. 141), Oregon (H.B. 3137), South Carolina (H. 3197, H. 3485, H. 3551, S. 0234, S. 0274), and Tennessee (H.B. 1378, S.B. 0005). New Mexico (H.B. 490) also has a bill pending that would require parental consent to obtain gender-affirming care under 18.

⁶⁰ These states are Florida, Indiana, Kentucky, Missouri, Montana, New Hampshire, Ohio, Oklahoma, Tennessee, Texas, Washington, and West Virginia. Tennessee S.B. 0005 prohibits public funds from being used to cover insurance expenses related to the care. Ohio (H.B. 68), Oklahoma (H.B. 1011, S.B. 250, S.B. 878), Missouri (H.B. 916, S.B. 598), Montana (S.B. 99), Kentucky (H.B. 120, H.B. 470), Texas (H.B. 1686, S.B. 625, S.B. 1029), and West Virginia (H.B. 3097) seek to ban coverage of gender-affirming procedures for youth under their state Medicaid plans. Kentucky (H.B. 470), Texas (H.B. 1686, S.B. 625), and West Virginia (H.B. 3097) bills would also ban coverage under their state Child Health Insurance Plans. Florida (S.B. 254) would ban coverage of gender-affirming care for minors under any state insurance plan. Indiana (H.B. 1231), Missouri (H.B. 419, H.B. 540), New Hampshire (H.B. 619), and Oklahoma (H.B. 1377, H.B. 2177) would ban coverage under insurance plans for gender-affirming care for youth, and exempt insurance providers from covering

the use of state funds for gender-affirming care or more broadly prohibit distribution of state funds to any organization or individual that provides gender-affirming care to minors, seemingly regardless of what the funding is used for.⁶¹ In several states, bills would prohibit gender-affirming care by or in government-owned or operated facilities, and by individual providers employed by government entities.⁶² In three states, bills would exclude gender-affirming care as a tax-deductible health care expense.⁶³ One bill in Missouri would impose a tax on institutions that perform gender-affirming treatments.⁶⁴

INSURANCE-BASED LIMITATIONS ON ACCESS TO GENDER-AFFIRMING CARE FOR TRANSGENDER ADULTS

Six states have proposed legislation which could restrict access to gender-affirming care for transgender adults enrolled in state insurance programs, including Medicaid. Texas has proposed the broadest ban, which would prohibit the use of any state funds to pay for gender reassignment procedures, without age restriction.⁶⁵ At least one state has proposed a categorical ban on gender-affirming care under the state's Medicaid plan,⁶⁶ joining Texas and six other states which currently ban Medicaid coverage for at least one form of gender-affirming care.⁶⁷ As a result of the pending bills, many of the 88,200 transgender adults who rely on Medicaid in these states may face increased barriers to accessing care.⁶⁸ Tennessee, which already bans Medicaid reimbursement for gender-affirming care, has proposed a bill to restrict coverage for the care under managed care plans as well, which extends to carriers that provide gender-affirming care anywhere, not limited to Tennessee.⁶⁹ Additionally, four states have proposed bills which would allow insurance plans in the state to opt out of coverage for gender-affirming care entirely.⁷⁰

gender-affirming care for adults. Missouri bills (H.B. 419 and H.B. 540) would additionally exempt federal plans from providing gender-affirming care. Washington (H.B. 1214) would remove coverage for gender-affirming care for minors from its state law mandating coverage for gender-affirming care and require a study on coverage of such care under state plans.

⁶¹ These states are Florida (S.B. 254), Indiana (H.B. 1231), Iowa (S.F. 110), Kentucky (H.B. 120, H.B. 470), Missouri (H.B. 419, H.B. 540, H.B. 916, S.B. 598), Montana (S.B. 99), Nebraska (L.B. 574), New Hampshire (H.B. 619), North Carolina (H.B. 43), Oklahoma (H.B. 1011, H.B. 1377, H.B. 2177, S.B. 129, S.B. 878), Oregon (H.B. 3137), South Carolina (H. 3730, S. 0274, S. 0627), Tennessee (H.B. 1378, S.B. 0005), Texas (H.B. 1686, H.B. 4754, S.B. 625), Washington (H.B. 1214), and West Virginia (S.B. 697). Oklahoma H.B. 2177 creates a complaint system for reporting the use of public funds for gender-affirming treatment. Additionally, Iowa H.F. 2 would prohibit boycott or divestment of public funds because a funded entity refuses to provide gender-affirming care.

⁶² These states include Florida (S.B. 254), Indiana (H.B. 1220, H.B. 1231, S.B. 480), Kentucky (H.B. 120, H.B. 470), Missouri (H.B. 419, H.B. 540), Montana (S.B. 99), New Hampshire (H.B. 619), Oklahoma (H.B. 2177, S.B. 878), and Texas (H.B. 4754), West Virginia (H.B. 2972). West Virginia's bill is specific to public universities. Montana S.B. 99 also prohibits state employees from providing or promoting gender-affirming care. Florida S.B. 254 would require all state-licensed facilities to certify that they do not provide gender-affirming care.

⁶³ These states are Kentucky (H.B. 120, H.B. 470), Missouri (H.B. 419, H.B. 540), and Montana (S.B. 99).

⁶⁴ Missouri H.B. 1332.

⁶⁵ Texas S.B. 1029

⁶⁶ Oklahoma S.B. 250.

⁶⁷ Those states are Arizona, Florida, Missouri, Nebraska, South Carolina, Tennessee, and Texas. CHRISTY MALLORY & WILL TENTINDO, THE WILLIAMS INSTITUTE, MEDICAID COVERAGE FOR GENDER-AFFIRMING CARE (Dec. 2022), <https://williamsinstitute.law.ucla.edu/publications/medicaid-trans-health-care/>.

⁶⁸ *Id.*

⁶⁹ Tennessee H.B. 1215 and S.B. 1335.

⁷⁰ Indiana (H.B. 1231), Missouri (H.B. 419, H.B. 540), New Hampshire (H.B. 619), and Oklahoma (H.B. 1377, H.B. 2177)

BANS AS AN ADDITIONAL STRESSOR FOR TRANSGENDER YOUTH AND THEIR FAMILIES

Cumulative exposure to stressors is a risk for poor mental,⁷¹ as well as physical health.⁷² Prior to the introduction of bans on access to gender-affirming care in 2020, more than a third (34.6%) of transgender high school students who completed a 2017 survey conducted by the Centers for Disease Control and Prevention reported attempting suicide in the prior 12 months—at four to six times the rate reported by their cisgender peers.⁷³ Transgender youth are exposed to much higher levels of school-based violence, including being threatened or injured with a weapon at school than their cisgender peers,⁷⁴ and some experience rejection from their own families because they are transgender.⁷⁵

Bans on access to medically appropriate health care add to the burden of stress experienced by transgender youth and their families. A recent survey of LGBTQ youth found that many (93%) transgender youth worry about access to gender-affirming medical care.⁷⁶ Parents of transgender youth in two separate studies reported considerable concern about worsening mental health and increased risk of suicidality for their child due to proposed legislative restrictions on access to gender-affirming care.⁷⁷ Moreover, research on LGBTQ issues has shown that having one's social status and

would exempt insurance providers from covering gender-affirming care for adults. Florida bills (H.B. 1265, S.B. 952) would make employers liable for downstream costs if they cover gender-affirming care and a person detransitions.

⁷¹ Ilan H. Meyer, *Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence*. 129 *PSYCH. BULL.* 674-97 (2003); Katie A. McLaughlin, Kerith J. Conron, Karestan C. Koenen & Stephen E. Gilman, *Childhood Adversity, Adult Stressful Life Events, and Risk of Past-Year Psychiatric Disorder: a Test of the Stress Sensitization Hypothesis in a Population-Based Sample of Adults*. 40 *PSYCH. MED.* 1647-58 (2010); JODY L. HERMAN, TAYLOR N.T. BROWN, ANN P. HAAS, THE WILLIAMS INST., *SUICIDE THOUGHTS AND ATTEMPTS AMONG TRANSGENDER ADULTS: FINDINGS FROM THE 2015 U.S. TRANSGENDER SURVEY* (Sept. 2019), <https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/>.

⁷² AM. PSYCH. ASSOC., *Stress effects on the body* (Mar. 8, 2023), <https://www.apa.org/topics/stress/body>.

⁷³ Michelle M. Johns, Richard Lowry, Jack Andrzejewski, Lisa C. Barrios, Zewditu Demissie, Timothy McManus, Catherine N. Rasberry, Leah Robin & J. Michael Underwood, *Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students - 19 States and Large Urban School Districts, 2017*, 68 *MORBIDITY & MORTALITY WKLY REP.* 67-7 (2019).

⁷⁴ *Id.*

⁷⁵ Juline A. Koken, David S. Bimbi & Jeffrey T. Parsons, *Experiences of Familial Acceptance-Rejection Among Transwomen of Color* 23 *J. FAM. PSYCH.* 853-60 (2009). SANDY E. JAMES, JODY L. HERMAN, SUSAN RANKIN, MARA KEISLING, LISA MOTTET & MA'AYAN ANAFI, NAT'L CTR. FOR TRANSGENDER EQUALITY, *THE REPORT OF THE 2015 U.S. TRANSGENDER SURVEY* (2016).

⁷⁶ THE TREVOR PROJECT, *2022 NATIONAL SURVEY ON LGBTQ YOUTH MENTAL HEALTH* (2022), <https://www.thetrevorproject.org/survey-2022/>.

⁷⁷ Roberto L. Abreu, Jules P. Sostre, Kirsten A. Gonzalez, Gabriel M. Lockett, Em Matsuno & Della V. Mosley, *Impact of Gender-Affirming Care Bans on Transgender and Gender Diverse Youth: Parental Figures' Perspective*, 36 *J. OF FAM. PSYCH.* 643-52 (2022); Kacie M. Kidd, Gina M. Sequeira, Taylor Paglisotti, Sabra L. Katz-Wise, Traci M. Kazmerski, Amy Hillier, Elizabeth Miller & Nadie Dowshen, *"This Could Mean Death for My Child": Parent Perspectives on Laws Banning Gender-Affirming Care for Transgender Adolescents*, 68 *J. ADOLESC. HEALTH* 1082-88 (2021).

rights publicly debated can have a negative impact on mental health,⁷⁸ as do efforts to codify anti-LGBTQ+ prejudice into law.⁷⁹

IMPACT ON INTERSEX YOUTH

Nearly all proposed bills include language to exempt medical providers from liability for administering hormones to and performing surgeries on intersex⁸⁰ minors. Most bills use diagnostic terms or the phrase “disorder of sexual development” to outline exceptions for treating intersex people⁸¹ and a few use the term “intersex.”⁸² Tennessee’s bill, which was enacted this legislative session, uses the term “congenital defect.”⁸³

Intersex children who are subjected to non-consensual, unnecessary medical procedures to “normalize”⁸⁴ their bodies are vulnerable to trauma associated with such procedures⁸⁵ and negative consequences later in life, such as suicidality.⁸⁶ The American Bar Association has issued a resolution in opposition to the enactment of these provisions in state laws, explaining that they “eliminate the individual’s bodily autonomy and disregard the standard of informed consent.”⁸⁷

⁷⁸ THE TREVOR PROJECT & MORNING CONSULT, Issues Impacting LGBTQ Youth: Polling Presentation, (Jan. 2023) https://www.thetrevorproject.org/wp-content/uploads/2023/01/Issues-Impacting-LGBTQ-Youth-MC-Poll_Public-2.pdf; Andrew R. Flores, Mark L. Hatzenbuehler & Gary J. Gates, *Identifying Psychological Responses of Stigmatized Groups to Referendums*, 115 PROCEEDINGS OF THE NAT’L ACAD. OF SCIS. 3816 (2018).

⁷⁹ Mark L. Hatzenbuehler, Katie A. McLaughlin, Katherine M. Keyes, & Deborah S. Hasin, *The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study*, 100 AM. J. OF PUB. HEALTH 452-59 (2010); Julia Raifman, Ellen Moscoe, S. Bryn Austin, Mark L. Hatzenbuehler & Sandro Galea, *Association of State Laws Permitting Denial of Services to Same-Sex Couples with Mental Distress in Sexual Minority Adults: A Difference-in-Difference-in-Differences Analysis*, 75 JAMA PSYCHIATRY 671-77 (2018).

⁸⁰ Intersex people, or people with differences in sex development, are individuals who are born with or develop differences in the development of sex traits, including sex chromosomes, hormones, internal anatomy, and/or gonads.

⁸¹ E.g., H.B. 120 2023 Gen. Assemb., Reg. Sess. (Ky. 2023).

