- 1 SB184
- 2 216600-2
- 3 By Senators Shelnutt and Allen
- 4 RFD: Healthcare
- 5 First Read: 03-FEB-22

1	SB184		
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4	ENGROSSED		
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7	A BILL		
8	TO BE ENTITLED		
9	AN ACT		
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11	Relating to public health; to prohibit the		
12	performance of a medical procedure or the prescription of		
13	medication, upon or to a minor child, that is intended to		
14	alter the minor child's gender or delay puberty; to provide		
15	for exceptions; to provide for disclosure of certain		
16	information concerning students to parents by schools; and to		
17	establish criminal penalties for violations; and in connection		
18	therewith would have as its purpose or effect the requirement		
19	of a new or increased expenditure of local funds within the		
20	meaning of Amendment 621 of the Constitution of Alabama of		
21	1901, as amended by Amendment 890, now appearing as Section		
22	111.05 of the Official Recompilation of the Constitution of		
23	Alabama of 1901, as amended.		
24	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:		
25	Section 1. This act shall be known and may be cited		
26	as the Alabama Vulnerable Child Compassion and Protection Act		

(V-CAP).

Section 2. The Legislature finds and declares the following:

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- (1) The sex of a person is the biological state of being female or male, based on sex organs, chromosomes, and endogenous hormone profiles, and is genetically encoded into a person at the moment of conception, and it cannot be changed.
- (2) Some individuals, including minors, may experience discordance between their sex and their internal sense of identity, and individuals who experience severe psychological distress as a result of this discordance may be diagnosed with gender dysphoria.
- (3) The cause of the individual's impression of discordance between sex and identity is unknown, and the diagnosis is based exclusively on the individual's self-report of feelings and beliefs.
- (4) This internal sense of discordance is not permanent or fixed, but to the contrary, numerous studies have shown that a substantial majority of children who experience discordance between their sex and identity will outgrow the discordance once they go through puberty and will eventually have an identity that aligns with their sex.
- (5) As a result, taking a wait-and-see approach to children who reveal signs of gender nonconformity results in a large majority of those children resolving to an identity congruent with their sex by late adolescence.
- (6) Some in the medical community are aggressively pushing for interventions on minors that medically alter the

child's hormonal balance and remove healthy external and internal sex organs when the child expresses a desire to appear as a sex different from his or her own.

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- (7) This course of treatment for minors commonly begins with encouraging and assisting the child to socially transition to dressing and presenting as the opposite sex. In the case of prepubertal children, as puberty begins, doctors then administer long-acting GnRH agonist (puberty blockers) that suppress the pubertal development of the child. This use of puberty blockers for gender nonconforming children is experimental and not FDA-approved.
- (8) After puberty blockade, the child is later administered "cross-sex" hormonal treatments that induce the development of secondary sex characteristics of the other sex, such as causing the development of breasts and wider hips in male children taking estrogen and greater muscle mass, bone density, body hair, and a deeper voice in female children taking testosterone. Some children are administered these hormones independent of any prior pubertal blockade.
- (9) The final phase of treatment is for the individual to undergo cosmetic and other surgical procedures, often to create an appearance similar to that of the opposite sex. These surgical procedures may include a mastectomy to remove a female adolescent's breasts and "bottom surgery" that removes a minor's health reproductive organs and creates an artificial form aiming to approximate the appearance of the genitals of the opposite sex.

(10) For minors who are placed on puberty blockers that inhibit their bodies from experiencing the natural process of sexual development, the overwhelming majority will continue down a path toward cross-sex hormones and cosmetic surgery.

- (11) This unproven, poorly studied series of interventions results in numerous harmful effects for minors, as well as risks of effects simply unknown due to the new and experimental nature of these interventions.
- (12) Among the known harms from puberty blockers is diminished bone density; the full effect of puberty blockers on brain development and cognition are yet unknown, though reason for concern is now present. There is no research on the long-term risks to minors of persistent exposure to puberty blockers. With the administration of cross-sex hormones comes increased risks of cardiovascular disease, thromboembolic stroke, asthma, COPD, and cancer.
- (13) Puberty blockers prevent gonadal maturation and thus render patients taking these drugs infertile. Introducing cross-sex hormones to children with immature gonads as a direct result of pubertal blockade is expected to cause irreversible sterility. Sterilization is also permanent for those who undergo surgery to remove reproductive organs, and such persons are likely to suffer through a lifetime of complications from the surgery, infections, and other difficulties requiring yet more medical intervention.

