



Let Them Grow Act FAQ

When did the Let the Grow Act become operative?

The Act has an operative date of October 1, 2023.

When was the public hearing held?

The public meeting was held on November 28 from 7:00 AM to 7:00 PM at the Lancaster Event Center – Lincoln Room at 4100 N 84th St., Lincoln, NE 68507.

For those who have started pharmaceutical treatment prior to the October 1 operative date, can this treatment continue?

Yes, but only for the treatment that has already begun prior to October 1. For example, a patient receiving treatment with puberty-blocking drugs may not begin cross-sex hormone therapy after October 1 without having met the requirements set forth in the regulations.

If a minor has gender-altering surgery outside of Nebraska and returns to Nebraska for recovery, can a Nebraska healthcare provider provide the necessary post-operative care?

Yes. The act prohibits surgical procedures for youth under age 19 and regulates the use of pharmacological treatments. The act does not prohibit post-operative care.

Are gender-identity-focused behavioral health services allowed under the Act?

The act prohibits surgical procedures for youth under 19 and regulates the use of pharmacological treatments. It does not prohibit behavioral therapy.

How does DHHS define gender-identity-focused therapeutic hours?

Gender-identity-focused therapeutic hours would be defined as hours spent where the primary focus is to assess, diagnose, or treat the individual's gender dysphoria or gender nonconformity-related concerns. During these individual sessions, a therapist should ascertain the extent the individual's gender dysphoria or gender nonconformity is impacting the individual's functioning and general mental health and to rule out any other diagnosis that may be a confounding element in the longer-term care of the individual.

Must these hours be focused solely on gender identity or what is the line between a therapist's requirement to address other concerns?

The primary emphasis must be related to the patient's gender dysphoria or gender nonconformity. In most therapy, it is nearly impossible to entirely separate out a specific symptom or illness from the rest of the concerns that are presented to the clinician in therapy.

If other complaints or concerns were to present themselves, the expectation would be that these would be evaluated and addressed within the context of the gender dysphoria or gender nonconformity-focused therapy, with emphasis placed on how these other concerns or complaints are relevant to the gender dysphoria or gender nonconformity and the proposed treatments.

A treating therapist will need to ascertain based upon their expertise and actual experience with the youth during therapeutic sessions as to whether session time with the youth is reasonably related to the youth's gender dysphoria or gender nonconformity.

How do you define a “contact hour” of therapeutic treatment?

A “contact hour” is a period of time between 45 and 60 minutes of gender-identity-focused therapy.

Do the regulations prohibit treatment by telehealth?

No, the regulations do not prohibit treatment by telehealth.

Is there a 40-hour treatment requirement limited to out-patient treatment?

No, the 40 hours of gender-identity-focused contact hours required by the regulations can be received in an in-patient or out-patient setting.

Can the minor obtain 40-hours of gender-identity-focused contact hours from multiple providers?

The regulations do not limit the number of providers the minor may see in order to achieve the 40-hours of gender-identity-focused contact hours. The regulations require the patient's medical record to reflect 40-hours of gender-identity-focused contact hours and an attestation from all non-prescribing practitioners who provide treatment.

For the 40 gender-identity-focused contact hours of therapeutic treatment, what does DHHS mean by clinically neutral and not gender affirming or conversion context?

The regulations contained in the Act require a therapist to use their clinical expertise when conducting the gender-identity-focused therapeutic assessment and treatment, and not impose their own beliefs or simply amplify or parrot the client's or the client's parent's beliefs. It is important to remember the prescribing practitioner must be able to rely upon the therapist's attestation and underlying assessments. Thus, the attestation must be clinically neutral and unbiased and should reflect the therapist's own professional judgment and observations. A therapist may take a client-centered approach by using the person's preferred name, pronouns, validating their experience, or orienting them towards the best treatment outcome. When assessing, diagnosing, or treating gender dysphoria or gender nonconformity-related concerns, DHHS expects that it may be therapeutically necessary to either affirm or question a client's mental state. The regulations are not meant to be a prohibition or hindrance on what would otherwise be considered appropriate therapeutic care for clients or patients. The regulations are meant to ensure youth and prescribing practitioners receive the benefits from unbiased professional clinical

assessments, patient-centered therapy, and clinically sound recommendations as to whether medical intervention, puberty blockers or cross hormone treatment, would be appropriate for an individual youth at the time of the attestation.

What is the reasoning behind requiring injectable medications be done at a medical office by a professional?

This treatment requires the injection of complex hormonal medication regimens. It is important to ensure the proper dosage of each injection and to regularly monitor the effects and side effects of treatment. In-office injections also gives the patient the opportunity for education and consultation with a medical professional throughout the process.

Do the regulations prohibit a pharmacy from sending medications directly to a physician?

No, there is nothing in the regulations that would prohibit a pharmacy from sending medications directly to a physician. The regulations regulate how they are sent to the patient. The regulations do not prohibit wholesale distribution of medications. Nothing prohibits the direct dispensing to a physician or the ordering/dispensing of medication by the physician's office.

What experts were utilized in drafting the regulations?

The Department utilized medical, psychological, and behavioral health specialists within the Department. The Chief Medical Officer also consulted with external experts in related fields of practice.

While developing the regulation, how much of the discussions was focused on ensuring the regulations don't create undue barriers to treatment?

The regulations were written to provide a balanced approach to determine if this life-altering and life-changing treatment is the best option for minors while also not creating undue barriers.

How will public comments be evaluated?

Information provided through the regulation promulgation public comment process will be evaluated in accordance with the Administrative Procedure Act (Neb. Rev. Stat. §§ 84-901 et seq.). Per statute, all comments received must be reviewed and evaluated.

Will the public comments received be available to the public?

Yes.