⁸² E.g., H.B. 436 & S.B. 249, 88th Leg., Reg. Sess. (Tex. 2023).

⁸³ E.g., S.B. 0001 & S.B. 0005, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023).

⁸⁴ Morgan Carpenter, *The “Normalization” of Intersex Bodies and “Othering” of Intersex Identities in Australia*, 15 J. BIOETH. INQ. 487 (2018); Georgiann Davis, Jodie M. Murphy & Erin L. Murphy, *Giving Sex: Deconstructing Intersex and Trans Medicalization Practices*, 30 GENDER & SOC. 490 (2015).

⁸⁵ See Bonnie Hart and Jean Shakespeare-Finch, *Intersex lived experience: trauma and posttraumatic growth in narratives*, 13 PSYCH. & SEXUALITY 912-930 (2022).

⁸⁶ Tiffany Jones, *The Needs of Students with Intersex Variations*, 16 SEX. ED. 602 (2016).

⁸⁷ AM. BAR ASS’N, Resolution 511 (Feb. 6, 2023), <https://www.americanbar.org/content/dam/aba/directories/policy/midyear-2023/511-midyear-2023.pdf>.

TRENDS OVER TIME

Since 2020, 36 states have attempted to restrict access to gender-affirming care—primarily through legislative action. Over time, the number of states attempting to restrict access to care has increased from at least 16 in 2020,⁸⁸ 23 in 2021,⁸⁹ 23 in 2022,⁹⁰ up to 31 states with bills so far in 2023.⁹¹ Bills were filed in three or more years in at least 19 states⁹²—eight of those states restricted access to care: seven through the legislature (Alabama, Arizona, Georgia, Iowa, Mississippi, Tennessee, and Utah), and, in the case of Florida, through executive action after failure to ban care through the legislature. It is important to note that most of these bills were defeated. However, youth in the remaining 11 states where bills have been filed over three or more years may be particularly vulnerable to current and future legislative efforts to restrict access to gender-affirming care. These are Idaho, Indiana, Kansas, Kentucky,⁹³ Missouri, New Hampshire, North Carolina, Ohio, Oklahoma, South Carolina, and West Virginia.⁹⁴

⁸⁸ These states include Alabama, Colorado, Florida, Georgia, Idaho, Illinois, Iowa, Kentucky, Mississippi, Missouri, New Hampshire, Ohio, Oklahoma, South Carolina, South Dakota, and Tennessee. See *Past Legislation Affecting LGBT Rights Across the Country 2020*, AMERICAN CIVIL LIBERTIES UNION, <https://www.aclu.org/past-legislation-affecting-lgbt-rights-across-country-2020> (last visited Mar. 28, 2023); New Hampshire H.B. 163, 2019 Gen. Ct., Reg. Sess. (N.H. 2019).

⁸⁹ These states include Alabama, Arizona, Arkansas, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, and West Virginia. See *Legislation Affecting LGBTQ Rights Across the Country 2021*, AMERICAN CIVIL LIBERTIES UNION, <https://www.aclu.org/legislation-affecting-lgbtq-rights-across-country-2021> (last visited Mar. 28, 2023); New Hampshire H.B. 68, 2021 Gen. Ct., Reg. Sess. (N.H. 2021); North Dakota H.B. 1476, 67th Legis. Assemb., Reg. Sess. (N.D. 2021); See also West Virginia H.B. 2171 85th Leg., Reg. Sess. (W. Va. 2021).

⁹⁰ These states include Alabama, Arizona, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Utah, West Virginia, and Wisconsin. See *Legislation Affecting LGBTQ Rights Across the Country [2022]*, <https://www.aclu.org/legislation-affecting-lgbtq-rights-across-country-2022> (last visited Mar. 28, 2023).

⁹¹ In the 2023 legislative session, this includes 10 of the 11 states which have already enacted at least one ban (Arkansas, Arizona, Florida, Georgia, Iowa, Mississippi, South Dakota, Tennessee, Texas, Utah; Alabama has not introduced a new ban yet in this legislative session), two states where legislation failed (Virginia, Wyoming), and 19 states where bans are still pending (Hawaii, Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, Washington and West Virginia). In two additional states, laws were introduced in 2023 which may limit access to gender-affirming care, but do not directly prohibit access. Those states are New Mexico (H.B. 490) and Pennsylvania (H.B. 135). New Mexico and Pennsylvania are not counted among the states that have filed legislation this legislative session to prohibit access to gender-affirming care in our analysis. New Mexico H.B. 490 would require parental consent to obtain gender-affirming care under 18 but does not prohibit care. Pennsylvania H.B. 135 extends the statute of limitations for claims related to gender-affirming care but does not explicitly prohibit the care.

⁹² These states are Alabama, Arizona, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Mississippi, Missouri, New Hampshire, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Utah, and West Virginia.

⁹³ Kentucky passed a gender-affirming care ban but it was vetoed by the governor. See notes 37, 39, *supra*.

⁹⁴ West Virginia passed a gender-affirming care ban that has not yet been enacted. See note 38, *supra*.

TECHNICAL NOTES

Estimates of the number of transgender youth ages 13-17 in each state were culled from the report *How Many Adults and Youth Identify as Transgender in the United States*.⁹⁵ The estimate of the number of transgender people ages 13 to 18, 13 to 20, or 13 to 25 in several states was created by adding the published estimated number of youth ages 13-17 with an estimate of the relevant number of transgender people age 18 and up in the state. This was created by multiplying the estimated percentage of people aged 18-24 or 25-34 who identify as transgender in a particular state, as published in Herman et al., by the relevant number of people ages 18 and up in the state as per the U.S. Census Bureau's 2019 estimates.⁹⁶ Estimates were rounded to the nearest 100th.

The age range selected to produce youth estimates was determined by the age range specified in enacted legislation or executive actions or the age range in bills that were the furthest along as of March 24, 2023, based on publicly available resources.

⁹⁵ JODY L. HERMAN, ANDREW R. FLORES, TAYLOR N.T. BROWN, BIANCA D.M. WILSON, & KERITH J. CONRON, THE WILLIAMS INST., AGE OF INDIVIDUALS WHO IDENTIFY AS TRANSGENDER IN THE UNITED STATES (Jan. 2017), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Age-Trans-Individuals-Jan-2017.pdf>.

⁹⁶ U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2019. (June 2020) (Retrieved from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>).

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Due to a calculation error, an earlier version of this report estimated 144,500 youth had lost or were at risk of losing access to gender affirming care due to state bill or executive actions.

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APPENDIX

Arizona (1 bill introduced)

- S.B. 1702, 55th Leg., Reg. Sess. (Ariz. 2023).

Arkansas (1 bill introduced)

- S.B. 199, 94th Gen. Assemb., Reg. Sess. (Ark. 2023) (enacted).

Florida (4 bills introduced)

- H.B. 1265, 2023 Leg., 125th Reg. Sess. (Fla. 2023).
- S.B. 254, 2023 Leg., 125th Reg. Sess. (Fla. 2023).
- S.B. 952, 2023 Leg., 125th Reg. Sess. (Fla. 2023).
- S.B. 1421, 2023 Leg., 125th Reg. Sess. (Fla. 2023).

Georgia (3 bills introduced)

- S.B. 140, 157th Gen. Assemb., Reg. Sess. (Ga. 2023) (enacted).
- S.B. 141, 157th Gen. Assemb., Reg. Sess. (Ga. 2023).
- H.B. 653, 157th Gen. Assemb., Reg. Sess. (Ga. 2023).

Hawaii (1 bill introduced)

- H.B. 891, 31st Leg., Reg. Sess. (Haw. 2023).

Idaho (1 bill introduced)

- H.B. 71, 67th Leg., Reg. Sess. (Idaho 2023).

Indiana (8 bills introduced)

- H.B. 1118, 123rd Gen. Assemb., Reg. Sess. (Ind. 2023).
- H.B. 1220, 123rd Gen. Assemb., Reg. Sess. (Ind. 2023).
- H.B. 1231, 123rd Gen. Assemb., Reg. Sess. (Ind. 2023).
- H.B. 1232, 123rd Gen. Assemb., Reg. Sess. (Ind. 2023).
- H.B. 1407, 123rd Gen. Assemb., Reg. Sess. (Ind. 2023).
- H.B. 1525, 123rd Gen. Assemb., Reg. Sess. (Ind. 2023).
- H.B. 1589, 123rd Gen. Assemb., Reg. Sess. (Ind. 2023).
- S.B. 480, 123rd Gen. Assemb., Reg. Sess. (Ind. 2023).

Iowa (5 bills introduced)

- H.F. 2, 90th Gen, Assemb., Reg. Sess. (Iowa 2023).
- H.S.B. 214, later renumbered H.F. 623, 90th Gen, Assemb., Reg. Sess. (Iowa 2023).
- S.F. 110, 90th Gen, Assemb., Reg. Sess. (Iowa 2023).
- S.F. 129, 90th Gen, Assemb., Reg. Sess. (Iowa 2023).
- S.S.B. 1197, later renumbered S.F. 538, 90th Gen, Assemb., Reg. Sess. (Iowa 2023).

Kansas (2 bills introduced)

- S.B. 12, 2023-2024 Leg., Reg. Sess. (Kan. 2023).
- S.B. 233, 2023-2024 Leg., Reg. Sess. (Kan. 2023).

Kentucky (3 bills introduced)

- H.B. 120, 2023 Gen. Assemb., Reg. Sess. (Ky. 2023).
- H.B. 150, 2023 Gen. Assemb., Reg. Sess. (Ky. 2023) (passed).
- H.B. 470, 2023 Gen. Assemb., Reg. Sess. (Ky. 2023).

Michigan (1 bill introduced)

- H.B. 4257, 102nd Leg., Reg. Sess. (Mich. 2023).

Mississippi (12 bills introduced)

- H.B. 456, 2023 Leg., Reg. Sess. (Miss. 2023).
- H.B. 576, 2023 Leg., Reg. Sess. (Miss. 2023).
- H.B. 1124, 2023 Leg., Reg. Sess. (Miss. 2023).
- H.B. 1125, 2023 Leg., Reg. Sess. (Miss. 2023) (enacted).
- H.B. 1126, 2023 Leg., Reg. Sess. (Miss. 2023).
- H.B. 1127, 2023 Leg., Reg. Sess. (Miss. 2023).
- H.B. 1258, 2023 Leg., Reg. Sess. (Miss. 2023).
- S.B. 2760, 2023 Leg., Reg. Sess. (Miss. 2023).
- S.B. 2770, 2023 Leg., Reg. Sess. (Miss. 2023).
- S.B. 2861, 2023 Leg., Reg. Sess. (Miss. 2023).
- S.B. 2864, 2023 Leg., Reg. Sess. (Miss. 2023).
- S.B. 2883, 2023 Leg., Reg. Sess. (Miss. 2023).

Missouri (11 bills introduced)

- H.B. 419, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- H.B. 463, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- H.B. 540, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- H.B. 916, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- H.B. 1157, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- H.B. 1332, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- S.B. 49, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- S.B. 164, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- S.B. 236, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- S.B. 281, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).
- S.B. 598, 102nd Gen. Assemb., Reg. Sess. (Mo. 2023).

Montana (1 bill introduced)

- S.B. 99, 68th Leg., Reg. Sess. (Mont. 2023).

Nebraska (1 bill introduced)

- L.B. 574, 108th Leg., Reg. Sess. (Neb. 2023).

New Hampshire (2 bills introduced)

- H.B. 417, 2023 Gen. Ct., Reg. Sess. (N.H. 2023).
- H.B. 619, 2023 Gen. Ct., Reg. Sess. (N.H. 2023).

New Jersey (1 bill introduced)

- S. 3076, 220th Leg., 2022-2023 Reg. Sess. (N.J. 2022).

New Mexico (1 bill introduced)

- H.B. 490, 56th Leg., 1st Sess. (N.M. 2023).

North Carolina (1 bill introduced)

- H.B. 43, 2023 Gen. Assemb., Reg. Sess. (N.C. 2023).

North Dakota (2 bills introduced)

- H.B. 1254, 68th Legis. Assemb., Reg. Sess. (N.D. 2023).
- H.B. 1301, 68th Legis. Assemb., Reg. Sess. (N.D. 2023).

Ohio (1 bill introduced)

- H.B. 68, 135th Gen. Assemb., Reg. Sess. (Ohio 2023).

