

BILL ANALYSIS

Senate Research Center
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S.B. 250
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Minor children experiencing gender dysphoria risk permanent disfigurement and lifelong health care issues from medical professionals who perform medical treatments to modify their natural gender. Minor children are prescribed puberty-blocking drugs, cross-sex hormone therapies, and are subjected to mutilating surgeries. These procedures carry extreme consequences for children, as their effects range from bone density problems to fertility issues.

Gender dysphoria is a mental health condition that often resolves itself, yet parents are being told by medical professionals that unless permanent, physically altering treatments are received, a child is more likely to commit suicide. Health care providers who prescribe or perform many of these medical treatments are maiming children for life, and unfortunately, the suicide rate for these surgical and drug treatment patients remains extremely high.

Studies show that up to 94 percent of childhood gender dysphoria cases are alleviated by puberty or otherwise resolve on their own. Medical care professionals should not be allowed to apply permanent, non-reversible treatment for a condition that so often resolves with time. The responsible medical community agrees that these treatments and surgeries are harmful and are not a solution to the problem of dysphoria.

Financial gain is a motivating factor for the growth of transgender treatments. A representative of Vanderbilt University Medical Center sold the idea of opening a transgender clinic because of the potential revenue. "Bottom surgeries are a huge money maker," she said. "There are entire clinics that are supported by phalloplasties, and that's just a fraction of the surgeries that they are doing."

This bill prohibits physicians and other health care providers from prescribing and performing treatments and procedures which would modify or alter the sex characteristics of a child suffering from gender dysphoria, prohibits professional liability insurance coverage for gender-transitioning drugs and procedures for minors, and requires the revocation of the licensure of health care providers who prescribe gender-transitioning drugs or who perform gender-transitioning procedures.

This bill does not apply to procedures meant to treat children with intersex conditions.

As proposed, S.B. 250 amends current law relating to the provision of and professional liability insurance coverage for gender transitioning or gender reassignment medical procedures and treatments for certain children.

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 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," 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:

(1) performing a surgery that sterilizes the child, including castration, vasectomy, hysterectomy, oophorectomy, metoidioplasty, orchiectomy, penectomy, phalloplasty, and vaginoplasty.

(2) performing a mastectomy;

(3) prescribing, administering, or supplying any of the following medications that induce transient or permanent infertility: puberty-blocking medications to stop or delay normal puberty; supraphysiological doses of testosterone to females; or supraphysiological doses of estrogen to males; or

(4) removing any otherwise healthy or non-diseased body part or tissue.

Sec. 161.703. EXCEPTIONS. 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 appropriate and medically necessary gender transitioning or gender reassignment procedures or treatments to a child who:

(1) is born with a medically verifiable genetic disorder of sex development, including 46,XX chromosomes with virilization, 46,XY chromosomes with undervirilization, or both ovarian and testicular tissue, or

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

Sec 161.704. DISCIPLINARY ACTION. Requires the Texas Medical Board (TMB) or another state regulatory agency with jurisdiction over a health care provider subject to Section 161.702 to revoke the license, certification, or authorization of a physician or health care provider who TMB or agency determines has violated that section.

SECTION 2. Amends Subchapter F, Chapter 1901, Insurance Code, by adding Section 1901.256, as follows:

Sec. 1901.256. PROHIBITED COVERAGE FOR PROVISION OF CERTAIN GENDER-RELATED PROCEDURES AND TREATMENTS TO CERTAIN CHILDREN. Prohibits a professional liability insurance policy issued to a physician or health care provider from including coverage for damages assessed against the physician or health care provider who provides to a child gender transitioning or gender reassignment procedures or treatments that are prohibited by Section 161.702, Health and Safety Code.

SECTION 3. Makes application of Section 1901.256, Insurance Code, as added by this Act, prospective.

SECTION 4. Effective date: upon passage or September 1, 2023.