

HCS HB 419 -- MISSOURI CHILD AND ADOLESCENT PROTECTION ACT

SPONSOR: Hudson

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on General Laws by a vote of 8 to 5, with 1 present. Voted "Do Pass" by the Standing Committee on Rules- Legislative Oversight by a vote of 7 to 2.

The following is a summary of the House Committee Substitute for HB 419.

This bill establishes the " Missouri Child and Adolescent Protection (MCAP) Act". Under the provisions of this bill, no physician or health care professional shall provide, nor shall any health care institution facilitate, gender transition procedures, as defined, to any individual under 18 years of age.

No person or entity, including state, federal, or foreign governments, shall knowingly engage in conduct that aids or abets the performance or inducement of gender transition procedures on any individual under 18 years of age. No public funds may be directly or indirectly used, granted, or distributed to any entity or organization that provides gender transition procedures to any individual under 18 years of age or to an individual in the custody of a prison or correctional facility.

Any amount paid for the provision of gender transition procedures or as premiums for health care coverage that includes coverage for gender transition procedures shall not be tax deductible. The MO HealthNet Program shall not reimburse or provide coverage for gender transition procedures to any individual under 18 years of age.

The referral for or provision of gender transition procedures to an individual under 18 years of age shall constitute unprofessional conduct and be subject to discipline by the appropriate licensing entity or disciplinary review board.

An individual under 18 years of age may bring an action under the provisions of this bill throughout the duration of the individual's minority through a parent or next friend, and upon reaching the age of majority, at any time from that point for an additional 30 years. This additional duration shall not run while the individual, upon reaching the age of majority, is under legal disability or is otherwise subject to threats, intimidation, manipulation, fraudulent concealment, or fraud perpetrated by the prescribing physician or health care professional.

A claimant is entitled to an award for damages for an action brought under the provisions of this bill as described in the bill, including: compensatory damages; injunctive relief; declaratory relief; punitive damages; and any other appropriate relief, as well as reasonable attorneys fees. Additionally, the Attorney General may bring action to enforce compliance with the provisions of this bill.

No health carrier or health benefit plan shall be required to provide coverage for gender transition procedures.

This bill provides for a conditional effective date:

- (1) Effective August 28, 2023, upon signature of the Governor if signed before March 1, 2023;
- (2) Six months from the date of the Governor's signature if signed by the Governor on or after March 1, 2023;
- (3) January 15, 2024, if the bill is not signed and returned by the Governor within the Constitutional time limits; or
- (4) March 23, 2024, if the Governor vetoes the bill and the General Assembly overrides the Governor's veto.

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

PROPONENTS: Supporters say that this bill protects vulnerable children from harmful and unnecessary medical procedures. Gender transition surgeries can be exploitative of vulnerable populations. An overwhelming majority of gender dysphoria is resolved when the child is given time to develop and grow. Studies have shown that post-transition suicide rates increase at an alarming rate compared to peers. Many who de-transition at a later stage in life report not being properly informed of all the options, dangers, and effects surrounding gender transition. Gender transition procedures performed on minors inflict severe and irreversible harm and come with many medical side effects. With the provision of gender transition procedures for minors, underlying mental health and psychological disorders are being ignored and going untreated. There have not been enough studies done or a consensus reached to make the provision of gender transition procedures for minors safe or appropriate. This bill does not target vulnerable communities, instead this bill protects children.

Testifying in person for the bill were Representative Hudson; Jannique Stewart, Missouri Family Foundation; Theresa Collins;

Joseph Kohm III, Family Policy Alliance; James Harris, Do No Harm; Nancy Delcour; and Jennifer Gore, Concerned Women For America.

OPPONENTS: Those who oppose the bill say that there is overwhelming support in the medical community for gender affirming treatment. This bill would ban best-practice gender affirming medical care. Every major medical organization in the United States has endorsed gender affirming care. The broad consensus in the medical community is that gender affirming care is safe. The discussion around gender dysphoria is ill-informed and often harmful. This bill would not protect children, it would instead take away access to life-saving medical care. Further, this bill infringes on the privacy of families and the right for children, parents, and doctors to determine and decide on best medical care. Gender affirming care is exhaustive and carefully managed, requiring informed consent and decision-making at every stage, with an emphasis placed on education and safety. This bill infringes on the patient-provider relationship that is critical to ensure the best access to care. Restricting access to gender affirming care will likely result in increasing rates of self-harm and suicide within a vulnerable youth population. The prohibition on referral services in this bill as well will result in broader impacts on care and access in other areas of practice.

Testifying in person against the bill were Arthur Smith; Jennifer Harper; Patrick Thomas Mann; Missouri Chapter, American Academy of Pediatrics; Pro Choice Missouri; Deidra O'loughlin; Advocates of Planned Parenthood of The St. Louis Region and Southwest Missouri; Amy R Cafer; Debi Jackson; Kerri Schafer; Rev. Mike Angell; Keeley Kromat; Planned Parenthood Great Plains Votes; Cait Smith, The Trevor Project; Hannah J. Webber; Rori Picker Neiss; Rori Picker Neiss, Jewish Community Relations Council; Russel Ness; Dan Neiss; Harley Camryn; National Association of Social Workers, Missouri Chapter; Brandon Boulware; Melody Ortloff; Luke James; Danielle Meert; James Thurow; Michael Walk; Tom Jackson; Connor Thompson; Christine Hyman; Stephen Helgren; Lauren Webber; Nathan Orr; Jordan Braxton; Rabbi Daniel Bogard; Kyle Freels; Chelsea Freels; Rene Freels; Susan Halla, Transparent; Terry Nichols; Corey Hyman; Jamie Cayley; Missouri Family Health Council; Pat Holterman-Hommes, Youth In Need; Jay Nahm; Ashley Quinn; Ashley Quinn, National Avenue Christian Church; Clark Roman; American College of Obstetricians and Gynecologists; and Dean Andersen.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.