Oklahoma (15 bills introduced)

- H.B. 1011, 59th Leg., Reg. Sess. (Okla. 2023).
- H.B. 1377, 59th Leg., Reg. Sess. (Okla. 2023).
- H.B. 1466, 59th Leg., Reg. Sess. (Okla. 2023).
- H.B. 2177, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 129, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 250, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 252, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 345, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 613, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 614, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 786, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 787, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 788, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 789, 59th Leg., Reg. Sess. (Okla. 2023).
- S.B. 878, 59th Leg., Reg. Sess. (Okla. 2023).¹⁵¹

Oregon (2 bills introduced)

- H.B. 3137, 82nd Legis., Assemb., Reg. Sess. (Or. 2023).
- S.B. 452, 82nd Legis., Assemb., Reg. Sess. (Or. 2023).

Pennsylvania (1 bill introduced)

- H.B. 138, 2023 Gen. Assemb., Reg. Sess. (Penn. 2023).

South Carolina (7 bills introduced)

- H. 3197, 125th Gen. Assemb., Reg. Sess. (S.C. 2023).
- H. 3485, 125th Gen. Assemb., Reg. Sess. (S.C. 2023).
- H. 3551, 125th Gen. Assemb., Reg. Sess. (S.C. 2023).
- H. 3730, 125th Gen. Assemb., Reg. Sess. (S.C. 2023).
- S. 0243, 125th Gen. Assemb., Reg. Sess. (S.C. 2023).
- S. 0274, 125th Gen. Assemb., Reg. Sess. (S.C. 2023).
- S. 0627, 125th Gen. Assemb., Reg. Sess. (S.C. 2023).

South Dakota (1 bill introduced)

- H.B. 1080, 98th Leg., Reg. Sess. (S.D. 2023) (enacted).

Tennessee (6 bills introduced)

- H.B. 0001, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023) (enacted).
- H.B. 1215, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023).
- H.B. 1378, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023).
- S.B. 0001, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023) (enacted).
- S.B. 0005, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023).
- S.B. 1335, 113th Gen. Assemb., Reg. Sess. (Tenn. 2023).

Texas (16 bills introduced)

- H.B. 41, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 42, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 122, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 436, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 672, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 776, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 888, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 1029, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 1532, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 1686, 88th Leg., Reg. Sess. (Tex. 2023).

- H.B. 1752, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 4624, 88th Leg., Reg. Sess. (Tex. 2023).
- H.B. 4754, 88th Leg., Reg. Sess. (Tex. 2023).
- S.B. 249, 88th Leg., Reg. Sess. (Tex. 2023).
- S.B. 250, 88th Leg., Reg. Sess. (Tex. 2023).
- S.B. 625, 88th Leg., Reg. Sess. (Tex. 2023).

Utah (2 bills introduced)

- H.B. 132, 2023 Leg., Gen. Sess. (Utah 2023).
- S.B. 16, 2023 Leg., Gen. Sess. (Utah 2023) (enacted).

Virginia (4 bills introduced)

- H.B. 2432, 162nd Gen. Assemb., Reg. Sess. (Va. 2023).
- S.B. 791, 162nd Gen. Assemb., Reg. Sess. (Va. 2023).
- S.B. 960, 162nd Gen. Assemb., Reg. Sess. (Va. 2023).
- S.B. 1203, 162nd Gen. Assemb., Reg. Sess. (Va. 2023).

Washington (1 bill introduced)

- H.B. 1214, 2023 Leg., Reg. Sess. (Wash. 2023).

West Virginia (6 bills introduced)

- H.B. 2007, 86th Leg., Reg. Sess. (W. Va. 2023).
- H.B. 2972, 86th Leg., Reg. Sess. (W. Va. 2023).
- H.B. 3183, 86th Leg., Reg. Sess. (W. Va. 2023).
- H.B. 3097, 86th Leg., Reg. Sess. (W. Va. 2023).
- S.B. 692, 86th Leg., Reg. Sess. (W. Va. 2023).
- S.B. 697, 86th Leg., Reg. Sess. (W. Va. 2023).

Wyoming (2 bills introduced)

- S.F. 0111, 67th Leg., Reg. Sess. (Wyo. 2023).
- S.F. 0144, 67th Leg., Reg. Sess. (Wyo. 2023).



AAP reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update

August 4, 2023

Alyson Sulaski Wyckoff, Associate Editor

Article type: [News](#)

Topics: [Advocacy](#), [Diversity, equity and inclusion](#)

The AAP Board of Directors voted to reaffirm the 2018 AAP policy statement on gender-affirming care and authorized development of an expanded set of guidance for pediatricians based on a systematic review of the evidence.

An updated policy statement, plus companion clinical and technical reports, will reflect data and research on gender-affirming care since the original policy was released and offer updated guidance. The board recognized the value of additional detail with five more years of experience since the 2018 policy statement was issued.

The decision to authorize a systematic review reflects the board's concerns about restrictions to access to health care with bans on gender-affirming care in more than 20 states.

AAP CEO/Executive Vice President Mark Del Monte, J.D., is speaking today at the AAP Leadership Conference in Itasca, Ill.

He emphasizes that policy authors and AAP leadership are confident the principles presented in the original policy, [Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents](#), remain in the best interest of children.

As part of its mission, the AAP will continue to "ensure young people get the reproductive and gender-affirming care they need and are seen, heard and valued as they are," Del Monte said.

The board reviews evidence and considers policy renewal on a regular schedule as authorizations expire. Based on the continuing review, the board reaffirmed the current guidance on transgender care until there is an updated version.

To ensure the policy update process is transparent and inclusive, the AAP will invite members and other stakeholders to share input.

The AAP and other major medical organizations — including the American Medical Association, the American College of Obstetricians and Gynecologists and the World Health Organization — support giving transgender adolescents access to the health care they need.

The AAP opposes any laws or regulations that discriminate against transgender and gender-diverse individuals, or that interfere in the doctor-patient relationship.

Additional Leadership Conference coverage

- [Leadership Conference: AAP pledges to address payment issues, support pediatrician wellness](#)
- [Leadership Conference: Top resolution calls for federal protections of gender-affirming care for patients, doctors](#)
- [Reform humanitarian system for migrant children: Leadership Conference speaker](#)

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This Policy Statement was reaffirmed August 2023.

Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents

Jason Rafferty, MD, MPH, EdM, FAAP, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE, SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS

As a traditionally underserved population that faces numerous health disparities, youth who identify as transgender and gender diverse (TGD) and their families are increasingly presenting to pediatric providers for education, care, and referrals. The need for more formal training, standardized treatment, and research on safety and medical outcomes often leaves providers feeling ill equipped to support and care for patients that identify as TGD and families. In this policy statement, we review relevant concepts and challenges and provide suggestions for pediatric providers that are focused on promoting the health and positive development of youth that identify as TGD while eliminating discrimination and stigma.

abstract

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Dr Rafferty conceptualized the statement, drafted the initial manuscript, reviewed and revised the manuscript, approved the final manuscript as submitted, and agrees to be accountable for all aspects of the work.

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The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

INTRODUCTION

In its dedication to the health of all children, the American Academy of Pediatrics (AAP) strives to improve health care access and eliminate disparities for children and teenagers who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) of their sexual or gender identity.^{1,2} Despite some advances in public awareness and legal protections, youth who identify as LGBTQ continue to face disparities that stem from multiple sources, including inequitable laws and policies, societal discrimination, and a lack of access to quality health care, including mental health care. Such challenges are often more intense for youth who do not conform to social expectations and norms regarding gender. Pediatric providers are increasingly encountering such youth and their families, who seek medical advice and interventions, yet they may lack the formal training to care for youth that identify as transgender and gender diverse (TGD) and their families.³

This policy statement is focused specifically on children and youth that identify as TGD rather than the larger LGBTQ population, providing brief, relevant background on the basis of current available research

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TABLE 1 Relevant Terms and Definitions Related to Gender Care

| Term | Definition |
|------------------------------------|---|
| Sex | An assignment that is made at birth, usually male or female, typically on the basis of external genital anatomy but sometimes on the basis of internal gonads, chromosomes, or hormone levels |
| Gender identity | A person's deep internal sense of being female, male, a combination of both, somewhere in between, or neither, resulting from a multifaceted interaction of biological traits, environmental factors, self-understanding, and cultural expectations |
| Gender expression | The external way a person expresses their gender, such as with clothing, hair, mannerisms, activities, or social roles |
| Gender perception | The way others interpret a person's gender expression |
| Gender diverse | A term that is used to describe people with gender behaviors, appearances, or identities that are incongruent with those culturally assigned to their birth sex; gender-diverse individuals may refer to themselves with many different terms, such as transgender, nonbinary, genderqueer, ⁷ gender fluid, gender creative, gender independent, or noncisgender. "Gender diverse" is used to acknowledge and include the vast diversity of gender identities that exists. It replaces the former term, "gender nonconforming," which has a negative and exclusionary connotation. |
| Transgender | A subset of gender-diverse youth whose gender identity does not match their assigned sex and generally remains persistent, consistent, and insistent over time; the term "transgender" also encompasses many other labels individuals may use to refer to themselves. |
| Cisgender | A term that is used to describe a person who identifies and expresses a gender that is consistent with the culturally defined norms of the sex they were assigned at birth |
| Agender | A term that is used to describe a person who does not identify as having a particular gender |
| Affirmed gender | When a person's true gender identity, or concern about their gender identity, is communicated to and validated from others as authentic |
| MTF; affirmed female; trans female | Terms that are used to describe individuals who were assigned male sex at birth but who have a gender identity and/or expression that is asserted to be more feminine |
| FTM; affirmed male; trans male | Terms that are used to describe individuals who were assigned female sex at birth but who have a gender identity and/or expression that is asserted to be more masculine |
| Gender dysphoria | A clinical symptom that is characterized by a sense of alienation to some or all of the physical characteristics or social roles of one's assigned gender; also, gender dysphoria is the psychiatric diagnosis in the <i>DSM-5</i> , which has focus on the distress that stems from the incongruence between one's expressed or experienced (affirmed) gender and the gender assigned at birth. |
| Gender identity disorder | A psychiatric diagnosis defined previously in the <i>DSM-IV</i> (changed to "gender dysphoria" in the <i>DSM-5</i>); the primary criteria include a strong, persistent cross-sex identification and significant distress and social impairment. This diagnosis is no longer appropriate for use and may lead to stigma, but the term may be found in older research. |
| Sexual orientation | A person's sexual identity in relation to the gender(s) to which they are attracted; sexual orientation and gender identity develop separately. |

This list is not intended to be all inclusive. The pronouns "they" and "their" are used intentionally to be inclusive rather than the binary pronouns "he" and "she" and "his" and "her." Adapted from Bonifacio HJ, Rosenthal SM. Gender variance and dysphoria in children and adolescents. *Pediatr Clin North Am*. 2015;62(4):1001–1016. Adapted from Vance SR Jr, Ehrensaft D, Rosenthal SM. Psychological and medical care of gender nonconforming youth. *Pediatrics*. 2014;134(6):1184–1192. DSM-5, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; DSM-IV, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*; FTM, female to male; MTF, male to female.

and expert opinion from clinical and research leaders, which will serve as the basis for recommendations. It is not a comprehensive review of clinical approaches and nuances to pediatric care for children and youth that identify as TGD. Professional understanding of youth that identify as TGD is a rapidly evolving clinical field in which research on appropriate clinical management is limited by insufficient funding.^{3,4}

DEFINITIONS

To clarify recommendations and discussions in this policy statement, some definitions are provided. However, brief descriptions of human behavior or identities may not capture nuance in this evolving field.

"Sex," or "natal gender," is a label, generally "male" or "female," that is typically assigned at birth on the basis of genetic and anatomic characteristics, such as genital anatomy, chromosomes, and sex hormone levels. Meanwhile, "gender identity" is one's internal sense of who one is, which results from a multifaceted interaction of biological traits, developmental influences, and environmental conditions. It may be male, female, somewhere in between, a combination of both, or neither (ie, not conforming to a binary conceptualization of gender). Self-recognition of gender identity develops over time, much the same way as a child's physical body does. For some people, gender identity can be fluid, shifting in different contexts. "Gender expression"

refers to the wide array of ways people display their gender through clothing, hair styles, mannerisms, or social roles. Exploring different ways of expressing gender is common for children and may challenge social expectations. The way others interpret this expression is referred to as "gender perception" (Table 1).^{5,6}

These labels may or may not be congruent. The term "cisgender" is used if someone identifies and expresses a gender that is consistent with the culturally defined norms of the sex that was assigned at birth. "Gender diverse" is an umbrella term to describe an ever-evolving array of labels that people may apply when their gender identity, expression, or even perception does not conform

to the norms and stereotypes others expect of their assigned sex. “Transgender” is usually reserved for a subset of such youth whose gender identity does not match their assigned sex and generally remains persistent, consistent, and insistent over time. These terms are not diagnoses; rather, they are personal and often dynamic ways of describing one’s own gender experience.

