

SS#2 SCS SBs 49, 236 & 164 -- GENDER TRANSITION PROCEDURES

SPONSOR: Moon (Hudson)

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on General Laws by a vote of 12 to 3. Voted "Do Pass" by the Standing Committee on Legislative Oversight by a vote of 7 to 3.

This bill establishes the "Missouri Save Adolescents from Experimentation (SAFE) Act".

As specified in this bill, no health care provider shall knowingly perform gender transition surgeries on any minor. Until August 28, 2027, no health care provider shall prescribe or administer cross-sex hormones or puberty-blocking drugs to a minor for a gender transition, unless such minor was receiving such treatment prior to August 28, 2023. A violation of the provision of this bill shall be considered unprofessional conduct and shall result in the revocation of the health care provider's professional license. Additionally, the prescription or administration of cross-sex hormones or puberty-blocking drugs to a minor for a gender transition shall be grounds for a cause of action against the health care provider, as described in the bill.

The provisions of this bill shall not apply to speech protected by the First Amendment.

The provisions of this bill shall not apply to:

- (1) Services for individuals born with medically verifiable disorders of sex development;
- (2) Services provided when a physician has otherwise diagnosed an individual with a disorder of sex development;
- (3) Treatment of any infection, injury, disease, or disorder caused or exacerbated by gender transition surgeries, drugs, or hormones; or
- (4) Procedures undertaken because the minor suffers from a physical disorder, physical injury, or physical illness that would place him or her in imminent danger of death or impairment of a major bodily function unless surgery is performed.

Finally, the MO HealthNet program shall not cover gender transition surgeries, cross-sex hormones, or puberty-blocking drugs for the purpose of a gender transition and health care services provided in prisons, jails, and correctional centers shall not include gender transition surgeries.

This bill is similar to HCS HB 419, and SB 598 (2023).

PROPONENTS: Supporters say that gender dysphoria has complex root problems. When a child seeks attention and support, they thrive on a sense of attention and control when identifying as transgender. While this may lead to gratification in the short-term, medical treatments associated with identifying as transgender leads to harm in the long-run. It is external controls, inputs, suggestions, and affirmations that lead to gender dysphoria and identifying as another gender. Medical treatment and intervention is not the appropriate response. Gender dissatisfaction requires therapy and support. Children must be taught the truth: that there are only two sexes, but that sex does not define a personality. It is tantamount to abuse to introduce permanent cross-sex hormones and changes to minors. It is appropriate to allow individuals to reach the age of majority before making such decisions. The American Medical Association is only comprised of 15% of doctors in the United States. A majority of physicians may be in support of this bill and its policy if not for intimidation, ostracism, and financial loss associated with supporting it. The prevention of transgender procedures and surgeries will not result in greater rates of suicidality, but instead decrease it. The onset of puberty is the largest contributor to those identifying as transgender to de-transition; gender blockers exacerbate this by disrupting puberty.

Testifying in person for the bill were Senator Moon; and Kevin Hertel.

OPPONENTS: Those who oppose the bill say that access to gender affirming care is an important part of the health and development of transgender youth. Many recent and cited sources and studies universally demonstrate lower rates of suicidality and depression with gender affirming care. Transgender care is deliberate and exacting; medical options are available only to those who meet very specific guidelines and requirements on a case-by-case basis. The input and informed consent of the transgender youth, the parents, and medical professionals are all required before any medical procedures are contemplated. Surgeries affecting fertility are not available until the age of majority. Inserting politics into health care prevents standards for care for individuals and denies the liberty to choose such standards for the individual. This bill and others like it have already caused severe harm, and will cause even more harm if they are passed into law. Denying these medications and access to this care is not a passive act, but instead is an active choice. History will judge those who made the deliberate choice to deny access to critical health care services to vulnerable members of society.

Testifying in person against the bill were Arthur Smith; Caitlin Jordan; Jewish Community Relations Council; Debi Jackson; Grace Charbonneau; Jennifer Harper; Lisa Spahr; Patricia A Holterman-Hommes, Youth In Need; Sarah E Golladay; Missouri Chapter, American Academy of Pediatrics; City of St. Louis; Cary Goldwasser; Jamie Howard; Katherine Sasser; Melissa J Tully; Paul Harper; Shana Trager; Suzanne Godfrey; Wendy Miller; Alexandra; Alicia Spiegel; Amy Easterling; Andrew Rodriguez Damsgaard; Anna Dewald; Barbara Koczyk; Brad Wolken; National Association of Social Workers Missouri Chapter; Chelsea Freels; Claudia Walk; Cory Dewald; Daiva Rutsch; Danielle Meert; Elenor Desprez; Em Beckmeier Larsson; Emilia Stauffer; Eury Speer; Jack Charbonneau; Jaden Murray; James Thurow; Jamie Cayley, Suicide Prevention Coalition of The Ozarks; Jeff Dewald; Jennifer Harris Dault; Justin Ferguson; Kathleen M. Balmer; Keeley Kromat; Kris Humphreys; Leonora Kham; Luka Chabolla; Machel Warren; Martha Echols; May Hall; Melissa Dierker; Natalie Murray; Rabbi Daniel Bogard; Rebecca Hormuth; Rene Freels; Planned Parenthood Great Plains Votes; Susan Halla; Wendy Miller; Jacob W. Norman; American College of Obstetricians and Gynecologists; Pro Choice Missouri; ACLU of Missouri; A. Mazzeo; Amy Hammerman; Angela Turpin MD; The Trevor Project; Missouri Family Health Council; Peyton Woldridge; and Michele Doolady.

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.