



# Toolkit for Parents Interacting with Gender Related Medical Data

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## INTRODUCTION

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Navigating medical data can feel overwhelming, especially when it comes to your child's health. In recent years, gender-related activism has had a significant impact on medical practices, and many parents may not realize just how deeply it has influenced care and management.

These changes raise important concerns about safety and quality for all patients, and they also present potential legal challenges for healthcare providers. Gender activism has reshaped medical forms, electronic health records, lab tests, and even medication protocols, affecting the entire healthcare system.

Because these shifts have occurred gradually and often align with broader changes like the adoption of electronic health records and the merging of medical practices, their full impact can be difficult to see. This toolkit is designed to give parents the information they need to navigate these changes and ensure their child receives safe, high-quality care.

### **Problems:**

1. "Patient Portals" block parental access
2. Electronic Health Records support gender confusion
3. Hormone use is unregulated and the polypharmacy is an underreported safety risk

### **Solutions:**

1. Be proactive about consent to access your minor's records
2. Be proactive about sex and gender fields on electronic forms
3. Be proactive about medication interactions

# "PATIENT PORTALS" BLOCK PARENTAL ACCESS

Patient Portals reveal how some of your minor's records are concealed from your view.

Portal access for patients to view their records is mandated by State and Federal Government. But parents require authorization forms FROM minors aged 12-17 to access certain records.

The variable access is mandated by the government. This started with the sexual revolution and a minor's right to obtain contraception without a parent's consent. The list has expanded over time, and now may include gender identity issues.

Access	Patient Age	Instructions
PARENT/GUARDIAN PROXY ACCESS	11 years or younger	Click <a href="#">here</a> to sign up for MyChart Access. Proxies of patients aged 11 and younger will have access to all of MyChart's features, including self scheduling, messaging, chart access, and payment options.
	12 years old - 17 years old	Click <a href="#">here</a> to sign up for MyChart Access. All parents/legal guardians/proxies of patients aged 12-17 can receive <b>Standard Access</b> by using the link above. <b>Standard Access</b> will allow users to schedule appointments, message your care team, and access health summary information. <b>Enhanced Access</b> will allow users the ability to view shared patient notes, test results, and potentially sensitive health information. <b>Enhanced Access requires patient consent</b> from patients aged 12-17 in compliance with State and Federal laws. Please have a conversation with the patient about this type of access. If the patient consents to the access, please complete the appropriate <a href="#">Proxy Access Authorization Form</a> .
PATIENT ACCESS	18 years old or older	Click <a href="#">here</a> to sign up for MyChart Access.

Consent form for your minor to sign to give parental access:  
Your minor, starting at age 12, has to grant you, the parent, access to their full records.

luriechildrens2.formstack.com

### MyChart: Authorization for Proxy Access to Patient Account

Which of the following describes your MyChart Proxy Access Request?\*

Access for Patient Ages 12 to 17  
 Access for Patient Age 18 and older

#### Location for MyChart Access

Please select the location where you would like MyChart Access\*

Lurie Children's Hospital of Chicago and all Lurie Children's Satellite Centers

Please note that if you would like access at multiple facilities, you will need to provide a separate form for each location.

### Proxy Access to Teen Patient Account Age 12-17 Years Old

#### Proxy Access to Teen Patient Account: Ages 12-17

To request access to the MyChart record of a minor patient whose medical care you help manage, please complete this form. A "Proxy" may be a **patient's parent, legal guardian or Power of Attorney**. The Proxy will be able to access portions of the health record, including the following items, which may be expanded or changed from time to time by Lurie Children's: Immunizations, Problem List, Medications, Allergies, History, and messages with the patient's providers.

**State and Federal laws require the consent of the patient before the release of certain types of medical information to a parent, guardian or proxy, beginning at age 12. This type of information may be very sensitive or private.** Because of these legal requirements, both the minor patient and the Proxy must sign this Authorization form. This Proxy Access expires when the patient revokes (takes back permission).

If you would like to fill out this form by paper, please click on this [link](#) to download the form.

#### Patient Information

Patient Name\*    Patient Date of Birth\*  MM/DD/YYYY

First Name Middle (optional) Last Name

Patient Email\*  Address\*

Please keep in mind that communications via email over the Internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

Address Line 1  
Address Line 2

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### Proxy Information

Relationship to Patient\*  Parent  Legal Guardian  Power of Attorney (POA)

Proxy Name\*    Proxy Date of Birth\*  MM/DD/YYYY

First Name Middle (optional) Last Name

Proxy Email Address\*

Please keep in mind that communications via email over the Internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