Gender identity is not synonymous with “sexual orientation,” which refers to a person’s identity in relation to the gender(s) to which they are sexually and romantically attracted. Gender identity and sexual orientation are distinct but interrelated constructs.⁸ Therefore, being transgender does not imply a sexual orientation, and people who identify as transgender still identify as straight, gay, bisexual, etc, on the basis of their attractions. (For more information, *The Gender Book*, found at www.thegenderbook.com, is a resource with illustrations that are used to highlight these core terms and concepts.)

EPIDEMIOLOGY

In population-based surveys, questions related to gender identity are rarely asked, which makes it difficult to assess the size and characteristics of the population that is TGD. In the 2014 Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention, only 19 states elected to include optional questions on gender identity. Extrapolation from these data suggests that the US prevalence of adults who identify as transgender or “gender nonconforming” is 0.6% (1.4 million), ranging from 0.3% in North Dakota to 0.8% in Hawaii.⁹ On the basis of these data, it has been estimated that 0.7% of youth ages 13 to 17 years (~150 000) identify as transgender.¹⁰ This number is much higher than previous estimates, which were

extrapolated from individual states or specialty clinics, and is likely an underestimate given the stigma regarding those who openly identify as transgender and the difficulty in defining “transgender” in a way that is inclusive of all gender-diverse identities.¹¹

There have been no large-scale prevalence studies among children and adolescents, and there is no evidence that adult statistics reflect young children or adolescents. In the 2014 Behavioral Risk Factor Surveillance System, those 18 to 24 years of age were more likely than older age groups to identify as transgender (0.7%).⁹ Children report being aware of gender incongruence at young ages. Children who later identify as TGD report first having recognized their gender as “different” at an average age of 8.5 years; however, they did not disclose such feelings until an average of 10 years later.¹²

MENTAL HEALTH IMPLICATIONS

Adolescents and adults who identify as transgender have high rates of depression, anxiety, eating disorders, self-harm, and suicide.^{13–20} Evidence suggests that an identity of TGD has an increased prevalence among individuals with autism spectrum disorder, but this association is not yet well understood.^{21,22} In 1 retrospective cohort study of 180 trans youth and matched cisgender peers, 56 youth who identified as transgender reported previous suicidal ideation, and 31 reported a previous suicide attempt, compared with 20 and 11 among matched youth who identified as cisgender, respectively.¹³ Some youth who identify as TGD also experience gender dysphoria, which is a specific diagnosis given to those who experience impairment in peer and/or family relationships, school performance, or other aspects of their life as a consequence of the

incongruence between their assigned sex and their gender identity.²³

There is no evidence that risk for mental illness is inherently attributable to one’s identity of TGD. Rather, it is believed to be multifactorial, stemming from an internal conflict between one’s appearance and identity, limited availability of mental health services, low access to health care providers with expertise in caring for youth who identify as TGD, discrimination, stigma, and social rejection.²⁴ This was affirmed by the American Psychological Association in 2008²⁵ (with practice guidelines released in 2015⁸) and the American Psychiatric Association, which made the following statement in 2012:

Being transgender or gender variant implies no impairment in judgment, stability, reliability, or general social or vocational capabilities; however, these individuals often experience discrimination due to a lack of civil rights protections for their gender identity or expression... [Such] discrimination and lack of equal civil rights is damaging to the mental health of transgender and gender variant individuals.²⁶

Youth who identify as TGD often confront stigma and discrimination, which contribute to feelings of rejection and isolation that can adversely affect physical and emotional well-being. For example, many youth believe that they must hide their gender identity and expression to avoid bullying, harassment, or victimization. Youth who identify as TGD experience disproportionately high rates of homelessness, physical violence (at home and in the community), substance abuse, and high-risk sexual behaviors.^{5,6,12,27–31} Among the 3 million HIV testing events that were reported in 2015, the highest percentages of new infections were among women who identified as transgender³² and were also at particular risk for not knowing their HIV status.³⁰

GENDER-AFFIRMATIVE CARE

In a gender-affirmative care model (GACM), pediatric providers offer developmentally appropriate care that is oriented toward understanding and appreciating the youth's gender experience. A strong, nonjudgmental partnership with youth and their families can facilitate exploration of complicated emotions and gender-diverse expressions while allowing questions and concerns to be raised in a supportive environment.⁵ In a GACM, the following messages are conveyed:

- transgender identities and diverse gender expressions do not constitute a mental disorder;
- variations in gender identity and expression are normal aspects of human diversity, and binary definitions of gender do not always reflect emerging gender identities;
- gender identity evolves as an interplay of biology, development, socialization, and culture; and
- if a mental health issue exists, it most often stems from stigma and negative experiences rather than being intrinsic to the child.^{27,33}

The GACM is best facilitated through the integration of medical, mental health, and social services, including specific resources and supports for parents and families.²⁴ Providers work together to destigmatize gender variance, promote the child's self-worth, facilitate access to care, educate families, and advocate for safer community spaces where children are free to develop and explore their gender.⁵ A specialized gender-affirmative therapist, when available, may be an asset in helping children and their families build skills for dealing with gender-based stigma, address symptoms of anxiety or depression, and reinforce the child's overall resiliency.^{34,35} There is a limited but growing body

of evidence that suggests that using an integrated affirmative model results in young people having fewer mental health concerns whether they ultimately identify as transgender.^{24,36,37}

In contrast, "conversion" or "reparative" treatment models are used to prevent children and adolescents from identifying as transgender or to dissuade them from exhibiting gender-diverse expressions. The Substance Abuse and Mental Health Services Administration has concluded that any therapeutic intervention with the goal of changing a youth's gender expression or identity is inappropriate.³³ Reparative approaches have been proven to be not only unsuccessful³⁸ but also deleterious and are considered outside the mainstream of traditional medical practice.^{29,39–42} The AAP described reparative approaches as "unfair and deceptive."⁴³ At the time of this writing,* conversion therapy was banned by executive regulation in New York and by legislative statutes in 9 other states as well as the District of Columbia.⁴⁴

Pediatric providers have an essential role in assessing gender concerns and providing evidence-based information to assist youth and families in medical decision-making. Not doing so can prolong or exacerbate gender dysphoria and contribute to abuse and stigmatization.³⁵ If a pediatric provider does not feel prepared to address gender concerns when they occur, then referral to a pediatric or mental health provider with more expertise is appropriate. There is little research on communication and efficacy with transfers in care for youth who identify as TGD,

particularly from pediatric to adult providers.

DEVELOPMENTAL CONSIDERATIONS

Acknowledging that the capacity for emerging abstract thinking in childhood is important to conceptualize and reflect on identity, gender-affirmation guidelines are being focused on individually tailored interventions on the basis of the physical and cognitive development of youth who identify as TGD.⁴⁵ Accordingly, research substantiates that children who are prepubertal and assert an identity of TGD know their gender as clearly and as consistently as their developmentally equivalent peers who identify as cisgender and benefit from the same level of social acceptance.⁴⁶ This developmental approach to gender affirmation is in contrast to the outdated approach in which a child's gender-diverse assertions are held as "possibly true" until an arbitrary age (often after pubertal onset) when they can be considered valid, an approach that authors of the literature have termed "watchful waiting." This outdated approach does not serve the child because critical support is withheld. Watchful waiting is based on binary notions of gender in which gender diversity and fluidity is pathologized; in watchful waiting, it is also assumed that notions of gender identity become fixed at a certain age. The approach is also influenced by a group of early studies with validity concerns, methodologic flaws, and limited follow-up on children who identified as TGD and, by adolescence, did not seek further treatment ("desisters").^{45,47} More robust and current research suggests that, rather than focusing on who a child will become, valuing them for who they are, even at a young age, fosters secure attachment and resilience, not only for the child but also for the whole family.^{5,45,48,49}

* For more information regarding state-specific laws, please contact the AAP Division of State Government Affairs at stgov@aap.org.

MEDICAL MANAGEMENT

Pediatric primary care providers are in a unique position to routinely inquire about gender development in children and adolescents as part of recommended well-child visits⁵⁰ and to be a reliable source of validation, support, and reassurance. They are often the first provider to be aware that a child may not identify as cisgender or that there may be distress related to a gender-diverse identity. The best way to approach gender with patients is to inquire directly and nonjudgmentally about their experience and feelings before applying any labels.^{27,51}

Many medical interventions can be offered to youth who identify as TGD and their families. The decision of whether and when to initiate gender-affirmative treatment is personal and involves careful consideration of risks, benefits, and other factors unique to each patient and family. Many protocols suggest that clinical assessment of youth who identify as TGD is ideally conducted on an ongoing basis in the setting of a collaborative, multidisciplinary approach, which, in addition to the patient and family, may include the pediatric provider, a mental health provider (preferably with expertise in caring for youth who identify as TGD), social and legal supports, and a pediatric endocrinologist or adolescent-medicine gender specialist, if available.^{6,28} There is no prescribed path, sequence, or end point. Providers can make every effort to be aware of the influence of their own biases. The medical options also vary depending on pubertal and developmental progression.

Clinical Setting

In the past year, 1 in 4 adults who identified as transgender avoided a necessary doctor's visit because of fear of being mistreated.³¹ All clinical office staff have a role in affirming a patient's gender identity. Making flyers available or displaying posters

related to LGBTQ health issues, including information for children who identify as TGD and families, reveals inclusivity and awareness. Generally, patients who identify as TGD feel most comfortable when they have access to a gender-neutral restroom. Diversity training that encompasses sensitivity when caring for youth who identify as TGD and their families can be helpful in educating clinical and administrative staff. A patient-asserted name and pronouns are used by staff and are ideally reflected in the electronic medical record without creating duplicate charts.^{52,53} The US Centers for Medicare and Medicaid Services and the National Coordinator for Health Information Technology require all electronic health record systems certified under the Meaningful Use incentive program to have the capacity to confidentially collect information on gender identity.^{54,55} Explaining and maintaining confidentiality procedures promotes openness and trust, particularly with youth who identify as LGBTQ.¹ Maintaining a safe clinical space can provide at least 1 consistent, protective refuge for patients and families, allowing authentic gender expression and exploration that builds resiliency.

Pubertal Suppression

Gonadotrophin-releasing hormones have been used to delay puberty since the 1980s for central precocious puberty.⁵⁶ These reversible treatments can also be used in adolescents who experience gender dysphoria to prevent development of secondary sex characteristics and provide time up until 16 years of age for the individual and the family to explore gender identity, access psychosocial supports, develop coping skills, and further define appropriate treatment goals. If pubertal suppression treatment is

suspended, then endogenous puberty will resume.^{20,57,58}

Often, pubertal suppression creates an opportunity to reduce distress that may occur with the development of secondary sexual characteristics and allow for gender-affirming care, including mental health support for the adolescent and the family. It reduces the need for later surgery because physical changes that are otherwise irreversible (protrusion of the Adam's apple, male pattern baldness, voice change, breast growth, etc) are prevented. The available data reveal that pubertal suppression in children who identify as TGD generally leads to improved psychological functioning in adolescence and young adulthood.^{20,57-59}

Pubertal suppression is not without risks. Delaying puberty beyond one's peers can also be stressful and can lead to lower self-esteem and increased risk taking.⁶⁰ Some experts believe that genital underdevelopment may limit some potential reconstructive options.⁶¹ Research on long-term risks, particularly in terms of bone metabolism⁶² and fertility,⁶³ is currently limited and provides varied results.^{57,64,65} Families often look to pediatric providers for help in considering whether pubertal suppression is indicated in the context of their child's overall well-being as gender diverse.

Gender Affirmation

As youth who identify as TGD reflect on and evaluate their gender identity, various interventions may be considered to better align their gender expression with their underlying identity. This process of reflection, acceptance, and, for some, intervention is known as "gender affirmation." It was formerly referred to as "transitioning," but many view the process as an affirmation and acceptance of who they have always been rather than a transition

TABLE 2 The Process of Gender Affirmation May Include ≥ 1 of the Following Components

| Component | Definition | General Age Range ^a | Reversibility ^a |
|----------------------------|---|--|--|
| Social affirmation | Adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities | Any | Reversible |
| Puberty blockers | Gonadotropin-releasing hormone analogues, such as leuprolide and histrelin | During puberty (Tanner stage 2–5) ^b | Reversible ^c |
| Cross-sex hormone therapy | Testosterone (for those who were assigned female at birth and are masculinizing); estrogen plus androgen inhibitor (for those who were assigned male at birth and are feminizing) | Early adolescence onward | Partially reversible (skin texture, muscle mass, and fat deposition); irreversible once developed (testosterone: Adam’s apple protrusion, voice changes, and male pattern baldness; estrogen: breast development); unknown reversibility (effect on fertility) |
| Gender-affirming surgeries | “Top” surgery (to create a male-typical chest shape or enhance breasts); “bottom” surgery (surgery on genitals or reproductive organs); facial feminization and other procedures | Typically adults (adolescents on case-by-case basis ^d) | Not reversible |
| Legal affirmation | Changing gender and name recorded on birth certificate, school records, and other documents | Any | Reversible |

^a Note that the provided age range and reversibility is based on the little data that are currently available.

