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

1 WHEREAS, there is no evidence that long-term mental health outcomes are 2 improved or that rates of suicide are reduced by hormonal or surgical intervention; and 3 WHEREAS, instead, research shows that suicide rates, psychiatric morbidities, and 4 mortality rates are higher after inpatient gender reassignment procedures have been 5 performed; and 6 WHEREAS, some healthcare providers are prescribing puberty-blocking drugs in 7 order to delay the onset or progression of normally-timed puberty in minors who experience 8 distress at identifying with their biological sex; and 9 WHEREAS, the Karolinska Hospital in Sweden, a pioneer in the procedure, has 10 ended the practice of prescribing puberty-blockers for those under the age of eighteen; and 11 WHEREAS, use of such treatments may result in potentially irreversible 12 consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, 13 and thrombosis; and 14 WHEREAS, there are also other healthcare providers that continue to prescribe 15 cross-sex hormones for minors who experience distress identifying with their biological sex, 16 despite the fact that no randomized clinical trials have been conducted to ensure the efficacy 17 or safety of the use of cross-sex hormones in adults or minors for the purpose of treating 18 such distress or gender transition; and 19 WHEREAS, the use of cross-sex hormones comes with the following known risks: 20 (1) For biological females, erythrocytosis, severe liver dysfunction, coronary artery 21 disease, cerebrovascular disease, hypertension, increased risk of breast and uterine cancers, 22 and irreversible infertility; and 23 (2) For biological males, thromboembolic disease, cholelithiasis, macroprolactinoma, 24 coronary artery disease, cerebrovascular disease, hypertriglyceridemia, breast cancer, and 25 irreversible infertility; and 26 WHEREAS, non-genital gender reassignment surgery includes various invasive 27 procedures for males and females, including the following procedures, and also involves the

28 alteration or removal of biologically normal and functional body parts:

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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 minorities27 and other vulnerable populations; and

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

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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 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) T	1	WHEREAS, there has been a number of individuals who regret undergoing	
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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 Engrossed	2022 Regular Session	
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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.

Summary of Amendments Adopted by House

The Committee Amendments Proposed by <u>House Committee on Health and Welfare to</u> the <u>original</u> bill:

- 1. Rearrange existing language.
- 2. Add a modifying phrase that describes Sweden as a pioneer in the performance of gender reassignment procedures.
- 3. Make technical corrections.