Do you have the same address as the patient?  Yes  No

#### Signatures

**By signing, Patient and Proxy both agree to the following:**

- MyChart should not be used in an emergency. Lurie Children's will make its best effort to provide a timely response to electronic inquiries in MyChart, in accordance with the MyChart Terms and Conditions available in the MyChart portal. For emergencies, call 911.
- MyChart is intended as a secure online portal for health information. MyChart contains a portion of patient's health record and does not contain all the information that may be available with a complete copy, available from the Health Information Department.
- This form does not authorize release of patient's medical records to Proxy by any other methods or form.
- I understand that once I share my health information with others, it can be re-disclosed by them and the information may not be covered by federal privacy protections.
- Passwords must be kept confidential. Tell Lurie Children's MyChart HelpDesk at 833.706.4507 if a password has been lost or compromised.
- Sensitive Health Information:** with a MyChart Enhanced Proxy Access Account Proxy will have access to health information that is currently available and that may become available as a result of future medical care. Some of this health information may be sensitive or private. Proxy may have access to the following types of information: information related to HIV/AIDS, behavioral or mental health, developmental disabilities, treatment for substance use disorder, genetic testing and counseling, artificial insemination, sexual assault/abuse, domestic abuse of an adult with a disability, child abuse and neglect, sexually transmitted illnesses, pregnancy, and birth control. Lurie Children's can only provide a MyChart Enhanced Proxy Access Account with patient authorization. If patient does not provide this authorization, Proxy may receive a MyChart Standard Proxy Access Account with more limited access that avoids violation of privacy laws.
- Activities and messages in MyChart may be tracked by computer audit and may become part of the health record.
- MyChart e-mail alerts will be sent to the e-mail address entered in the patient's record and on this form.
- Access to MyChart is provided by Lurie Children's as a convenience to its patients. Lurie Children's has the right to deactivate access to MyChart at any time and for any reason.
- Use of MyChart is voluntary. Lurie Children's does not condition any of health care treatment, payment or other services on use of MyChart.
- This authorization will expire when revoked (taken back). I may revoke this authorization at any time by contacting the MyChart HelpDesk at 833.706.4507. My revocation will not affect disclosures made prior to making the request.

## Parental Consent Variation: “sexual health”

A minor’s access to services varies by state. Gender related services have been grafted onto the liberal consent rules for sexual related issues.

PEOPLE YOUNGER THAN 18 MAY CONSENT TO:						
STATE	CONTRACEPTIVE SERVICES	STI SERVICES	PRENATAL CARE	ADOPTION	MEDICAL CARE FOR MINOR'S CHILD	ABORTION SERVICES
Alabama	All <sup>†</sup>	All <sup>†</sup>	All	All	All	Parental Consent
Alaska	All	All	All		All	▼ (Parental Notice)
Arizona	All	All		All		Parental Consent
Arkansas	All	All <sup>†</sup>	All		All	Parental Consent
California	All	All	All	All		▼ (Parental Consent)
Colorado	All	All	All	All	All	Parental Notice
Connecticut	Some	All		Legal counsel	All	All
Delaware	All <sup>†</sup>	All <sup>†</sup>	All <sup>†</sup>	All	All	Parental Notice <sup>‡</sup>
Dist. of Columbia	All	All	All	All	All	All
Florida	Some	All	All		All	Parental Consent and Notice
Georgia	All	All <sup>†</sup>	All	All	All	Parental Notice
Hawaii	All <sup>††</sup>	All <sup>††</sup>	All <sup>††</sup>	All		
Idaho	All	All <sup>†</sup>	All	All	All	Parental Consent
Illinois	Some	All <sup>†</sup>	All	All	All	
Indiana	Some	All		All		Parental Consent
Iowa	All	All				Parental Notice
Kansas	Some	All <sup>†</sup>	Some	All	All	Parental Consent
Kentucky	All <sup>†</sup>	All <sup>†</sup>	All <sup>†</sup>	Legal counsel	All	Parental Consent
Louisiana	Some	All		Parental consent	All	Parental Consent
Maine	All <sup>†</sup>	All	All <sup>†</sup>			All
Maryland	All <sup>†</sup>	All <sup>†</sup>	All <sup>†</sup>	All	All	Parental Notice
Massachusetts	All	All	All		All	Parental Consent
Michigan	Some	All <sup>†</sup>	All <sup>†</sup>	Parental consent	All	Parental Consent
Minnesota	All <sup>†</sup>	All <sup>†</sup>	All <sup>†</sup>	Parental consent	All	
Mississippi	Some	All	All	All	All	Parental Consent
Missouri	Some	All <sup>†</sup>	All <sup>†</sup>	Legal counsel	All	Parental Consent
Montana	All <sup>†</sup>	All <sup>†</sup>	All <sup>†</sup>	Legal counsel	All	Parental Notice <sup>‡</sup>
Nebraska	Some	All				Parental Consent
Nevada	Some	All	Some	All	All	▼ (Parental Notice)

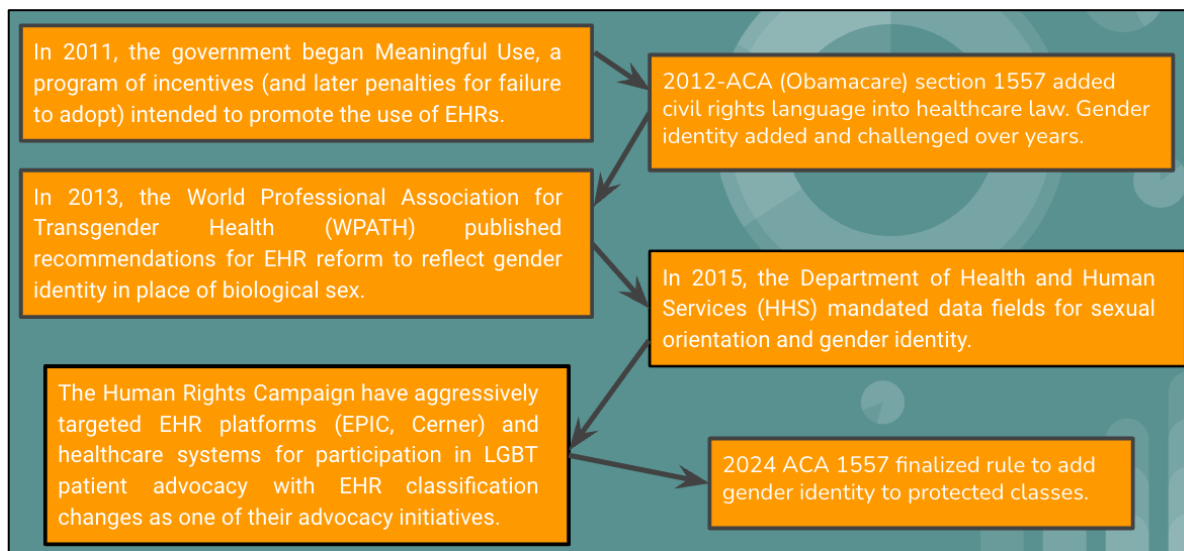
source: <https://www.guttmacher.org/state-policy/explore/overview-minors-consent-law>