^b There is limited benefit to starting gonadotropin-releasing hormone after Tanner stage 5 for pubertal suppression. However, when cross-sex hormones are initiated with a gradually increasing schedule, the initial levels are often not high enough to suppress endogenous sex hormone secretion. Therefore, gonadotropin-releasing hormone may be continued in accordance with the Endocrine Society Guidelines.⁶⁸

^c The effect of sustained puberty suppression on fertility is unknown. Pubertal suppression can be, and often is indicated to be, followed by cross-sex hormone treatment. However, when cross-sex hormones are initiated without endogenous hormones, then fertility may be decreased.⁶⁸

^d Eligibility criteria for gender-affirmative surgical interventions among adolescents are not clearly defined between established protocols and practice. When applicable, eligibility is usually determined on a case-by-case basis with the adolescent and the family along with input from medical, mental health, and surgical providers.^{68–71}

from 1 gender identity to another. Accordingly, some people who have gone through the process prefer to call themselves “affirmed females, males, etc” (or just “females, males, etc”), rather than using the prefix “trans-.” Gender affirmation is also used to acknowledge that some individuals who identify as TGD may feel affirmed in their gender without pursuing medical or surgical interventions.^{7,66}

Supportive involvement of parents and family is associated with better mental and physical health outcomes.⁶⁷ Gender affirmation among adolescents with gender dysphoria often reduces the emphasis on gender in their lives, allowing them to attend to other developmental tasks, such as academic success, relationship building, and future-oriented planning.⁶⁴ Most protocols for gender-affirming interventions incorporate World Professional Association of Transgender

Health³⁵ and Endocrine Society⁶⁸ recommendations and include ≥ 1 of the following elements (Table 2):

1. **Social Affirmation:** This is a reversible intervention in which children and adolescents express partially or completely in their asserted gender identity by adapting hairstyle, clothing, pronouns, name, etc. Children who identify as transgender and socially affirm and are supported in their asserted gender show no increase in depression and only minimal (clinically insignificant) increases in anxiety compared with age-matched averages.⁴⁸ Social affirmation can be complicated given the wide range of social interactions children have (eg, extended families, peers, school, community, etc). There is little guidance on the best approach (eg, all at once, gradual, creating new social networks, or affirming within existing networks, etc). Pediatric providers

can best support families by anticipating and discussing such complexity proactively, either in their own practice or through enlisting a qualified mental health provider.

2. **Legal Affirmation:** Elements of a social affirmation, such as a name and gender marker, become official on legal documents, such as birth certificates, passports, identification cards, school documents, etc. The processes for making these changes depend on state laws and may require specific documentation from pediatric providers.
3. **Medical Affirmation:** This is the process of using cross-sex hormones to allow adolescents who have initiated puberty to develop secondary sex characteristics of the opposite biological sex. Some changes are partially reversible if hormones are stopped, but others become

irreversible once they are fully developed (Table 2).

4. **Surgical Affirmation:** Surgical approaches may be used to feminize or masculinize features, such as hair distribution, chest, or genitalia, and may include removal of internal organs, such as ovaries or the uterus (affecting fertility). These changes are irreversible. Although current protocols typically reserve surgical interventions for adults,^{35,68} they are occasionally pursued during adolescence on a case-by-case basis, considering the necessity and benefit to the adolescent's overall health and often including multidisciplinary input from medical, mental health, and surgical providers as well as from the adolescent and family.^{69–71}

For some youth who identify as TGD whose natal gender is female, menstruation, breakthrough bleeding, and dysmenorrhea can lead to significant distress before or during gender affirmation. The American College of Obstetrics and Gynecology suggests that, although limited data are available to outline management, menstruation can be managed without exogenous estrogens by using a progesterone-only pill, a medroxyprogesterone acetate shot, or a progesterone-containing intrauterine or implantable device.⁷² If estrogen can be tolerated, oral contraceptives that contain both progesterone and estrogen are more effective at suppressing menses.⁷³ The Endocrine Society guidelines also suggest that gonadotrophin-releasing hormones can be used for menstrual suppression before the anticipated initiation of testosterone or in combination with testosterone for breakthrough bleeding (enables phenotypic masculinization at a lower dose than if testosterone is used alone).⁶⁸ Masculinizing hormones in natal female patients may lead to a cessation of menses,

but unplanned pregnancies have been reported, which emphasizes the need for ongoing contraceptive counseling with youth who identify as TGD.⁷²

HEALTH DISPARITIES

In addition to societal challenges, youth who identify as TGD face several barriers within the health care system, especially regarding access to care. In 2015, a focus group of youth who identified as transgender in Seattle, Washington, revealed 4 problematic areas related to health care:

1. safety issues, including the lack of safe clinical environments and fear of discrimination by providers;
2. poor access to physical health services, including testing for sexually transmitted infections;
3. inadequate resources to address mental health concerns; and
4. lack of continuity with providers.⁷⁴

This study reveals the obstacles many youth who identify as TGD face in accessing essential services, including the limited supply of appropriately trained medical and psychological providers, fertility options, and insurance coverage denials for gender-related treatments.⁷⁴

Insurance denials for services related to the care of patients who identify as TGD are a significant barrier. Although the Office for Civil Rights of the US Department of Health and Human Services explicitly stated in 2012 that the nondiscrimination provision in the Patient Protection and Affordable Care Act includes people who identify as gender diverse,^{75,76} insurance claims for gender affirmation, particularly among youth who identify as TGD, are frequently denied.^{54,77} In 1 study, it was found that approximately 25% of individuals

who identified as transgender were denied insurance coverage because of being transgender.³¹ The burden of covering medical expenses that are not covered by insurance can be financially devastating, and even when expenses are covered, families describe high levels of stress in navigating and submitting claims appropriately.⁷⁸ In 2012, a large gender center in Boston, Massachusetts, reported that most young patients who identified as transgender and were deemed appropriate candidates for recommended gender care were unable to obtain it because of such denials, which were based on the premise that gender dysphoria was a mental disorder, not a physical one, and that treatment was not medically or surgically necessary.²⁴ This practice not only contributes to stigma, prolonged gender dysphoria, and poor mental health outcomes,⁷⁷ but it may also lead patients to seek nonmedically supervised treatments that are potentially dangerous.²⁴ Furthermore, insurance denials can reinforce a socioeconomic divide between those who can finance the high costs of uncovered care and those who cannot.^{24,77}

The transgender youth group in Seattle likely reflected the larger TGD population when they described how obstacles adversely affect self-esteem and contribute to the perception that they are undervalued by society and the health care system.^{74,77} Professional medical associations, including the AAP, are increasingly calling for equity in health care provisions regardless of gender identity or expression.^{1,8,23,72} There is a critical need for investments in research on the prevalence, disparities, biological underpinnings, and standards of care relating to gender-diverse populations. Pediatric providers who work with state government and insurance officials can play an essential role in advocating for

stronger nondiscrimination policies and improved coverage.

There is a lack of quality research on the experience of youth of color who identify as transgender. One theory suggests that the intersection of racism, transphobia, and sexism may result in the extreme marginalization that is experienced among many women of color who identify as transgender,⁷⁹ including rejection from their family and dropping out of school at younger ages (often in the setting of rigid religious beliefs regarding gender),⁸⁰ increased levels of violence and body objectification,⁸¹ 3 times the risk of poverty compared with the general population,³¹ and the highest prevalence of HIV compared with other risk groups (estimated as high as 56.3% in 1 meta-analysis).³⁰ One model suggests that pervasive stigma and oppression can be associated with psychological distress (anxiety, depression, and suicide) and adoption of risk behaviors by such youth to obtain a sense of validation toward their complex identities.⁷⁹

FAMILY ACCEPTANCE

Research increasingly suggests that familial acceptance or rejection ultimately has little influence on the gender identity of youth; however, it may profoundly affect young people's ability to openly discuss or disclose concerns about their identity. Suppressing such concerns can affect mental health.⁸² Families often find it hard to understand and accept their child's gender-diverse traits because of personal beliefs, social pressure, and stigma.^{49,83} Legitimate fears may exist for their child's welfare, safety, and acceptance that pediatric providers need to appreciate and address. Families can be encouraged to communicate their concerns and questions. Unacknowledged concerns can contribute to shame and hesitation in regard to offering support and understanding.⁸⁴

which is essential for the child's self-esteem, social involvement, and overall health as TGD.^{48,85–87} Some caution has been expressed that unquestioning acceptance per se may not best serve questioning youth or their families. Instead, psychological evidence suggests that the most benefit comes when family members and youth are supported and encouraged to engage in reflective perspective taking and validate their own and the other's thoughts and feelings despite divergent views.^{49,82}

In this regard, suicide attempt rates among 433 adolescents in Ontario who identified as “trans” were 4% among those with strongly supportive parents and as high as 60% among those whose parents were not supportive.⁸⁵ Adolescents who identify as transgender and endorse at least 1 supportive person in their life report significantly less distress than those who only experience rejection. In communities with high levels of support, it was found that nonsupportive families tended to increase their support over time, leading to dramatic improvement in mental health outcomes among their children who identified as transgender.⁸⁸

Pediatric providers can create a safe environment for parents and families to better understand and listen to the needs of their children while receiving reassurance and education.⁸³ It is often appropriate to assist the child in understanding the parents' concerns as well. Despite expectations by some youth with transgender identity for immediate acceptance after “coming out,” family members often proceed through a process of becoming more comfortable and understanding of the youth's gender identity, thoughts, and feelings. One model suggests that the process resembles grieving, wherein the family separates from their expectations for their child to embrace a new reality. This process may proceed through stages of shock,

denial, anger, feelings of betrayal, fear, self-discovery, and pride.⁸⁹ The amount of time spent in any of these stages and the overall pace varies widely. Many family members also struggle as they are pushed to reflect on their own gender experience and assumptions throughout this process. In some situations, youth who identify as TGD may be at risk for internalizing the difficult emotions that family members may be experiencing. In these cases, individual and group therapy for the family members may be helpful.^{49,78}

Family dynamics can be complex, involving disagreement among legal guardians or between guardians and their children, which may affect the ability to obtain consent for any medical management or interventions. Even in states where minors may access care without parental consent for mental health services, contraception, and sexually transmitted infections, parental or guardian consent is required for hormonal and surgical care of patients who identify as TGD.^{72,90} Some families may take issue with providers who address gender concerns or offer gender-affirming care. In rare cases, a family may deny access to care that raises concerns about the youth's welfare and safety; in those cases, additional legal or ethical support may be useful to consider. In such rare situations, pediatric providers may want to familiarize themselves with relevant local consent laws and maintain their primary responsibility for the welfare of the child.

SAFE SCHOOLS AND COMMUNITIES

Youth who identify as TGD are becoming more visible because gender-diverse expression is increasingly admissible in the media, on social media, and in schools and communities. Regardless of whether a youth with a gender-diverse

identity ultimately identifies as transgender, challenges exist in nearly every social context, from lack of understanding to outright rejection, isolation, discrimination, and victimization. In the US Transgender Survey of nearly 28 000 respondents, it was found that among those who were out as or perceived to be TGD between kindergarten and eighth grade, 54% were verbally harassed, 24% were physically assaulted, and 13% were sexually assaulted; 17% left school because of maltreatment.³¹ Education and advocacy from the medical community on the importance of safe schools for youth who identify as TGD can have a significant effect.

At the time of this writing,* only 18 states and the District of Columbia had laws that prohibited discrimination based on gender expression when it comes to employment, housing, public accommodations, and insurance benefits. Over 200 US cities have such legislation. In addition to basic protections, many youth who identify as TGD also have to navigate legal obstacles when it comes to legally changing their name and/or gender marker.⁵⁴ In addition to advocating and working with policy makers to promote equal protections for youth who identify as TGD, pediatric providers can play an important role by developing a familiarity with local laws and organizations that provide social work and legal assistance to youth who identify as TGD and their families.

School environments play a significant role in the social and emotional development of children. Every child has a right to feel safe

and respected at school, but for youth who identify as TGD, this can be challenging. Nearly every aspect of school life may present safety concerns and require negotiations regarding their gender expression, including name/pronoun use, use of bathrooms and locker rooms, sports teams, dances and activities, overnight activities, and even peer groups. Conflicts in any of these areas can quickly escalate beyond the school's control to larger debates among the community and even on a national stage.

