

2022 Regular Session

HOUSE RESOLUTION NO. 158

BY REPRESENTATIVES FIRMENT AND GAROFALO

A RESOLUTION

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

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

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

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

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

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

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

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

WHEREAS, instead, research shows that suicide rates, psychiatric morbidities, and mortality rates are higher after inpatient gender reassignment procedures have been performed; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (1) The number and types of procedures performed annually.
- (2) The historic trends in the number of procedures performed and the number of providers performing the procedures.
- (3) The ages of the minors involved.
- (4) The number of providers performing the procedures and the number of clinics performing the procedures.
- (5) An analysis of the psychological and psychiatric outcomes of minors who have undergone gender reassignment procedures.
- (6) An analysis of the physical and medical outcomes of minors who have undergone gender reassignment procedures.
- (7) The propensity of minors who have undergone these procedures to "detransition" to the gender aligned with their biological sex.
- (8) The amount of Medicaid funds used to cover the cost of gender reassignment procedures in this state.
- (9) The availability of mental health counseling services for minors experiencing gender dysphoria.

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

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

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

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

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SPEAKER OF THE HOUSE OF REPRESENTATIVES