## TAKEAWAYS

- “Patient Portals” block parental access for “sexual health” or “sensitive information” including gender confusion and an expanding list of issues
- Regulations are state by state
- Be proactive about consent to access your minor’s records
- Start at age 12 or as soon as you can
- Inform your pediatrician you are in control of the information

## ELECTRONIC HEALTH RECORDS: GENDER FIELDS

The evolution of electronic health records has allowed gender related language to be scaled across the country. How did this happen?



### Gender Fields Evolve

Cultural activists pressured Electronic Health Record (EHR) companies to expand sex and gender fields.

Wired SECURITY POLITICS GEAR THE BIG STORY BUSINESS SCIENCE CULTURE IDEAS PRIME DAY MERCH

KEREN LANDMAN SCIENCE JUN 30, 2017 7:00 AM

### The Battle to Get Gender Identity Into Your Health Records

A decade ago, most electronic health care records collected just one piece of gender-related data: sex. Here's how that changed.

IN 2003, STRAIGHT out of college, Janet Campbell started her first real job as a software developer at Epic, one of the country's biggest producers of electronic health care records. At a desk in the company's Verona, Wisconsin headquarters, she worked on a straightforward project: Building a feature that could restrict diagnostic codes to patients of a specific sex. That way, a clinic could get an alert if a provider tried to bill for a cervical exam, for example, in a patient marked "male."

Tinkering with a section of code about a year into the job, Campbell found herself fixated on the field doctors used to document patients' sex. "This is weird," she thought. It had just three values: male, female, and unknown.

If they wanted to, clinics could work with Epic to add more choices to the list. But Campbell, thanks to the gender studies classes she took alongside her comp sci coursework, saw a deeper problem: That one field was doing too much. What if, instead of containing the patient's legal sex or sex assigned at birth, it also contained their gender identity? All of those data points were important in a health care setting. And for transgender people and other gender non-conforming patients, she realized, they often don't match.

Many clinical settings fall in caring for transgender people. According to a 2015 report, 33 percent of transgender people surveyed had at least one negative health care experience in the past year related to their gender identity. Part of the problem is the reluctance of clinicians to simply ask—many don't know how to talk about gender identity, or fear offending patients. And that one-size-fits-all question in Epic's electronic health care record—the type of system used in nearly 80 percent of outpatient clinics—certainly wasn't helping matters. So Campbell, now vice president of patient experience at Epic, set out to change it.

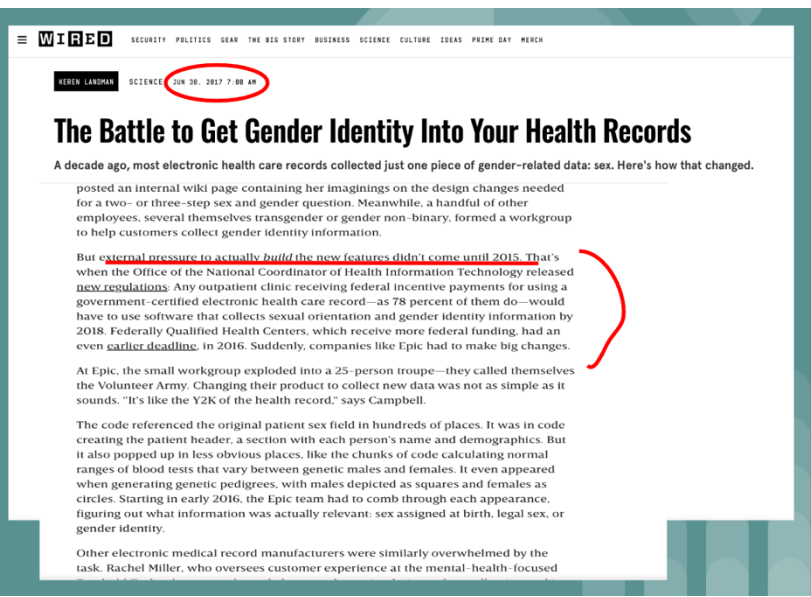
Not long after she noticed the patient sex field, Campbell offered to give her team at Epic an educational presentation on gender variation—part of a regular series of workplace talks. She was one of the most junior people in the room, surrounded by other developers, mid-level managers, and a division manager. She still has the slides she presented that day. "Epic is almost completely unable to deal with this level of complexity," reads one. "and neither is the medical profession, for that matter."

There is no field for biological sex in records anymore.

This is due in part to worker activism, and emotional survey based activism.