The formerly known Gay, Lesbian, and Straight Education Network (GLSEN), an advocacy organization for youth who identify as LGBTQ, conducts an annual national survey to measure LGBTQ well-being in US schools. In 2015, students who identified as LGBTQ reported high rates of being discouraged from participation in extracurricular activities. One in 5 students who identified as LGBTQ reported being hindered from forming or participating in a club to support lesbian, gay, bisexual, or transgender students (eg, a gay straight alliance, now often referred to as a genders and sexualities alliance) despite such clubs at schools being associated with decreased reports of negative remarks about sexual orientation or gender expression, increased feelings of safety and connectedness at school, and lower levels of victimization. In addition, >20% of students who identified as LGBTQ reported being blocked from writing about LGBTQ issues in school yearbooks or school newspapers or being prevented or discouraged by coaches and school staff from participating in sports because of their sexual orientation or gender expression.⁹¹

One strategy to prevent conflict is to proactively support policies and protections that promote inclusion and safety of all students. However, such policies are far from

consistent across districts. In 2015, GLSEN found that 43% of children who identified as LGBTQ reported feeling unsafe at school because of their gender expression, but only 6% reported that their school had official policies to support youth who identified as TGD, and only 11% reported that their school's antibullying policies had specific protections for gender expression.⁹¹ Consequently, more than half of the students who identified as transgender in the study were prevented from using the bathroom, names, or pronouns that aligned with their asserted gender at school. A lack of explicit policies that protected youth who identified as TGD was associated with increased reported victimization, with more than half of students who identified as LGBTQ reporting verbal harassment because of their gender expression. Educators and school administrators play an essential role in advocating for and enforcing such policies. GLSEN found that when students recognized actions to reduce gender-based harassment, both students who identified as transgender and cisgender reported a greater connection to staff and feelings of safety.⁹¹ In another study, schools were open to education regarding gender diversity and were willing to implement policies when they were supported by external agencies, such as medical professionals.⁹²

Academic content plays an important role in building a safe school environment as well. The 2015 GLSEN survey revealed that when positive representations of people who identified as LGBTQ were included in the curriculum, students who identified as LGBTQ reported less hostile school environments, less victimization and greater feelings of safety, fewer school absences because of feeling unsafe, greater feelings of connectedness to their school

* For more information regarding state-specific laws, please contact the AAP Division of State Government Affairs at stgov@aap.org.

community, and an increased interest in high school graduation and postsecondary education.⁹¹ At the time of this writing,* 8 states had laws that explicitly forbade teachers from even discussing LGBTQ issues.⁵⁴

MEDICAL EDUCATION

One of the most important ways to promote high-quality health care for youth who identify as TGD and their families is increasing the knowledge base and clinical experience of pediatric providers in providing culturally competent care to such populations, as recommended by the recently released guidelines by the Association of American Medical Colleges.⁹³ This begins with the medical school curriculum in areas such as human development, sexual health, endocrinology, pediatrics, and psychiatry. In a 2009–2010 survey of US medical schools, it was found that the median number of hours dedicated to LGBTQ health was 5, with one-third of US medical schools reporting no LGBTQ curriculum during the clinical years.⁹⁴

During residency training, there is potential for gender diversity to be emphasized in core rotations, especially in pediatrics, psychiatry, family medicine, and obstetrics and gynecology. Awareness could be promoted through the inclusion of topics relevant to caring for children who identify as TGD in the list of core competencies published by the American Board of Pediatrics, certifying examinations, and relevant study materials. Continuing education and maintenance of certification activities can include topics relevant to TGD populations as well.

* For more information regarding state-specific laws, please contact the AAP Division of State Government Affairs at stgov@aap.org.

RECOMMENDATIONS

The AAP works toward all children and adolescents, regardless of gender identity or expression, receiving care to promote optimal physical, mental, and social well-being. Any discrimination based on gender identity or expression, real or perceived, is damaging to the socioemotional health of children, families, and society. In particular, the AAP recommends the following:

1. that youth who identify as TGD have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space;
2. that family-based therapy and support be available to recognize and respond to the emotional and mental health needs of parents, caregivers, and siblings of youth who identify as TGD;
3. that electronic health records, billing systems, patient-centered notification systems, and clinical research be designed to respect the asserted gender identity of each patient while maintaining confidentiality and avoiding duplicate charts;
4. that insurance plans offer coverage for health care that is specific to the needs of youth who identify as TGD, including coverage for medical, psychological, and, when indicated, surgical gender-affirming interventions;
5. that provider education, including medical school, residency, and continuing education, integrate core competencies on the emotional and physical health needs and best practices for the care of youth who identify as TGD and their families;
6. that pediatricians have a role in advocating for, educating, and developing liaison relationships

with school districts and other community organizations to promote acceptance and inclusion of all children without fear of harassment, exclusion, or bullying because of gender expression;

7. that pediatricians have a role in advocating for policies and laws that protect youth who identify as TGD from discrimination and violence;
8. that the health care workforce protects diversity by offering equal employment opportunities and workplace protections, regardless of gender identity or expression; and
9. that the medical field and federal government prioritize research that is dedicated to improving the quality of evidence-based care for youth who identify as TGD.

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ABBREVIATIONS

AAP: American Academy of Pediatrics
GACM: gender-affirmative care model
GLSEN: Gay, Lesbian, and Straight Education Network
LGBTQ: lesbian, gay, bisexual, transgender, or questioning
TGD: transgender and gender diverse

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TRANSGENDER HEALTH

POSITION STATEMENT

INTRODUCTION

Over the last few decades, there has been a rapid expansion in the understanding of gender identity along with the implications for the care of transgender and gender diverse individuals. In parallel with the greater societal awareness of transgender individuals, evidence-based practices in caring for pediatric and adult transgender patients have been developed in response to scientific research. While there continue to be gaps in knowledge about the optimal care for transgender individuals, the framework for providing care is increasingly well-established as is the recognition of needed policy changes.

BACKGROUND

The medical consensus in the late 20th century was that transgender and gender incongruent individuals suffered a mental health disorder termed “gender identity disorder.” Gender identity was considered malleable and subject to external influences. Today, however, this attitude is no longer considered valid. Considerable scientific evidence has emerged demonstrating a durable biological element underlying gender identity.^{1,2} Individuals may make choices due to other factors in their lives, but there do not seem to be external forces that genuinely cause individuals to change gender identity.

Although the specific mechanisms guiding the biological underpinnings of gender identity are not entirely understood, there is evolving consensus that being transgender is not a mental health disorder. Such evidence stems from scientific studies suggesting that: 1) attempts to change gender identity in intersex patients to match external genitalia or chromosomes are typically unsuccessful^{1,2}; 2) identical twins (who share the exact same genetic background) are more likely to both experience transgender identity as compared to fraternal (non-identical) twins³; 3) among individuals with female chromosomes (XX), rates of male gender identity are higher for those exposed to higher

levels of androgens *in utero* relative to those without such exposure, and male (XY)-chromosome individuals with complete androgen insensitivity syndrome typically have female gender identity⁴; and 4) there are associations of certain brain scan or staining patterns with gender identity rather than external genitalia or chromosomes.^{1,2}

CONSIDERATIONS

Transgender individuals are often denied insurance coverage for appropriate medical and psychological treatment. Those gender diverse youth who have barriers to accessing adequate healthcare have poorer overall physical and mental health compared to their cisgender peers.⁵ Over the last decade, there has been considerable research on and development of evidence-based standards of care that have proven to be both safe and efficacious for the treatment of gender dysphoria/gender incongruence in youth and adults. There is also a growing understanding of the positive impact that increased access to such treatments can have on the mental health of these individuals.

The Endocrine Society’s Clinical Practice Guideline on gender dysphoria/gender incongruence⁶ provides the standard of care for supporting transgender individuals. The guideline establishes a methodical, conservative framework for gender-affirming care, including pubertal suppression, hormones and surgery and standardizes terminology to be used by healthcare professionals. These recommendations include evidence that treatment of gender dysphoria/incongruence is medically necessary and should be covered by insurance.

Despite increased awareness, many barriers to improving the health and well-being of transgender youth and adults remain. Oftentimes, medical treatment for gender dysphoria/gender incongruence is considered elective by insurance companies, which fail to provide coverage for physician-prescribed treatment. Access to appropriately trained healthcare professionals can also be challenging as there

¹Saraswat A, Weinand JD, Safer JD. Evidence supporting the biologic nature of gender identity. *Endocr Pract.* Feb 2015;21(2):199-204. doi:10.4158/ep14351.ra

²Rosenthal SM. Approach to the patient: transgender youth: endocrine considerations. *J Clin Endocrinol Metab.* Dec 2014;99(12):4379-89. doi:10.1210/jc.2014-1919

³Heylens G, De Cuyper G, Zucker KJ, et al. Gender identity disorder in twins: a review of the case report literature. *J Sex Med.* Mar 2012;9(3):751-7. doi:10.1111/j.1743-6109.2011.02567.x

⁴Dessens AB, Slijper FM, Drop SL. Gender dysphoria and gender change in chromosomal females with congenital adrenal hyperplasia. *Arch Sex Behav.* Aug 2005;34(4):389-97. doi:10.1007/s10508-005-4338-5

⁵Rider GN, McMorris BJ, Gower AL, Coleman E, Eisenberg ME. Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study. *Pediatrics.* 2018;141(3):e20171683. doi:10.1542/peds.2017-1683

⁶Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* Nov 1 2017;102(11):3869-3903. doi:10.1210/jc.2017-01658

is a lack of formal education on gender dysphoria/gender incongruence among clinicians trained in the United States. A 2016 survey of endocrinologists, the physicians most likely to care for these patients, found that over 80% have never received training on care of transgender patients.⁷

This can have an adverse impact on patient outcomes, particularly in rural and underserved areas. In fact, studies have indicated that 70% of transgender individuals have experienced maltreatment by medical providers, including harassment and violence.⁷ Many transgender individuals have been subjected to conversion therapy, or efforts to change a transgender person's gender identity using psychological interventions; this is known to be associated with adverse mental health outcomes, including suicidality, and is banned in 20 states and the District of Columbia.⁸

Transgender individuals who have been denied care show an increased likelihood of dying by suicide and engaging in self-harm.⁷ Transgender/gender incongruent youth who had access to pubertal suppression, a treatment which is fully reversible and prevents development of secondary sex characteristics not in alignment with their gender identity, have lower lifetime odds of suicidal ideation compared to those youth who desired pubertal suppression but did not have access to such treatment.⁹ Youth who are able to access gender-affirming care, including pubertal suppression, hormones and surgery based on conservative medical guidelines and consultation from medical and mental health experts, experience significantly improved mental health outcomes over time, similar to their cis-gender peers.¹⁰⁻¹² Pre-pubertal youth who are supported and affirmed in their social transitions long before medical interventions are indicated, experience no elevation in depression compared to their cis-gender peers.¹² It is critical that transgender individuals have access to the appropriate treatment and care to ensure their health and well-being.

FUTURE CONSIDERATIONS

While the data are strong for both a biological underpinning to gender identity and the relative safety of hormone treatment (when appropriately monitored medically), there are gaps in knowledge that are necessary to address in order to optimize care. Comparative effectiveness research

in hormone regimens is needed to determine: the best endocrine and surgical protocols¹³, as it is not yet known if certain regimens are safer or more effective than others; the degree of improvement as a result of the intervention (e.g. decrease in mental health diagnoses); the need for training of health care providers and the most effective training methods; and to build the body of evidence pertaining to cardiovascular, malignancy, or other long-term risks from hormone interventions, particularly as the transgender individual ages. Additional studies are needed to elucidate the biological processes underlying gender identity; such studies may lead to destigmatization and may also decrease health disparities for gender minorities. In addition, further studies are needed to determine strategies for fertility preservation and to investigate long-term outcomes of early medical intervention, including pubertal suppression, gender-affirming hormones and gender-affirming surgeries for transgender/gender incongruent youth. To successfully establish and enact these protocols requires long-term, large-scale studies across countries that employ similar care protocols.

POSITIONS

- There is a durable biological underpinning to gender identity that should be considered in policy determinations.
- Medical intervention for transgender youth and adults (including puberty suppression, hormone therapy and medically indicated surgery) is effective, relatively safe (when appropriately monitored), and has been established as the standard of care.⁶ Federal and private insurers should cover such interventions as prescribed by a physician as well as the appropriate medical screenings that are recommended for all body tissues that a person may have.
- Increased funding for national pediatric and adult transgender health research programs is needed to close the gaps in knowledge regarding transgender medical care and should be made a priority.

