

2022 Regular Session

HOUSE RESOLUTION NO. 158

BY REPRESENTATIVE FIRMENT

HEALTH/CHILDREN: Requests a study of gender-altering procedures for minors and the risks associated with such procedures

1 A RESOLUTION

2 To urge and request the Louisiana Department of Health to conduct a study focused on the
3 risks associated with gender reassignment procedures on minors, including genital
4 and non-genital surgeries, and chemical treatments such as puberty-blockers and
5 cross-sex hormones and to report its findings to certain legislative committees.

6 WHEREAS, this state has a compelling governmental interest in protecting the health
7 and safety of its citizens, especially minors; and

8 WHEREAS, the Merck Manual once stated that, "gender dysphoria is characterized
9 by a strong, persistent cross-gender identification associated with anxiety, depression,
10 irritability, and often a wish to live as a gender different from the one associated with the sex
11 assigned at birth"; and

12 WHEREAS, gender dysphoria is largely impacting today's minors; and

13 WHEREAS, the Florida Department of Health stated in a press release that eighty
14 percent of those seeking treatment for such gender reassignment procedures will lose their
15 desire to identify with their non-birth sex; and

16 WHEREAS, the Society for Evidence Based Gender Medicine stated that
17 "childhood-onset gender dysphoria has been shown to have a high rate of natural resolution,
18 with sixty-one to ninety-eight percent of children re-identifying with their biological sex
19 during puberty"; and

1 WHEREAS, scientific studies show that individuals struggling with distress at
2 identifying with their biological sex often have experienced psychopathology; and

3 WHEREAS, suicide rates, psychiatric morbidities, and mortality rates remain
4 markedly elevated above the background population after inpatient gender reassignment
5 procedures have been performed; and

6 WHEREAS, there is no evidence that long-term mental health outcomes are
7 improved or that rates of suicide are reduced by hormonal or surgical intervention; and

8 WHEREAS, some healthcare providers are prescribing puberty-blocking drugs in
9 order to delay the onset or progression of normally-timed puberty in minors who experience
10 distress at identifying with their biological sex; and

11 WHEREAS, the Karolinska Hospital in Sweden has ended the practice of prescribing
12 puberty-blockers for those under the age of eighteen; and

13 WHEREAS, use of such treatments may result in potentially irreversible
14 consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk,
15 and thrombosis; and

16 WHEREAS, there are also other healthcare providers that continue to prescribe
17 cross-sex hormones for minors who experience distress identifying with their biological sex,
18 despite the fact that no randomized clinical trials have been conducted to ensure the efficacy
19 or safety of the use of cross-sex hormones in adults or minors for the purpose of treating
20 such distress or gender transition; and

21 WHEREAS, the use of cross-sex hormones comes with the following known risks:

22 (1) For biological females, erythrocytosis, severe liver dysfunction, coronary artery
23 disease, cerebrovascular disease, hypertension, increased risk of breast and uterine cancers,
24 and irreversible infertility; and

25 (2) For biological males, thromboembolic disease, cholelithiasis, macroprolactinoma,
26 coronary artery disease, cerebrovascular disease, hypertriglyceridemia, breast cancer, and
27 irreversible infertility; and

28 WHEREAS, non-genital gender reassignment surgery includes various invasive
29 procedures for males and females, including the following procedures, and also involves the
30 alteration or removal of biologically normal and functional body parts:

1 (1) For biological males, procedures may include augmentation mammoplasty, facial
2 feminization surgery, liposuction, lipofilling voice surgery, thyroid cartilage reduction,
3 gluteal augmentation, hair reconstruction, and other aesthetic procedures; and

4 (2) For biological females, procedures may include subcutaneous mastectomy, voice
5 surgery, thyroid cartilage reduction, gluteal augmentation, hair reconstruction, and other
6 aesthetic procedures; and

7 WHEREAS, genital gender reassignment surgery includes several irreversible and
8 invasive procedures for males and females and involves the following alterations of
9 biologically normal and functional body parts:

10 (1) For biological males, surgery may involve genital reconstruction including
11 penectomy, orchiectomy, vaginoplasty, clitoroplasty, and vulvoplasty; and