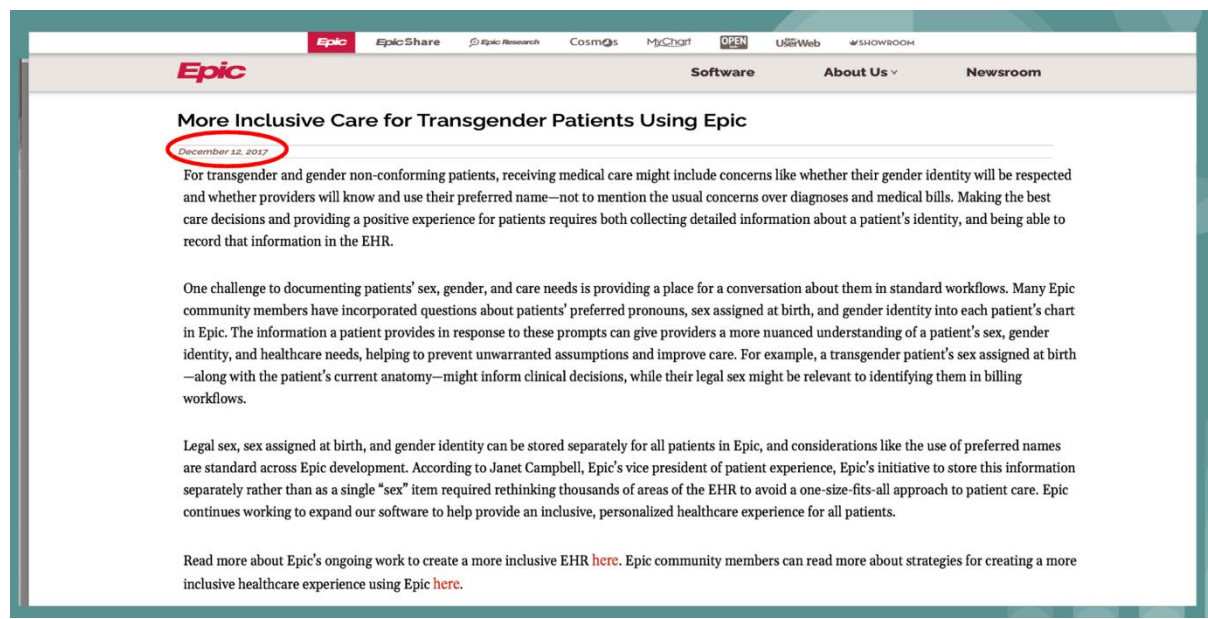
2012-ACA (Obamacare) section 1557 added civil rights language into healthcare law, then adding gender identity as a protected class, changing regs with 1557 and Title IX (2024)

2015 Regulatory mandate to include gender identity fields



### EHR Regulations: Culture Activists

The EHR company EPIC highlighted their commitment to "inclusive" records by creating expanded fields for gender.



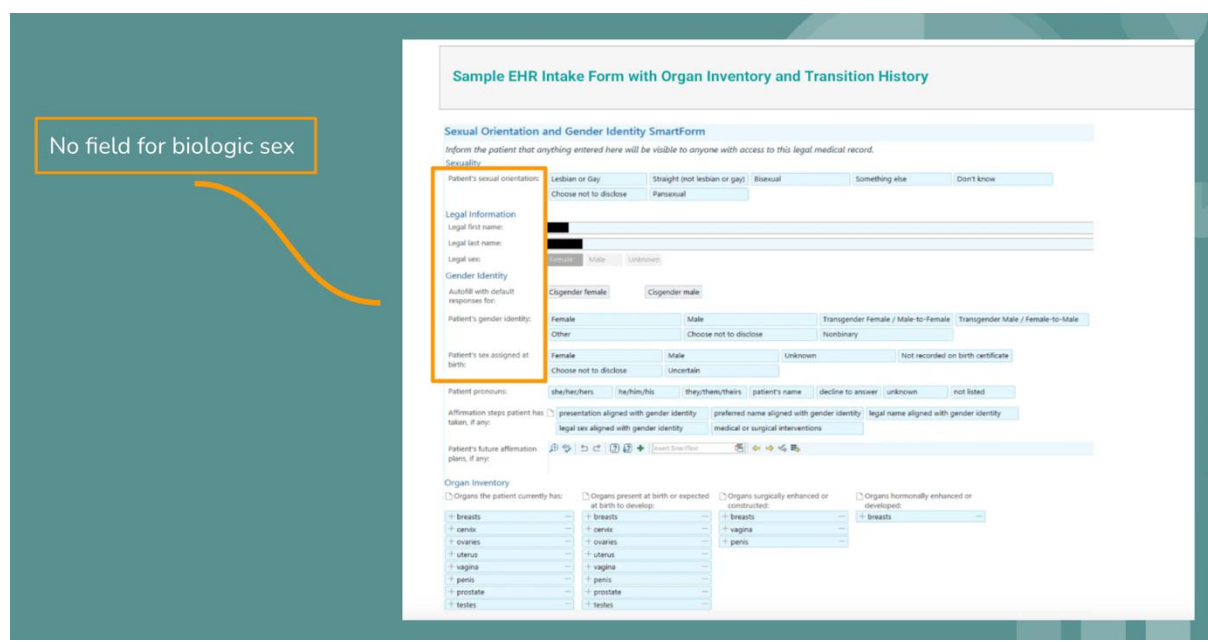
## Advocacy group influence on Electronic Health Records

The activist group HRC applied pressure by adding EHR changes to their corporate “rankings”. Organizations felt pressure to comply in the name of compassion and inclusivity.