⁷Davidge-Pitts C, Nippoldt TB, Danoff A, Radziejewski L, Natt N. Transgender Health in Endocrinology: Current Status of Endocrinology Fellowship Programs and Practicing Clinicians. *J Clin Endocrinol Metab.* Apr 1 2017;102(4):1286-1290. doi:10.1210/jc.2016-3007

⁸Turban JL, Beckwith N, Reinsner SL, Keuroghlian AS. Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA Psychiatry.* Sep 11 2019;77(1):1-9. doi:10.1001/jamapsychiatry.2019.2285

⁹Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics.* Feb 2020;145(2)doi:10.1542/peds.2019-1725

¹⁰de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, Cohen-Kettenis PT. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics.* Oct 2014;134(4):696-704. doi:10.1542/peds.2013-2958

¹¹Kuper LE, Stewart S, Preston S, Lau M, Lopez X. Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy. *Pediatrics.* Apr 2020;145(4)doi:10.1542/peds.2019-3006

¹²Achille C, Taggart T, Eaton NR, et al. Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *Int J Pediatr Endocrinol.* 2020;2020:8. doi:10.1186/s13633-020-00078-2

¹³Safer JD, Tangpricha V. Care of the Transgender Patient. *Ann Intern Med.* Jul 2 2019;171(1):itc1-1tc16. doi:10.7326/aitc201907020

MEMO FROM COUNCIL OFFICE:

To: Members of the Common Council

From: Stephen Lucas, Administrator/Attorney for the Common Council

Date: June 7, 2024

Re: Ordinance 2024-15 - Amending Ordinance 23-25, Which Fixed the Salaries of Appointed Officers, Non-Union, and A.F.S.C.M.E. Employees for All the Departments of the City of Bloomington, Monroe County, Indiana for the Year 2024 - Re: To Add a Position to the Clerk's Office and to Replace the Existing 12-Grade Pay Grade Structure for Non-Union Employees with an Expanded 14-Grade Pay Grade Structure

Synopsis

This ordinance amends Ordinance 23-25, which fixed the salaries of appointed officers, non-union, and A.F.S.C.M.E. employees for the year 2024. The amendment reflects the creation of one new position requested by City Council to the Clerk's Office, and also replaces the old 12-grade Pay Grade structure with an expanded 14-grade Pay Grade structure.

Relevant Materials

- Ordinance 2024-15
- Staff Memo
- Job Description

Summary

Ordinance 2024-15 would amend the 2024 civil city salary ordinance adopted last year, which set the salaries for all appointed officers, non-union, and A.F.S.C.M.E. employees.

The changes would include adding one new position to the Clerk's Office and expanding the current pay grade structure from 12 pay grades to 14 pay grades, with accompanying revisions to the corresponding salaries.

Background

In 2021, the city contracted with the Novak Consulting Group to conduct an organizational assessment of boards and commissions. The resulting assessment can be found online at <https://bton.in/haC39>. In 2023, this assessment was reviewed by a Special Committee on Council Processes. The Special Committee considered the recommendations from the assessment and consulted with the Mayor's Office, the Clerk's Office, and the Legal Department before issuing its own [Report on Board and Commission Reform](#), which adopted many of the recommendations of the organizational assessment, including the establishment of a position within the Clerk's Office to oversee the city's board and commission system. The Common Council accepted the Special Committee's report on December 13, 2023.

The staff memo and draft job description included in this packet describe the fiscal impact of the new position and its duties.

Ordinance 2024-15 would also replace the existing, 12-grade, non-union pay grade table with a new, 14-grade table containing revised salary ranges as follows:

CURRENT 2024 NON-UNION PAY GRADES

| Grade | Minimum | Maximum |
|--------------|----------------|----------------|
| 1 | \$37,507.28 | \$48,759.46 |
| 2 | \$38,632.49 | \$50,222.49 |
| 3 | \$39,791.37 | \$51,728.79 |
| 4 | \$40,985.11 | \$65,576.44 |
| 5 | \$42,214.92 | \$67,543.15 |
| 6 | \$44,325.91 | \$70,921.21 |
| 7 | \$46,541.49 | \$74,466.38 |
| 8 | \$49,799.32 | \$79,680.12 |
| 9 | \$54,779.87 | \$98,603.26 |
| 10 | \$60,258.08 | \$108,463.32 |
| 11 | \$69,295.89 | \$124,733.39 |
| 12 | \$83,848.00 | \$150,927.11 |

PROPOSED REVISED 2024 NON-UNION PAY GRADES

| Grade | Minimum | Maximum |
|--------------|----------------|----------------|
| 1 | \$34,398 | \$41,278 |
| 2 | \$36,120 | \$43,344 |
| 3 | \$38,649 | \$46,380 |
| 4 | \$40,879 | \$53,143 |
| 5 | \$47,527 | \$61,786 |
| 6 | \$54,177 | \$70,429 |
| 7 | \$60,825 | \$79,072 |
| 8 | \$67,474 | \$87,716 |
| 9 | \$74,123 | \$96,360 |
| 10 | \$80,771 | \$105,003 |
| 11 | \$87,420 | \$113,647 |
| 12 | \$95,869 | \$124,631 |
| 13 | \$109,565 | \$142,435 |
| 14 | \$127,826 | \$166,174 |

According to Deputy Mayor Gretchen Knapp, updating the pay grade table would be the first step of a process to review, rewrite, and regrade all job descriptions, adding in a philosophy for starting pay and tenure-based increases, possibly leading to adjustments for all city salaries. As the staff memo notes, this expanded pay grade structure was a recommendation of a [classification and compensation study](#) the city contracted for in 2023.

[Indiana Code 36-4-7-3](#) provides that the executive is authorized to fix the compensation of each appointive officer, deputy, or other employee of the city, subject to the approval of the city's legislative body. By approving this salary ordinance amendment, the Council is approving the addition of the new position and new non-union pay grade table as proposed by the executive.

Contact

Sharr Pechac, Human Resources Director, 812-349-3404, sharr.pechac@bloomington.in.gov

Erica De Santis, Director of Compensation & Benefits, Human Resources, 812-349-3404, erica.desantis@bloomington.in.gov

ORDINANCE 2024-15

AMENDING ORDINANCE 23-25, WHICH FIXED THE SALARIES OF APPOINTED OFFICERS, NON-UNION, AND A.F.S.C.M.E. EMPLOYEES FOR ALL THE DEPARTMENTS OF THE CITY OF BLOOMINGTON, MONROE COUNTY, INDIANA FOR THE YEAR 2024 - Re: To Add a Position to the Clerk’s Office and to Replace the Existing 12-Grade Pay Grade Structure for Non-Union Employees with an Expanded 14-Grade Pay Grade Structure

WHEREAS, Indiana Code § 36-4-7-3 authorizes the Mayor, subject to the approval of the Common Council, to fix the annual compensation of appointed officers, non-union, and A.F.S.C.M.E. employees; and

WHEREAS, salaries for appointed officers, non-union, and A.F.S.C.M.E. employees for all departments of the city were fixed by Ordinance 23-25, which was passed by the Common Council on October 11, 2023 and approved by the former Mayor on October 13, 2023; and

WHEREAS, a 2022 City of Bloomington Organizational Assessment on Boards and Commissions, prepared for the city by the Novak Consulting Group, recommended that the city create a designated position responsible for oversight of the board and commission process, with such a position most appropriately located in the City Clerk’s Office; and

WHEREAS, on December 13, 2023, a Special Committee on Council Processes presented a report and recommendations to the Common Council, including the creation of a new position in the City Clerk’s Office, and the report was accepted by the Common Council on that date; and

WHEREAS, based on a 2023 job classification and compensation study, the current Mayor recommends amending the existing Non-Union Positions Pay Grade structure to expand from 12 grades to 14 grades;

NOW BE IT HEREBY ORDAINED BY THE COMMON COUNCIL OF THE CITY OF BLOOMINGTON, MONROE COUNTY, INDIANA, THAT:

SECTION 1. Ordinance 23-25 shall be amended so that the following position is added to the following Department:

| <u>Department/Division</u> (followed by Job Title) | <u>Grade</u> |
|--|---------------------|
| <u>Clerk’s Office</u> Communications and Outreach – Deputy Clerk | 7 |

SECTION 2. Ordinance 23-25 shall be amended by replacing the existing 12-grade Pay Grade structure for Non-Union employees with the expanded 14-grade Pay Grade structure shown below:

| Grade | Minimum | Maximum |
|--------------|----------------|----------------|
| 1 | \$34,398 | \$41,278 |
| 2 | \$36,120 | \$43,344 |
| 3 | \$38,649 | \$46,380 |
| 4 | \$40,879 | \$53,143 |
| 5 | \$47,527 | \$61,786 |
| 6 | \$54,177 | \$70,429 |
| 7 | \$60,825 | \$79,072 |
| 8 | \$67,474 | \$87,716 |
| 9 | \$74,123 | \$96,360 |
| 10 | \$80,771 | \$105,003 |
| 11 | \$87,420 | \$113,647 |
| 12 | \$95,869 | \$124,631 |
| 13 | \$109,565 | \$142,435 |
| 14 | \$127,826 | \$166,174 |

SECTION 3. If any section, sentence, or provision of this ordinance, or the application thereof to any person or circumstances shall be declared invalid, such invalidity shall not affect any of the other sections, sentences, provisions, or applications of this ordinance which can be given effect without the invalid provision or application, and to this end the provisions of this ordinance are declared to be severable.

SECTION 4. This ordinance shall be in full force and effect from and after its passage by the Common Council and approval by the Mayor.

PASSED AND ADOPTED by the Common Council of the City of Bloomington, Monroe County, Indiana, upon this ____ day of _____, 2024.

ISABEL PIEDMONT-SMITH, President
Bloomington Common Council

ATTEST:

NICOLE BOLDEN, Clerk
City of Bloomington

PRESENTED by me to the Mayor of the City of Bloomington, Monroe County, Indiana, upon this ____ day of _____, 2024.

NICOLE BOLDEN, Clerk
City of Bloomington

SIGNED and APPROVED by me upon this ____ day of _____, 2024.

KERRY THOMSON, Mayor
City of Bloomington

SYNOPSIS

This ordinance amends Ordinance 23-25, which fixed the salaries of appointed officers, non-union, and A.F.S.C.M.E. employees for the year 2024. The amendment reflects the creation of one new position requested by City Council to the Clerk's Office, and also replaces the old 12-grade Pay Grade structure with an expanded 14-grade Pay Grade structure.



TO: City Council members

FROM: Sharr Pechac, Human Resources Director

CC: Mayor Kerry Thomson, Deputy Mayor Gretchen Knapp, Controller Jessica McClellan, and Council Administrator Stephen Lucas

DATE: June 12, 2024

SUBJECT: Amendment to 2024 Salary Ordinance 23-25 for Appointed Officers, Non-Union, and AFSCME Employees

Ordinance 23-25 sets the pay grades and salary ranges for Appointed Officers, Non-Union, and AFSCME Employees. Ordinance 2024-15 proposes to amend this salary ordinance by adding one position and amending the Pay Grade structure.

The requested new position is explained below. Consistent with past practice, the grade classification was determined in the same manner as has been done in the past through the job evaluation committee.¹ The estimated fiscal impact is included. The fiscal impact for the new position includes the salary (budgeted at the midpoint of the pay range), a flat amount for benefits, retirement contributions, and taxes.

NEW POSITION

The Clerk’s Office requests a new Deputy Clerk for Communications and Outreach (Grade 7). This new position, requested specifically by the City Council, will direct, organize, and execute a comprehensive communication strategy focused on supporting City Boards and Commissions. The intent is to professionalize communication, develop and provide clearer training for new members, and overall increase citizen engagement on City Boards and Commissions. The fiscal impact is expected to be \$87,998.77.

PAY GRADES

Additionally, we request that the existing 12-grade Pay Grade structure for Non-Union employees be replaced with an expanded 14-grade Pay Grade structure. This expanded structure was recommended as part of the Classification and Compensation Study conducted in 2023 in order to relieve pay compression between mid-level employees and their supervisors, as well as to better differentiate between grades.

¹ The job evaluation committee evaluates a job using seven criteria. Points are assessed in each category, and a grade is assigned based on the cumulative score.

