

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:

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.