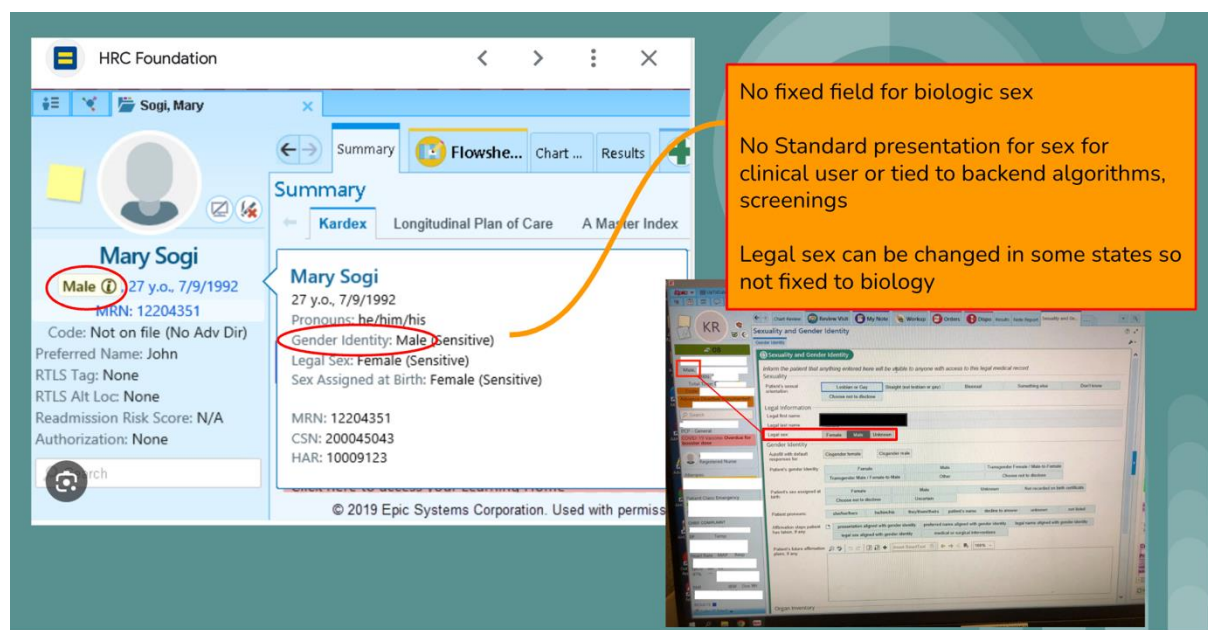
The screenshot shows the top navigation bar of the Human Rights Campaign website with links for Professional Resources, Reports, About, Contact, and Litigation and Advocacy. A red oval highlights the breadcrumb navigation: < HEALTHCARE EQUALITY INDEX RESOURCE GUIDE. Below this is the main title 'Patient Identification and Data Collection' and a dropdown menu for 'SECTION: Select One'. The 'Overview' section begins with the text: 'This section is designed to familiarize an organization with best practices, from The Joint Commission and other sources, for providing patients the opportunity to be identified as LGBTQ+ in health records, if they so wish. Adding LGBTQ+ self-identification options to an electronic health record system is a significant step a facility can take to help end LGBTQ+ health disparities with LGBTQ+ self-'. Several phrases in this text are underlined in red.

This screenshot continues the 'Patient Identification and Data Collection' section. It features a question: 'Do your organization's (electronic) health records offer explicit options for patients to indicate that their current gender identity differs from the gender they were assigned at birth and/or the gender shown on any identification, insurance, or other documents used in admitting/registration?'. Below the question, a red oval highlights the bolded text: 'To receive credit your facility must:'. The following text states: 'Upload a screenshot or sample form showing how this information is captured. The EHR system must offer explicit fields for collecting this data, and cannot be simply in the free form notes.' The phrase 'The EHR system must offer explicit fields for collecting this data, and cannot be simply in the free form notes.' is underlined in red. The final sentence reads: 'To receive credit for collecting gender identity and sexual orientation data you will be required to provide a report showing what percentage of patients this data as well as race/ethnicity data has been collected for.'

The activist vision has resulted in the field for biologic sex being removed. A grouping of variable terms – legal sex, gender identity, sex assigned at birth – has replaced one fixed field for biologic sex.



The clinical user will see a "sex" designation but that may not be the patient's biologic sex. Which field is tied to backend algorithms is unclear, since legal sex can be changed in certain states. This can lead to patient harm by missing important alerts for such things as a pregnancy test, lab value differences, or certain screenings such as cervical or prostate cancer.



# Medical Errors Due to Unclear Charting

Here is an example from 2019 of a pregnant female who had a delayed diagnosis of preeclampsia because of her masculine appearance and confusing EHR documentation. She had a miscarriage.

The NEW ENGLAND JOURNAL of MEDICINE  
Perspective  
MAY 16, 2019  
CASE STUDIES IN SOCIAL MEDICINE  
**The Power and Limits of Classification — A 32-Year-Old Man with Abdominal Pain**  
Daphna Stroumsa, M.D., M.P.H., Elizabeth F.S. Harris, Ph.D., Hadrian Kinnear, B.A., and Lisa H. Harris, M.D., Ph.D.

**S**am, a 32-year-old man, was brought to the emergency department by his boyfriend. Sam reported an 8-hour history of severe (8 out of 10, intermittent) lower abdominal pain. In triage, he had a blood pressure of 185/84 mm Hg

Pregnant female with preeclampsia > delayed diagnosis

The article highlights how the classification confusion leads to human error yet this philosophy places the burden on busy clinical staff and the promise of EHR changes. This is dangerous.

