

- 16 (2) Only a tiny percentage of the American population experiences distress at identifying
17 with their biological sex. According to the American Psychiatric Association, prevalence
18 ranges from 0.005 to 0.014 percent for natal adult males and from 0.002 to 0.003 percent
19 for natal females;
- 20 (3) Studies consistently demonstrate that the vast majority of children who are gender
21 nonconforming or experience distress at identifying with their biological sex come to
22 identify with their biological sex in adolescence or adulthood, thereby rendering most
23 medical health care interventions unnecessary;
- 24 (4) Scientific studies show that individuals struggling with distress at identifying with their
25 biological sex often have already experienced psychopathology, which indicates these
26 individuals should be encouraged to seek mental health care services before undertaking
27 any hormonal or surgical intervention;
- 28 (5) Suicide rates, psychiatric morbidities, and mortality rates remain markedly elevated
29 above the background population after inpatient gender reassignment procedures have been
30 performed;
- 31 (6) Some health care providers are prescribing puberty-blocking drugs in order to delay
32 the onset or progression of normally timed puberty in children who experience distress at
33 identifying with their biological sex. This is being done despite the lack of any long-term
34 longitudinal studies evaluating the risks and benefits of using these drugs for the treatment
35 of such distress or gender transition;
- 36 (7) Health care providers are also prescribing cross-sex hormones for children who
37 experience distress at identifying with their biological sex, despite the fact that no
38 randomized clinical trials have been conducted on the efficacy or safety of the use of
39 cross-sex hormones in adults or children for the purpose of treating such distress or gender
40 transition;
- 41 (8) The use of cross-sex hormones comes with the following serious known risks:

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

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

48 (9) Genital and non-genital reassignment surgeries are generally not recommended for
49 children, although evidence indicates referrals for children to have such surgeries are
50 becoming more frequent;

51 (10) Genital gender reassignment surgery includes several irreversible invasive procedures
52 for males and females and involves the following alterations of biologically normal and
53 functional body parts:

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

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

60 (11) The complications, risks, and long-term care concerns associated with genital gender
61 reassignment surgery for both males and females are numerous and complex;

62 (12) Non-genital gender reassignment surgery includes various invasive procedures for
63 males and females and also involves the alteration or removal of biologically normal and
64 functional body parts:

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

- 68 (B) For biological females, procedures may include subcutaneous mastectomy, voice
 69 surgery, liposuction, lipofilling, pectoral implants, and other aesthetic procedures;
- 70 (13) It is an accepted principle of economics and public policy that when a service or
 71 product is subsidized or paid for, demand for that service or product increases. Just
 72 between 2015 and 2016, gender reassignment surgeries increased by 20 percent;
- 73 (14) It is of grave concern that the medical community is allowing individuals who
 74 experience distress at identifying with their biological sex to be subjects of irreversible and
 75 drastic non-genital gender reassignment surgery and irreversible, permanently sterilizing
 76 genital gender reassignment surgery, despite the lack of studies showing that the benefits
 77 of such extreme interventions outweigh the risks; and
- 78 (15) The risks of gender transition procedures far outweigh any benefit at this stage of
 79 clinical study on these procedures.

80

SECTION 2.

81 Chapter 1 of Title 43 of the Official Code of Georgia Annotated, relating to general
 82 provisions relative to professions and businesses, is amending by adding a new Code section
 83 to read as follows:

84 "43-1-36.85 (a) As used in this Code section, the term:

86 (1) 'Health care provider' means any person licensed under Chapter 9, 10A, 11, 11A, 26,
 87 28, 30, 33, 34, 35, 39, or 44 of Title 43 or any hospital, nursing home, home health
 88 agency, institution, or medical facility licensed or defined under Chapter 7 of Title 31.
 89 Such term shall also include any corporation, professional corporation, partnership,
 90 limited liability company, limited liability partnership, authority, or other entity
 91 composed of such health care providers.

92 (2) 'Sex' means the biological indication of male and female, including sex
 93 chromosomes, naturally occurring sex hormones, gonads, and nonambiguous internal and

94 external genitalia present at birth, without regard to an individual's psychological, chosen,
95 or subjective experience of gender.

