

BILL ANALYSIS

Senate Research Center

S.B. 14
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

According to a Reuters report, published in October 2022, the number of gender clinics treating children in the United States has grown from zero to more than 100 in the past 15 years. This leaves room to speculate a potential profit motive for those who perform these purely elective and very expensive procedures. Furthermore, Reuters asked health technology company Komodo Health Inc. to conduct an analysis on its database of insurance claims and other medical records of roughly 330 million Americans. This analysis found that 121,882 children ages 6-17 were given a diagnosis of gender dysphoria in the five years prior to 2022, with more than 42,000 diagnosed in the year 2021 alone.

A diagnosis of gender dysphoria in childhood is rare, and research shows that most children will grow out of these feelings with proper counseling and emotional support. In recent years, activists have been pushing to medically transition children struggling with gender dysphoria using unproven, irreversible, and potentially harmful interventions. However, there is no conclusive evidence that these medical and surgical interventions help children overcome gender dysphoria and associated depression and anxiety. In fact, emerging research shows significant evidence that children are physically and emotionally harmed by these interventions.

The treatments prescribed to children diagnosed with gender dysphoria can have life-altering consequences to include sterility and potential permanent loss of bone density. The puberty blocking medications prescribed to children are not FDA-approved for this off-label use. Many physicians have begun to speak out due to the lack of supporting evidence that gender transitioning medical interventions help these children. Gender transitioning medical interventions put children's future at risk by causing potentially permanent health complications for an entire generation of Texas children. Texas must take steps to prevent the irreparable harm and protect our children. This bill is an effective and compassionate approach to protecting parents and children experiencing gender dysphoria from unproven, irreversible, and potentially harmful medical interventions.

This bill:

- Prohibits medical professionals from providing puberty-inhibiting drugs, cross-sex hormones, and surgical interventions to children under 18 for the purpose of altering a child's biological characteristics to align with their perceived gender identity.
- Requires the Texas Medical Board to revoke the license of a physician who provides prohibited gender transitioning medical interventions to a child under 18.
- Prohibits the use of public funds to pay for the performance of gender transitioning medical interventions on children or to support any provider, hospital, medical school, or other entity that provides or facilitates the performance of prohibited interventions.

S.B. 14 amends current law relating to prohibitions on the provision to certain children of procedures and treatments for gender transitioning, gender reassignment, or gender dysphoria and on the use of public money or public assistance to provide those procedures and treatments.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 62.151, Health and Safety Code, by adding Subsection (g), as follows:

(g) Prohibits a child health plan from providing coverage for services prohibited by Section 161.702 that are intended to transition a child's biological sex as determined by the child's sex organs, chromosomes, and endogenous profiles.

SECTION 2. Amends Chapter 161, Health and Safety Code, by adding Subchapter X, as follows:

SUBCHAPTER X. GENDER TRANSITIONING AND GENDER REASSIGNMENT PROCEDURES AND TREATMENTS FOR CERTAIN CHILDREN

Sec. 161.701. DEFINITIONS. Defines "child," "health care provider," "Medicaid," and "physician."

Sec. 161.702. PROHIBITED PROVISION OF GENDER TRANSITIONING OR GENDER REASSIGNMENT PROCEDURES AND TREATMENTS TO CERTAIN CHILDREN. Prohibits a physician or health care provider, for the purpose of transitioning a child's biological sex as determined by the sex organs, chromosomes, and endogenous profiles of the child or affirming the child's perception of the child's sex if that perception is inconsistent with the child's biological sex, from knowingly:

- (1) performing a surgery that sterilizes the child, including:
 - (A) castration;
 - (B) vasectomy;
 - (C) hysterectomy;
 - (D) oophorectomy;
 - (E) metoidioplasty;
 - (F) orchiectomy;
 - (G) penectomy;
 - (H) phalloplasty; and
 - (I) vaginoplasty;
- (2) performing a mastectomy;
- (3) providing, prescribing, administering, or dispensing any of the following prescription drugs that induce transient or permanent infertility:
 - (A) puberty suppression or blocking prescription drugs to stop or delay normal puberty;
 - (B) supraphysiologic doses of testosterone to females; or
 - (C) supraphysiologic doses of estrogen to males; or
- (4) remove any otherwise healthy or non-diseased body part or tissue.