**S**ocial scientists study how people use classification to understand the world by dividing it into digestible, often binary categories. In medicine, classification provides powerful tools for diagnosis. However, classifications—including those of race and sex—often fail to capture complexity, preventing practitioners from taking the best course of action.

have shown that, in practice, classification systems never correspond perfectly to the complex world they purport to describe.<sup>1</sup> Moreover, humans do not perform classification in the dry, abstract way a computer does: our classification process involves perception, which is in turn influenced by expectation and experience, and much of this process is unconscious.<sup>2</sup>

In Sam's evaluation, the triage nurse did not fully absorb the fact that he did not fit clearly into a binary classification system with mutually exclusive male and female categories. Though she had respectful intentions and nominally acknowledged the possibility of pregnancy by ordering a serum hCG test, she did not incorporate that possibility into the differential diagnosis in a way that would affect ensuing classifications and triage decision making. Despite communicating that he was transgender, Sam was not evaluated using pregnancy algorithms. Failing to clear classificatory framework for making sense of a patient like Sam, the nurse deployed implicit assumptions about who can be pregnant,<sup>3</sup> attributed his high blood pressure to untreated chronic hypertension, and classified his case as nonurgent.

A cisgender woman (a woman whose gender identity corresponds to the sex she was assigned at birth) presenting similarly—with a remote or

unknown last menstrual period, positive home pregnancy test, severe abdominal pain, hypertension, and large-volume clear discharge—would almost surely have been triaged and evaluated more urgently for pregnancy-related problems. If the woman was in early pregnancy, practitioners would have considered an ectopic pregnancy; beyond 20 weeks of pregnancy, the patient would have been directed to urgent obstetric evaluation for possible labor, rupture of membranes, placental abruption, and severe preeclampsia. Such evaluation would also have included assessment of the fetal heart rate. Sam should have received the same treatment. Instead, it was only after significant delay that a practitioner took a more detailed history and conducted a physical exam, revealing that Sam was in labor, with a cord prolapse. Earlier evaluation might have resulted in detection of the cord prolapse in time to prevent fetal death.

related to a person's sex at birth (e.g., Does the person have a uterus?), to transition-related care (Is the person receiving hormone treatment and fertility options and identity-affirming prenatal care). Charting sex at birth, gender identity, and legal sex as three separate categories on formal documentation can enable nuanced and appropriate care.<sup>4</sup> Some EMRs already offer the option of charting these characteristics separately.

**Case Follow-up**

After discharge from the hospital, Sam reestablished care. He resumed antihypertensive treatment and requested the placement of a copper IUD. Though he had not planned or expected the pregnancy, he was heartbroken at the loss of his baby and had a major depressive episode. Despite having significant dysphoria related to menstruation, he has not resumed testosterone treatment, since he prefers to have continued menses that reassure him that he is not pregnant.

The patient's name has been changed to protect his privacy. Disclosure forms provided by the authors are available at NEJM.org.

From the Institute for Healthcare Policy and Innovation (D.S.), the Departments of Obstetrics and Gynecology (D.S., L.H.H.) and Anthropology (E.F.S.R.), and the Medical Scientist Training Program (H.K.), University of Michigan, Ann Arbor.

1. Goldstein Jutel A. Putting a name to it: diagnosis in contemporary society. Baltimore: Johns Hopkins University Press, 2011.

2. Foucault M. The order of things: an archaeology of the human sciences. New York: Pantheon Books, 1970.

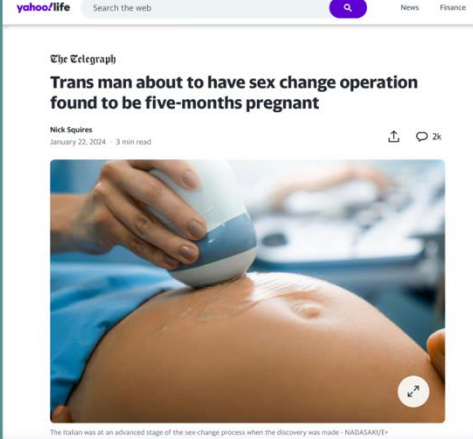
3. Rowker GC, Leigh Starr S. Sorting things out: classification and its consequences. Cambridge, MA: MIT Press, 2000.

4. Fausto-Sterling A. Sex/gender: biology in a social world. New York: Routledge, 2012.

5. Graso C, McDowell MJ, Goldhammer H, Kenoughlan AS. Planning and implementing sexual orientation and gender identity data collection in electronic health records. J Am Med Inform Assoc 2019;26:666-70.

DOI: 10.1056/NEJMp1811491  
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Medical errors are being reported due to medical record changes that no longer have a fixed field for biologic sex regardless of a patient's gender identity or appearance.



The screenshot shows a Yahoo Life article with the headline "Trans man about to have sex change operation found to be five-months pregnant". The author is Nick Squires, dated January 22, 2024. The article includes a photo of a person's pregnant belly being examined with a medical device.

**Trans-identified female getting hysterectomy found to be pregnant**

An Italian who was transitioning to become a man was found to be five-months pregnant after undergoing a mastectomy.

The individual, who had assumed the male name Marco, was at an advanced stage of the sex-change process having had his breasts removed.

He had been due to have a hysterectomy to remove his uterus before the pregnancy was discovered by doctors at a hospital in Rome.