96 (b) Except as otherwise provided in subsection (d) of this Code section, no health care
97 provider in this state shall knowingly engage in or cause any of the following practices to
98 be performed upon any minor if the practice is performed for the purpose of attempting to
99 alter the appearance of or affirm the minor's perception of his or her gender or sex, if that
100 appearance or perception is inconsistent with the minor's sex:

101 (1) Prescribing or administering gonadotropin-releasing hormone analogues or other
102 synthetic drugs used to stop luteinizing hormone and follicle-stimulating hormone
103 secretion, synthetic antiandrogen drugs used to block the androgen receptor, or any drug
104 to suppress or delay normal puberty;

105 (2) Prescribing or administering testosterone, estrogen, or progesterone to a minor in an
106 amount greater than would normally be produced endogenously in a healthy individual
107 of that individual's age and sex;

108 (3) Performing surgeries that sterilize, including castration, vasectomy, hysterectomy,
109 oophorectomy, orchiectomy, and penectomy;

110 (4) Performing surgeries that artificially construct tissue with the appearance of genitalia
111 that differs from the individual's sex, including metoidioplasty, phalloplasty, and
112 vaginoplasty; or

113 (5) Removing any healthy or nondiseased body part or tissue.

114 (c) No health care provider shall knowingly engage in conduct that aids or abets the
115 practices described in subsection (b) of this Code section on any minor.

116 (d) Subsections (b) and (c) of this Code section shall not apply to:

117 (1) Services provided to individuals born with a medically verifiable disorder of sex
118 development, including a person with external biological sex characteristics that are
119 irresolvably ambiguous, such as an individual born with 46 XX chromosomes with

120 virilization, 46 XY chromosomes with undervirilization, or having both ovarian and
121 testicular tissue;

122 (2) Services provided to an individual when a physician has otherwise diagnosed a
123 disorder of sexual development, in which the physician has determined through genetic
124 or biochemical testing that the individual does not have normal sex chromosome
125 structure, sex steroid hormone production, or sex steroid hormone action for a biological
126 male or biological female;

127 (3) The treatment of any infection, injury, disease, or disorder that has been caused or
128 exacerbated by the performance of a procedure described in subsection (b) of this Code
129 section, whether or not the procedures were performed in accordance with state and
130 federal law; or

131 (4) Any procedure undertaken because an individual suffers from a physical disorder,
132 physical injury, or physical illness that is certified by a physician and that would place
133 the individual in imminent danger of death or impairment of major bodily function unless
134 surgery is performed.

135 (e)(1) The provision of services to or engaging in conduct regarding any minor described
136 in subsections (b) and (c) of this Code section shall be considered unprofessional conduct
137 and shall be subject to discipline by the licensing entity with jurisdiction over the health
138 care provider.

139 (2) A person may assert an actual or threatened violation of this Code section as a claim
140 or defense in a judicial or administrative proceeding and obtain compensatory damages,
141 injunctive relief, declaratory relief, or any other appropriate relief.

142 (3) A person shall be required to bring a claim for a violation of this Code section not
143 later than two years after the day the cause of action accrues. A minor may bring an
144 action before reaching 18 years of age through a parent or guardian, and may bring an
145 action in the minor's own name upon reaching 18 years of age at any time from that point
146 until he or she reaches 38 years of age.

147 (4) An action under this Code section may be commenced, and relief may be granted, in
148 a judicial proceeding without regard to whether the person commencing the action has
149 sought or exhausted available administrative remedies.

150 (5) In any action or proceeding to enforce a provision of this Code section, a prevailing
151 party who establishes a violation of this Code section shall be entitled to recover
152 reasonable attorney's fees.

153 (6) The Attorney General may bring an action to enforce compliance with this Code
154 section. Nothing in this Code section shall be construed to deny, impair, or otherwise
155 affect any right or authority of the Attorney General, the state, or any agency, officer, or
156 employee of the state to institute or intervene in any proceeding.

157 (f) Nothing in this Code section shall be construed to impose liability on any speech or
158 conduct protected by federal or state law."

159 **SECTION 3.**

160 Part 3 of Article 16 of Chapter 2 of Title 20 of the Official Code of Georgia Annotated,
161 relating to student health, is amended by adding a new Code section to read as follows:

162 "20-2-779.3.

163 (a) As used in this Code section, the term 'sex' means the biological indication of male and
164 female, including sex chromosomes, naturally occurring sex hormones, gonads, and
165 nonambiguous internal and external genitalia present at birth, without regard to an
166 individual's psychological, chosen, or subjective experience of gender.

167 (b) No school nurse, counselor, teacher, principal, or other official or staff at a public or
168 private school shall knowingly:

169 (1) Encourage or coerce a minor to withhold from the minor's parent or legal guardian
170 the fact that the minor's perception of his or her gender is inconsistent with his or her sex;

171 or

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

174 **SECTION 4.**

175 This Act shall become effective on January 1, 2024.

176 **SECTION 5.**

177 All laws and parts of laws in conflict with this Act are repealed.