12 (2) For biological females, surgery may involve a hysterectomy or oophorectomy,
13 reconstruction of the urethra, genital reconstruction including metoidioplasty or phalloplasty,
14 vaginectomy, scrotoplasty, and implantation of erection or testicular prostheses; and

15 WHEREAS, genital gender reassignment surgery often results in the permanent
16 sterilization of minors through procedures such as castration, vasectomy, hysterectomy,
17 oophorectomy, metoidioplasty, orchiectomy, penectomy, phalloplasty, and vaginoplasty, and
18 chemical treatments such as the use of puberty-blocking drugs and cross-sex hormones to
19 minors often cause transient or permanent infertility; and

20 WHEREAS, procedures such as these allow minors to "consent" to life-altering and
21 irreversible treatment in the midst of reported psychological distress even though minors
22 cannot determine the long-term risks associated with such treatment the way that adults do
23 and minors lack the requisite legal capacity to give such consent; and

24 WHEREAS, though the dramatic increase in these procedures is a relatively recent
25 development, the sterilization of minors and other vulnerable populations without legal
26 consent is not a new phenomenon and has historically been weaponized against minorities
27 and other vulnerable populations; and

28 WHEREAS, it still remains medically impossible to truly change the sex of an
29 individual because this is determined biologically at conception; and

1 WHEREAS, there has been a number of individuals who regret undergoing
2 irreversible gender reassignment procedures and have attempted to "detransition" to the
3 gender that aligns with their biological sex; and

4 WHEREAS, several European countries have revised their recommendations in
5 regards to a minor's capacity to consent to gender reassignment procedures, including
6 Sweden, Finland, and the United Kingdom; and

7 WHEREAS, states like Texas, Arkansas, Alabama, and Florida have recently passed
8 laws or issued legal opinions recognizing these gender reassignment surgeries and
9 procedures as illegal, harmful, unethical, and consistent with child abuse; and

10 WHEREAS, it is a grave concern to the legislature that the medical community is
11 allowing minors who experience distress identifying with their biological sex to be subjects
12 of irreversible gender reassignment procedures and surgeries.

13 THEREFORE, BE IT RESOLVED that the House of Representatives of the
14 Legislature of Louisiana does hereby urge and request the Louisiana Department of Health
15 to conduct a study focused on the risks associated with gender reassignment surgeries and
16 procedures for minors. The study should not be limited in scope but should include all of
17 the following:

18 (1) The number and types of procedures performed annually.

19 (2) The historic trends in the number of procedures performed and the number of
20 providers performing the procedures.

21 (3) The ages of the minors involved.

22 (4) The number of providers performing the procedures and the number of clinics
23 performing the procedures.

24 (5) An analysis of the psychological and psychiatric outcomes of minors who have
25 undergone gender reassignment procedures.

26 (6) An analysis of the physical and medical outcomes of minors who have
27 undergone gender reassignment procedures.

28 (7) The propensity of minors who have undergone these procedures to "detransition"
29 to the gender aligned with their biological sex.

1 (8) The amount of Medicaid funds used to cover the cost of gender reassignment
2 procedures in this state.

3 (9) The availability of mental health counseling services for minors experiencing
4 gender dysphoria.

5 (10) A review of a minor's mental and cognitive capacity to consent to gender
6 reassignment procedures.

7 BE IT FURTHER RESOLVED that this study should not include an analysis of
8 services provided to individuals born with a medically verifiable disorder of sex
9 development, including a person with external biological sex characteristics that are
10 irresolvably ambiguous, such as an individual born with forty-six XX chromosomes with
11 virilization, forty-six XY chromosomes with undervirilization, or having both ovarian and
12 testicular tissue.

13 BE IT FURTHER RESOLVED that the Louisiana Department of Health shall submit
14 its findings from the study called for in this Resolution in the form of a written report to the
15 House Committee on Health and Welfare and the David R. Poynter Legislative Research
16 Library no later than sixty days prior to the convening of the 2023 Regular Session of the
17 Legislature.

18 BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the
19 secretary of the Louisiana Department of Health.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HR 158 Original

2022 Regular Session

Firment

Urges the Louisiana Department of Health to conduct a study focused on the risks associated with gender reassignment surgeries and procedures for minors and to report its findings.