Thought to be the first case of its kind in Italy, the surprise discovery has raised concerns about the welfare of the baby and whether the foetus has been affected by the procedures that Marco has undergone to date.

"Once the pregnancy is discovered, the first thing to do is to immediately suspend the hormone therapy," said Giulia Senofonte, an endocrinologist and expert on gender therapy.

"If the halting of the therapy is not immediate, there could be consequences, especially in the first trimester of pregnancy, which is an important time for the development of the baby's organs.

"It's difficult to talk about it in abstract terms but it all depends on the timing of the suspension of the dosages of testosterone that the person is taking."

Doctors are also worried about the impact on Marco, who has begun to exhibit male physical characteristics, including additional body hair growth and the ability to grow a beard.

## TAKEAWAYS

- Be aware of gender fields and lack of fixed field for biologic sex
- Safeguard against clinical errors by making sure all fields are consistent with biologic sex
- Write the CMO (Chief Medical Officer), Patient Experience Officer, Chief Technology Officer of hospital about your concerns with data fields

## PRESCRIPTION DRUG MONITORING: IMPROVING SAFETY

The opioid crisis led to the expansion of the Prescription Drug Monitoring System to track opioid prescriptions. This helped decrease the amount of prescriptions written, helped pharmacies stop filling inappropriate prescriptions, and highlighted cross reactivity between classes of medications.

### Lessons from the Opioid Epidemic c.2010

During the opioid crisis, most doctors felt pressured to write opioid prescriptions because of consumer demand, “patient experience scores” tied to their bonus, and lack of support from hospital administrators who were executing on government regulations regarding pain control metrics. As the crisis grew, patients would “doctor shop” to get multiple prescriptions in order to manage their addiction and/or divert pills for money.

The Prescription Drug Monitoring Program (PDMP) was expanded for opioids to provide prescribers the visibility into the exact prescriptions written (doses and refills) for a patient across the country and to provide oversight for the DEA when tracking inappropriate prescribers (over prescribers) and “pill mills” (pill dispensaries). One of the positive unintended consequences of the PDMP was to provide “electronic moral courage” to clinicians to say “no” to patients pressuring them and to discuss safety issues because they could point to specific data about recently filled prescriptions. It also helped hospital administrators have a “counter” regulation to support those standing up for safety and quality against patient demands to write inappropriate prescriptions.

## Hormone Risks Underappreciated

The WPATH Files highlight the danger of large scale hormone exposure to minors, such as possible carcinogenesis. The large amount of hormones written to minors on multiple medications and with variable dosing is a true medical emergency.

WPATH Files showing cancer risks with multiple exposures to hormones

b) A WPATH member discusses the development of hepatic adenomas on a client taking testosterone/estrogen

### Hepatic adenomas and testosterone/estrogen

Hi colleagues/friends: Wondering if anybody else has had to navigate the development of hepatic adenomas in a young person treated with testosterone and/or oral contraceptives. Without getting into too many patient-specific details, our team has a 16 y/o patient who was on norethindrone acetate for several years for menstrual suppression and who has been on testosterone for slightly over one year. Pt found to have two liver masses (hepatic adenomas) - 1x11cm and 7x7 cm- and the oncologist and surgeon both have indicated that the likely offending agent(s) are the hormones and have recommended the treatment ceases at this time to allow for regression of the masses. We are prepared to support the patient in any way we can (e.g. IJID, top surgery when medically stable, etc), however we are wondering if others have experience with this situation.