**POSITION DESCRIPTION
CITY OF BLOOMINGTON, INDIANA**

POSITION: Communications and Outreach - Deputy Clerk
DEPARTMENT: Clerk's Office
JOB GRADE: 7
FLSA: Exempt
EEO4 Code: Paraprofessional

Incumbent serves as Communications and Outreach - Deputy Clerk for programs in the Office of the City Clerk in order to assist the Clerk in the completion of their duties. This position envisions, organizes, and executes a comprehensive communication plan focused on supporting City Boards and Commissions. The intent is to professionalize communication, develop and provide clearer training for new members, and overall increase citizen engagement on City Boards and Commissions, This position is required to take an oath of office and is empowered to serve as Clerk in his/her absence.

1. DUTIES:

This job description is illustrative only and is not a comprehensive listing of all job functions performed. The following are essential duties for this position, performed with or without reasonable accommodation:

Essential (primary)

Develops and executes a comprehensive Training Program to professionalize the recruitment, onboarding, and maintenance for Boards and Commissions, support staff who work with these entities.

Actively seek to recruit new members for City Boards and Commissions. Creates new pathways to distribute information to the community and broader public through multiple channels regarding engagement opportunities.

Develops and executes a comprehensive Communication Strategy, which includes: Writing, editing, and directing the distribution of news releases, council materials, public notices, and other publicly available documents. Identifies and implements new opportunities for communicating messages to members of the public. Responds to official requests for information often independently, but at times in consultation with the Clerk and other departments. Builds consensus in standardizing policies and procedures, and must make the final decision where consensus cannot be reached.

Serves as project manager to synthesize projects, plans, and actions of the Council.

Develops talking points for clerk appearances, and participates in drafting of speeches and other presentations. Along with developing audio/visual presentations. Works with the Clerk to draft or review minutes, correspondence, press releases, and speeches.

Serves as a spokesperson for the Clerk.

Solicits and compiles collected information for the Office of the City Clerk to present to City Council and other staff. Develops a plan to assemble, catalog, and preserve council records of information across various formats by managing the entire collection into one comprehensive and accessible format.

Develops and maintains accessible, retrievable computer archives and databases, incorporating current advances in electric information storage technology.

Serves as a representative of the State of Indiana as satellite Voter Registration office, accepting completed voter registration forms and forwarding them to appropriate State office in accordance with statutory requirements.

Regularly reviews and interpret policies, as well as develop new policies to follow.

Non-Essential (secondary)

Serves as Acting Clerk when the Clerk and Chief Deputy Clerk are away.

Attends various professional seminars, workshops, and conferences, as required. Earns state certification (Indiana Accredited Municipal Clerk or IAMC) within three (3) years of hiring.

Attends Common Council meetings, committee meetings, and Council/Staff briefings and prepares minutes and other records for the same.

Assists with parking ticket appeals. Being able to research the city code, state code, and occasionally relevant case law is frequently necessary.

Helps to schedule, coordinate, and perform weddings. Provides preliminary information regarding preparations, planning, ceremonies, requirements and other logistics.

Assists with preparation and administration of the Clerk's annual budget.

Assists in the recruitment, hiring, training, and supervision of office intern(s). This includes job posting, applicant review, interviewing, and supervision.

Performs related duties as assigned.

2. JOB REQUIREMENTS:

Minimum knowledge equivalent to a Bachelor's Degree in Marketing, Communications, Public Relations, or related field. Master's degree or equivalent, preferred.

Minimum experience equivalent to three years in an office setting.

Experience working in partnership with local residents and community organizations.

Effective communication, both in person and in writing.

Ability to manage a wide array of tasks and projects, along with organization and planning skills.

Knowledge of municipal operations and of governmental processes, officials and roles.

3. LEVEL OF SUPERVISION AND RESPONSIBILITY:

Received

Incumbent performs duties within broad objectives and in conjunction with statutory guidelines that have a major impact on overall City projects and operations. Work is generally only reviewed occasionally and only for meeting the objectives by the City Clerk.

Reports to the City Clerk.

Exercised

Incumbent performs duties within general supervisory objectives and boundaries. It requires considerable independent judgment, where the incumbent applies a wide scope of knowledge of law and policy to problems to accomplish Clerk objectives. Work product, which must be well-written, well-reasoned, and prudent, may result in significant consequences and contributions.

Position is highly visible in dealing with community members and some material generated by the incumbent may experience wide public circulation. As such, the incumbent's work may have a significant impact on the image of the City Clerk and City in general.

4. DIFFICULTY OF WORK:

Incumbent performs duties in a high profile, modern office environment, that of the office of an elected official. Regular evening work with unpredictable hours is regularly required. Much of the work is substantially complex and requires a good deal of analytic ability.

Precision, accuracy, and attention to detail is essential. Record keeping must be impeccable.

The incumbent must exercise discretion and maintain composure when handling community members who may be upset at the actions of the city. Independent judgment is required in determining appropriate response to inquiries and complaints by residents.

The incumbent is required to be available at times during the weekends and have the ability to adjust hours to accommodate the needs of the position.

5. PERSONAL WORK RELATIONSHIPS:

Incumbent initiates and requires constant contact with City Council members, local organizations, media, and members of the general public. Contact occurs during varied situations and circumstances, often requiring tact and use of mediation skills to gain cooperation in the face of differences of opinion.

Last revision: 05/31/2024

File location:



MEMO FROM COUNCIL OFFICE:

To: Members of the Common Council

From: Stephen Lucas, Council Administrator/Attorney

Date: June 7, 2024

Re: Ordinance 2024-16 - To Amend Title 2 of the Bloomington Municipal Code Entitled "Administration and Personnel" Re: Amending BMC 2.04.120 (Limits on debate)

Synopsis

This ordinance is sponsored by Councilmember Piedmont-Smith and would set limits on the number and length of speeches during debate of legislation in order to make Council regular session meetings more efficient. It would limit each councilmember's comment in the first round to three (3) minutes and allow councilmembers a second round of comments limited to one (1) minute each.

Relevant Materials

- Ordinance 2024-16
- Memo from Sponsor Cm. Piedmont-Smith

Summary

Ordinance 2024-16 proposes to amend Bloomington Municipal Code [Section 2.04.120](#) (Limits on debate), which is part of the Council's meeting rules and procedures. This section currently reads:

No member shall speak more than once upon a question until every other member has had the opportunity to speak. The council may, before debate begins, decide by a two-thirds vote of all members to set time limits on debate upon a particular pending question, but time spent in answering questions shall not be counted against the speaker.

The revised section would read:

No member shall speak more than twice upon a question without leave of the council, and no more than once until every other member has had the opportunity to speak. No member shall speak longer than three (3) minutes for the first speech on a question and no more than one (1) minute for a second speech on the same question, unless further time is granted by the council. The council may, before debate begins, decide by a two-thirds vote of all members to set time limits on debate upon a particular pending question, but time spent in answering questions shall not be counted against the speaker.

The effect of this change would be to limit the number and length of speeches from members (in practice often referred to as "council comments") when the Council is debating a motion. Members would be allowed to speak for up to three (3) minutes for a first comment and for up to one (1) minute for a second comment, with the Council able to



City of Bloomington Indiana

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authorize additional time or opportunities for members to speak. Members asking questions and providing or receiving answers would not be counted as speaking in debate. A member's unused time would not be transferable to another member, nor could it be reserved for use at a later time.

There is minimal to no direct fiscal impact associated with this ordinance.

Contact

Councilmember Isabel Piedmont-Smith & Office of the Common Council, 812-349-3409, council@bloomington.in.gov

ORDINANCE 2024-16

**TO AMEND TITLE 2 OF THE BLOOMINGTON MUNICIPAL CODE ENTITLED
“ADMINISTRATION AND PERSONNEL”**

Re: Amending BMC 2.04.120 (Limits on debate)

WHEREAS, the City of Bloomington Common Council (“Council”), as the legislative branch of government, recognizes the importance of meeting its responsibilities efficiently and responsively, in order to serve the best interests of the public; and

WHEREAS, current limits on debate among councilmembers are governed by Bloomington Municipal Code Section 2.04.120, which allows the Council to place time limits on debate by a two-thirds vote before debate on a particular item begins; and

WHEREAS, it is necessary to supplement these rules to further limit the number and length of speeches permitted each member in debate in order to balance goals of meeting efficiency with robust public debate;

WHEREAS, council rules have prohibited introduction of legislation for council action after 10:30 p.m. without a two-thirds vote since 1980, and, with the Common Council’s adoption of Ordinance 21-34 on October 8, 2021, a motion to adjourn accompanied with a second made after 11:59 p.m. or after five and a half hours from the start of the meeting has the effect of immediately ending the meeting; and

WHEREAS, five regular sessions in 2024 (March 27th, April 3rd, April 10th, May 1st, and May 15th) have lasted longer than four hours, three of which (March 27th, April 3rd, and May 15th) lasted close to or longer than five and a half hours, which increased the risk that the meeting would end in the middle of business;

NOW, THEREFORE, BE IT HEREBY ORDAINED BY THE COMMON COUNCIL OF THE CITY OF BLOOMINGTON, MONROE COUNTY, INDIANA, THAT:

SECTION 1. Section 2.04.120 of the Bloomington Municipal Code entitled “Limits on debate” shall be deleted in its entirety and replaced with the following:

2.04.120 - Limits on debate.

No member shall speak more than twice upon a question without leave of the council, and no more than once until every other member has had the opportunity to speak. No member shall speak longer than three (3) minutes for the first speech on a question and no more than one (1) minute for a second speech on the same question, unless further time is granted by the council. The council may, before debate begins, decide by a two-thirds vote of all members to set time limits on debate upon a particular pending question, but time spent in answering questions shall not be counted against the speaker.

SECTION 2. If any sections, sentence or provision of this ordinance, or the application thereof to any person or circumstances shall be declared invalid, such invalidity shall not affect any of the other sections, sentences, provisions, or applications of this ordinance which can be given effect without the invalid provision or application, and to this end the provisions of this ordinance are declared to be severable.

SECTION 3. This ordinance shall be in full force and effect from and after its passage by the Common Council of the City of Bloomington and approval of the Mayor.

PASSED AND ADOPTED by the Common Council of the City of Bloomington, Monroe County, Indiana, upon this _____ day of _____, 2024.

ISABEL PIEDMONT-SMITH, President
Bloomington Common Council

ATTEST:

NICOLE BOLDEN, Clerk
City of Bloomington

PRESENTED by me to the Mayor of the City of Bloomington, Monroe County, Indiana, upon this _____ day of _____, 2024.

NICOLE BOLDEN, Clerk
City of Bloomington

SIGNED and APPROVED by me upon this _____ day of _____, 2024.

KERRY THOMSON, Mayor
City of Bloomington

SYNOPSIS

This ordinance is sponsored by Councilmember Piedmont-Smith and would set limits on the number and length of speeches during debate of legislation in order to make Council regular session meetings more efficient. It would limit each councilmember's comment in the first round to three (3) minutes and allow councilmembers a second round of comments limited to one (1) minute each.

To: Members of the Common Council
From: Isabel Piedmont-Smith
Date: June 7, 2024
Subj: Ordinance 2024-16: Amending Bloomington Municipal Code 2.04.120 "Limits on Debate"

SUMMARY

In the interest of making our regular session meetings more efficient, I am introducing Ordinance 2024-16, which would limit the number and length of councilmember speeches (that is, comments after the presentation of the legislation, any question/answer period, and public comment) to three minutes for the first "bite at the apple" and one minute as a follow-up or rebuttal. The legislation still leaves room for deviations "with leave of the Council." The Council could give leave through a motion or through unanimous consent (the chair asking if anyone objects).

CLARIFICATIONS

Debate

The current Bloomington Municipal Code section 2.04.120 is entitled "Limits on Debate" in the context of Robert's Rules of Order, wherein "debate" is all discussion on the merits of a pending question that occurs after a motion is made, which is often a motion to adopt legislation. In the Council's current practice, council debate includes the presentation of the legislation; questions from councilmembers; answers from staff, sponsors, and/or experts; public comment; and final councilmember comments. In common parlance, we have in the past referred to only the last item as "council debate," but in the BMC this word is interpreted more broadly.

To further clarify the text of this ordinance, I note that the following sentence, which already exists in code, means that, prior to considering a motion, the council may set other time limits on any part of the process.

The council may, before debate begins, decide by a two-thirds vote of all members to set time limits on debate upon a particular pending question, but time spent in answering questions shall not be counted against the speaker.

We have done this in the past with particularly complex items, such as our second reading of Ordinance 2024-07 regarding the Summit District PUD on April 17 and the 2019 repeal and replacement of the text of the Unified Development Ordinance.

Speech

The proposed language to be added to 2.04.120 refers to councilmember "speech" rather than "comment." This, too, is rooted in Robert's Rules of Order (which is the default way the Council conducts its business unless otherwise dictated by local code), which refers to "speeches" or "speaking in debate."