

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

June 2, 2022

Florida Board of Medicine  
4052 Bald Cypress Way Bin C-03  
Tallahassee, FL 32399-3253

Members of the Board,

On April 20, 2022, the Florida Department of Health (Department) [released guidance](#) on the treatment of gender dysphoria for children and adolescents. As State Surgeon General, I recommended against certain pharmaceutical, non-pharmaceutical, and surgical treatments for gender dysphoria. The [recommendations](#) are based on a lack of conclusive evidence and the high risk for long-term, irreversible harms from these treatments.

Since then, the Agency for Health Care Administration (Agency) has conducted a full review to determine if these treatments are “consistent with generally accepted professional medical standards (GAPMS) and not experimental or investigational.” The Agency’s review included an overview of systematic reviews on puberty blockers, cross-sex hormones, surgeries, or a combination of interventions.

While some professional organizations, such as the American Academy of Pediatrics and the Endocrine Society, recommend these treatments for “gender affirming” care, the scientific evidence supporting these complex medical interventions is extraordinarily weak. For instance, the overview conducted by Dr. Brignardello-Peterson and Dr. Wiercioch states that “there is great uncertainty about the effects of puberty blockers, cross-sex hormones, and surgeries in young people with gender dysphoria.”

The current standards set by numerous professional organizations appear to follow a preferred political ideology instead of the highest level of generally accepted medical science. Florida must do more to protect children from politics-based medicine. Otherwise, children and adolescents in our state will continue to face a substantial risk of long-term harm.

The Agency ultimately concluded that “Available medical literature provides insufficient evidence that sex reassignment through medical interventions is a safe and effective treatment for gender dysphoria.” I encourage the Board to review the Agency’s findings and the Department’s guidance to establish a standard of care for these complex and irreversible procedures.

Sincerely,

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State Surgeon General

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