December 1, 2021

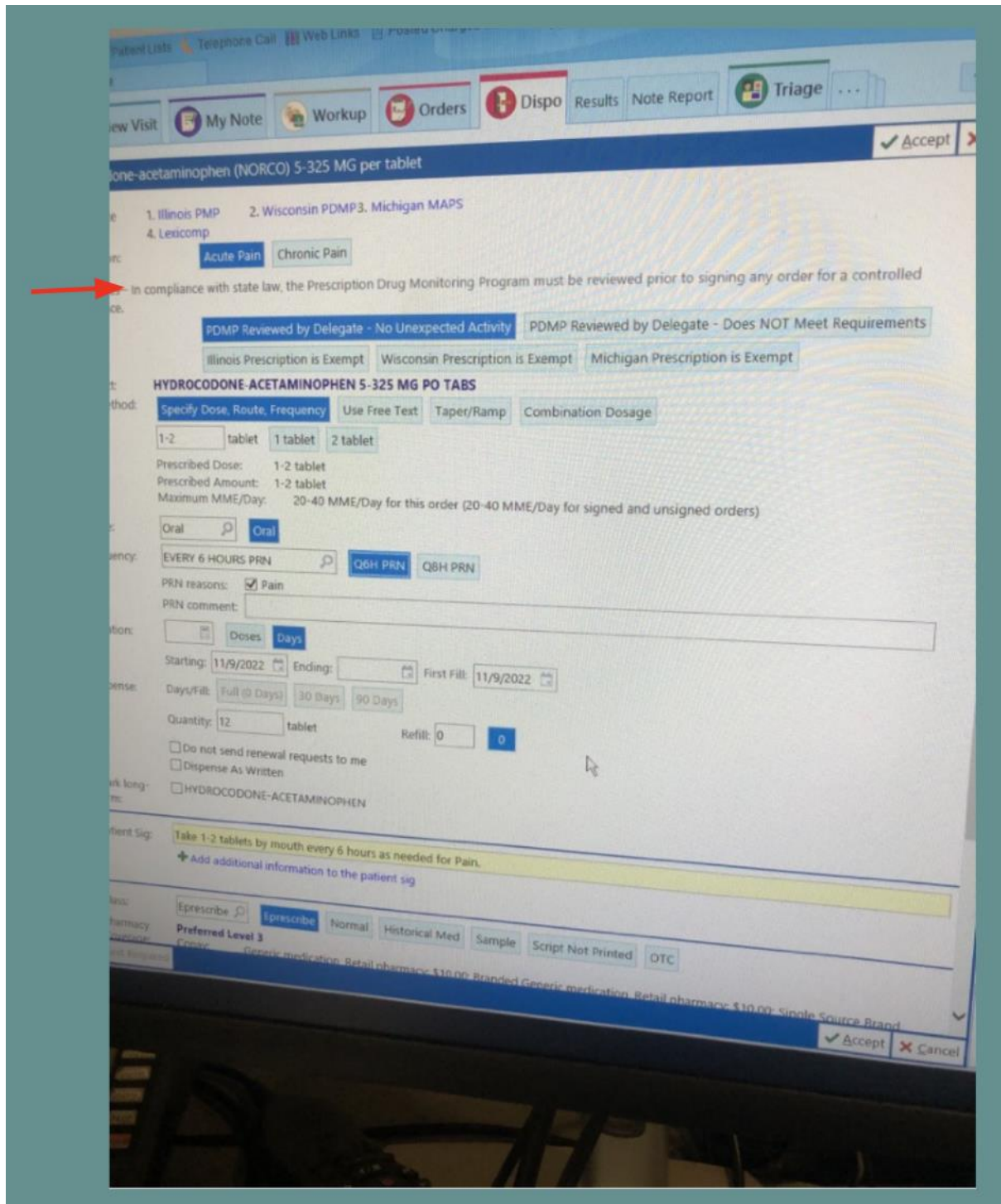
Submit

I have one transition friend/colleague who, after about 8-10 years of T, developed hepatocarcinomas. To the best of my knowledge, it was linked to his hormonal treatment. He was in his midlife. Unfortunately I DON'T have much more details since it was so advanced that he opted for palliative care and died a couple months after.

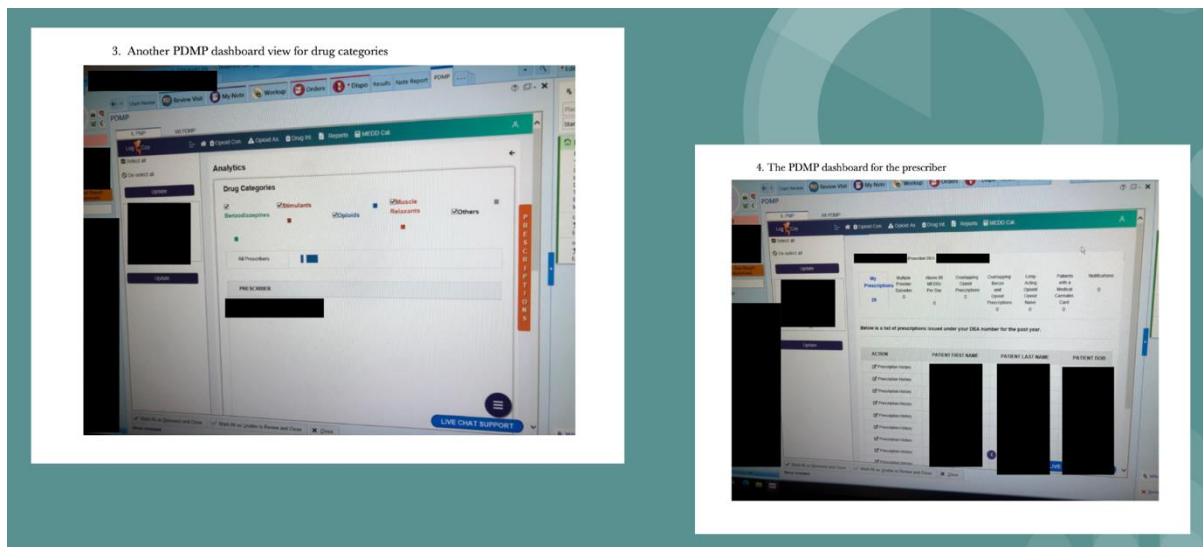
February 24, 2022

## Monitoring System: How It Works

The Prescription Drug Monitoring system highlights classification of medications, doses, and adverse effects when a clinician is writing a prescription.



Drug categories are highlighted as well as prescription history.



The prescription has to be matched to a diagnosis. Hormones for minors for gender related diagnoses could be added to the PMPD system to track doses, highlight potential adverse effects, and improve safety. Clinicians and parents of minors need to understand the safety issues.

5. After checking the PDMP, the prescriber finishes the prescription writing process in the EHR. The next screen asks the prescriber to select the diagnostic reason for the controlled substance prescription.

With this step, prescribers of exogenous hormones would be required to document their reason for prescribing the hormones (birth control, precocious puberty, menopause, gender dysphoria).

Adding hormones would help ensure dose monitoring dose and safety

PDMP changes are done at the state level and would require legislative changes

Patient and clinicians should be aware of underappreciated drug-drug interactions and confusion about changing gender designation

## TAKEAWAYS

- Multiple hormone exposures not properly monitored, leading to overexposure that may be carcinogenic
- Drug-drug interactions and adverse effects underappreciated
- Ask your pharmacist detailed questions
- Adding hormone monitoring to PMPD portals is a commonsense state level policy to consider for future legislation