- 1 (14) Several studies demonstrate that hormonal and
  2 surgical interventions often do not resolve the underlying
  3 psychological issues affecting the individual. For example,
  4 individuals who undergo cross-sex cosmetic surgical procedures
  5 have been found to suffer from elevated mortality rates higher
  6 than the general population. They experience significantly
  7 higher rates of substance abuse, depression, and psychiatric
  - (15) Minors, and often their parents, are unable to comprehend and fully appreciate the risk and life implications, including permanent sterility, that result from the use of puberty blockers, cross-sex hormones, and surgical procedures.
  - (16) For these reasons, the decision to pursue a course of hormonal and surgical interventions to address a discordance between the individual's sex and sense of identity should not be presented to or determined for minors who are incapable of comprehending the negative implications and life-course difficulties attending to these interventions.

Section 3. For the purposes of this act, the following terms shall have the following meanings:

- (1) MINOR. The same meaning as in Section 43-8-1, Code of Alabama 1975.
  - (2) PERSON. Includes any of the following:
- a. Any individual.

hospitalizations.

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b. Any agent, employee, official, or contractor of any legal entity. c. Any agent, employee, official, or contractor of a school district or the state or any of its political subdivisions or agencies.

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(3) SEX. The biological state of being male or female, based on the individual's sex organs, chromosomes, and endogenous hormone profiles.

Section 4. (a) Except as provided in subsection (b), no person shall engage in or cause any of the following practices to be performed upon a minor if the practice is performed for the purpose of attempting to alter the appearance of or affirm the minor's perception of his or her gender or sex, if that appearance or perception is inconsistent with the minor's sex as defined in this act:

- (1) Prescribing or administering puberty blocking medication to stop or delay normal puberty.
- (2) Prescribing or administering supraphysiologic doses of testosterone or other androgens to females.
- (3) Prescribing or administering supraphysiologic doses of estrogen to males.
- (4) Performing surgeries that sterilize, including castration, vasectomy, hysterectomy, oophorectomy, orchiectomy, and penectomy.
- (5) Performing surgeries that artificially construct tissue with the appearance of genitalia that differs from the individual's sex, including metoidioplasty, phalloplasty, and vaginoplasty.

1 (6) Removing any healthy or non-diseased body part 2 or tissue, except for a male circumcision.

- (b) Subsection (a) does not apply to a procedure undertaken to treat a minor born with a medically verifiable disorder of sex development, including either of the following:
- (1) An individual born with external biological sex characteristics that are irresolvably ambiguous, including an individual born with 46 XX chromosomes with virilization, 46 XY chromosomes with under virilization, or having both ovarian and testicular tissue.
- (2) An individual whom a physician has otherwise diagnosed with a disorder of sexual development, in which the physician has determined through genetic or biochemical testing that the person does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female.
- (c) A violation of this section is a Class C felony.

  Section 5. No nurse, counselor, teacher, principal,

  or other administrative official at a public or private school

  attended by a minor shall do either of the following:
- (1) Encourage or coerce a minor to withhold from the minor's parent or legal guardian the fact that the minor's perception of his or her gender or sex is inconsistent with the minor's sex.

1 (2) Withhold from a minor's parent or legal guardian 2 information related to a minor's perception that his or her 3 gender or sex is inconsistent with his or her sex.

Section 6. Except as provided for in Section 4, nothing in this act shall be construed as limiting or preventing psychologists, psychological technicians, and master's level licensed mental health professionals from rendering the services for which they are qualified by training or experience involving the application of recognized principles, methods, and procedures of the science and profession of psychology and counseling.

Section 7. Nothing in this section shall be construed to establish a new or separate standard of care for hospitals or physicians and their patients or otherwise modify, amend, or supersede any provision of the Alabama Medical Liability Act of 1987 or the Alabama Medical Liability Act of 1996, or any amendment or judicial interpretation of either act.

Section 8. If any part, section, or subsection of this act or the application thereof to any person or circumstances is held invalid, the invalidity shall not affect parts, sections, subsections, or applications of this act that can be given effect without the invalid part, section, subsection, or application.

Section 9. This act does not affect a right or duty afforded to a licensed pharmacist by state law.

Section 10. Although this bill would have as its 1 2 purpose or effect the requirement of a new or increased 3 expenditure of local funds, the bill is excluded from further requirements and application under Amendment 621, as amended 4 by Amendment 890, now appearing as Section 111.05 of the 5 Official Recompilation of the Constitution of Alabama of 1901, 7 as amended, because the bill defines a new crime or amends the definition of an existing crime. 8 Section 11. This act shall become effective 30 days 9 10 following its passage and approval by the Governor, or its 11 otherwise becoming law.

Senate		
		0.3-FEB-22
		0,9-FEB-22
Read for the third time and pass	sed as amended	23-FEB-22
Yeas 24 Nays 6		
	Read for the first time and refectommittee on Healthcare  Read for the second time and pladar 1 amendment  Read for the third time and passes 24 Nays 6	Read for the first time and referred to the Senate committee on Healthcare