Sec. 161.703. EXCEPTIONS. (a) Provides that Section 161.702 does not apply to the provision by a physician or health care provider, with the consent of the child's parent or legal guardian, of:

(1) puberty suppression or blocking prescription drugs for the purpose of normalizing puberty for a minor experiencing precocious puberty; or

(2) appropriate and medically necessary procedures or treatments to a child who:

(A) is born with a medically verifiable genetic disorder of sex development, including:

(i) 46,XX chromosomes with virilization;

(ii) 46,XY chromosomes with undervirilization; or

(iii) both ovarian and testicular tissue; or

(B) does not have the normal sex chromosome structure for male or female as determined by a physician through genetic testing.

(b) Provides that Section 161.702 does not apply to the provision of a prescription drug to a child that is otherwise prohibited by that section if:

(1) the prescription drug is part of a continuing course of treatment that the child began before June 1, 2023; and

(2) the child attended 12 or more sessions of mental health counseling or psychotherapy during a period of at least six months before the date the course of treatment described by Subdivision (1) began.

(c) Provides that a child to whom the exception under Subsection (b) applies:

(1) is required to wean off the prescription drug over a period of time and in a manner that is safe and medically appropriate and that minimizes the risk of complications; and

(2) is prohibited from switching to or beginning a course of treatment on another prescription drug that a physician or health care provider is prohibited from providing to the child under Section 161.702 or otherwise receive a procedure or treatment prohibited by that section.

Sec. 161.704. PROHIBITED USE OF PUBLIC MONEY. Prohibits public money from directly or indirectly being used, granted, paid, or distributed to any health care provider, medical school, hospital, physician, or any other entity, organization, or individual that provides or facilitates the provision of a procedure or treatment to a child that is prohibited under Section 161.702.

Sec. 161.705. PROHIBITED STATE HEALTH PLAN REIMBURSEMENT. Prohibits the Health and Human Services Commission from providing Medicaid reimbursement and prohibits the child health plan program established by Chapter 62 (Child Health Plan for Certain Low-Income Children) from providing reimbursement to a physician or health care provider for provision of a procedure or treatment to a child that is prohibited under Section 161.702.

Sec. 161.706. ATTORNEY GENERAL ENFORCEMENT. (a) Authorizes the attorney general, if the attorney general has reason to believe that a person is committing, has committed, or is about to commit a violation of Section 161.702, to bring an action to

enforce this subchapter to restrain or enjoin the person from committing, continuing to commit, or repeating the violation.

(b) Provides that venue for an action brought under this section is in a district court of Travis County or the county where the violation occurred or is about to occur.

SECTION 3. Amends Section 32.024, Human Resources Code, by adding Subsection (pp), as follows:

(pp) Prohibits the medical assistance program from providing coverage for services prohibited by Section 161.702, Health and Safety Code, that are intended to transition a child's biological sex as determined by the child's sex organs, chromosomes, and endogenous profiles.

SECTION 4. Amends Section 164.052(a), Occupations Code, as follows:

(a) Provides that a physician or an applicant for a license to practice medicine commits a prohibited practice if that person takes certain actions, including performing a gender transitioning or gender reassignment procedure or treatment in violation of Section 161.702, Health and Safety Code.

SECTION 5. Amends Subchapter B, Chapter 164, Occupations Code, by adding Section 164.0552, as follows:

Sec. 164.0552. PROHIBITED ACTS REGARDING GENDER TRANSITIONING OR GENDER REASSIGNMENT PROCEDURES AND TREATMENTS ON CERTAIN CHILDREN. (a) Requires the Texas Medical Board (TMB) to revoke the license or other authorization to practice medicine of a physician who violates Section 161.702, Health and Safety Code. Requires TMB to refuse to admit to examination or refuse to issue a license or renewal license to a person who violates that section.

(b) Provides that the sanctions provided by Subsection (a) are in addition to any other grounds for revocation of a license or other authorization to practice medicine or for refusal to admit persons to examination under Subtitle B (Physicians) or to issue a license or renew a license to practice medicine under this subtitle.

SECTION 6. Makes application of Section 164.052, Occupations Code, as amended by this Act, and Section 164.0552, Occupations Code, as added by this Act, prospective.

SECTION 7. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 8. Severability clause.

SECTION 9. Effective date: September 1, 2023.