

FAMILY ISSUE FACT SHEET

NO. 2022-03 (JANUARY 2022)

ARIZONA’S CHILDREN DESERVE HELP NOT HARM ACT

SB 1138 GENDER TRANSITION; PROHIBITIONS; PUBLIC MONIES

EXECUTIVE SUMMARY

Adolescence is a profound time of physical, mental, and emotional change. Children need guidance from adults, including protection from undertaking life-altering and irreversible decisions, before they can fully contemplate the implications.

In recent years, the number of minors seeking gender transition procedures has skyrocketed. Yet little long-term research exists addressing the implications of these procedures on children’s brains and bodies. Thus, they should not be encouraged to receive experimental treatments that have permanent consequences, such as leaving them sterile and physically marred for life.

To that end, SB 1138 helps children struggling to embrace their biological sex by protecting them from irreversible and harmful drugs and surgeries that forever alter their lives and may increase their risk of suicide. The bill ensures that healthcare providers protect their young patients by precluding them from providing or referring them for gender transition procedures, and it provides accountability for healthcare providers who violate their oath to “do no harm.” It also protects taxpayers from being forced to pay for these procedures on minors, and private insurers from covering them.

WHY SB 1138 IS NEEDED

Gender transition procedures, including gender reassignment surgeries, have proliferated and mainstreamed in the past decade. Between 2015 and 2016, gender reassignments surgeries overall increased by nearly 20 percent in the United States.ⁱ Now, some healthcare providers are even providing these procedures to minors who are experiencing distress accepting their biological sex.

Arizona is no exception to the trend. Several Arizona gender clinics advertise puberty blockers for minors struggling with their gender identity, including Phoenix Children’s Hospital, Mayo Clinic, and El Rio Health. Moreover, some Arizona clinics and doctors are willing to perform these life-altering surgeries on children, including a prominent one in Scottsdale.ⁱⁱ A lawsuit filed in Arizona District Court names local doctors who refer minor patients for cross-sex hormones, and admit to agreeing to perform such surgeries on minors.ⁱⁱⁱ

The healthcare industry should not be experimenting on minors. There are few long-term studies showing the effects of opposite gender hormone therapy and surgeries on minors. But there are plenty of studies showing the health risks to adults.

The health risks to adults for gender reassignment surgeries are alarming as they often irreparably alter or remove biologically healthy reproductive body parts. These surgeries include hysterectomy, genital reconstruction, and penial or breast implants.

There is also a panoply of non-genital gender reassignment surgeries that alter or remove biologically healthy and normal body parts. For biological women, procedures include a subcutaneous mastectomy, voice surgery, liposuction, lipofilling, and pectoral implants. For biological men, these procedures include augmentation mammoplasty, facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation, and hair reconstruction.

The side effects of using cross-sex hormones in adults are well known. They include:^{iv}

- Severe liver dysfunction,
- Coronary artery disease (including heart attacks)
- Cerebrovascular disease (including strokes)
- Hypertension
- Increased risk of breast and uterine cancers
- Irreversible infertility
- Thromboembolic disease (including blood clots)
- Gallstones

Given the side effects of cross-sex hormones in adults, the use of puberty blockers in adolescents would be likewise damaging. They are also unnecessary. Studies confirm at least 80 to 95 percent of children experiencing gender conflict grow comfortable with their biological gender during the course of growing up.^v Yet, if they are placed on puberty blockers or subject to surgeries, their bodies will be fundamentally, and likely forever, changed.

WHAT SB 1138 DOES

SB 1138, known as the “Arizona’s Children Deserve Help Not Harm Act,” protects Arizona’s adolescents in several ways.

First, the legislation prohibits health care professionals from providing, or referring minors for gender transition procedures. The legislation defines these acts as unprofessional conduct and violators are subject to discipline by their respective licensing boards.

Second, the legislation protects taxpayers from being forced to pay for gender transition procedures for minors, by prohibiting public moneys to be directly or indirectly used for gender transition procedures at health care facilities owned by the state, county, or local governments, or by health care professionals employed by the state, county, or local governments. In addition, the law prohibits the Arizona Health Care Cost Containment System from covering gender transition procedures for minors.

Third, the legislation requires that any health benefits plan in the state may not reimbursement for gender transition procedures for minors, nor are they required to provide coverage for these procedures. Any amount paid for gender transition procedures, or premiums for health care coverage that includes coverage for these procedures, are not tax-deductible.

Finally, the legislation provides a right of action and defense to individuals who experience an actual or threatened violation. Relief includes compensatory damages, injunctive relief, declaratory relief, or any other appropriate relief. The state attorney general can also bring an enforcement action against violators.

TALKING POINTS

- **SB 1138 helps children struggling to embrace their biological sex by protecting them from irreversible and harmful drugs and surgery. Teens need real help, not harm.**
- **Minors cannot buy alcohol, cigarettes, vote, get a tattoo, or even buy cough syrup over the counter – they certainly cannot consent to a drastic decision with permanent consequences like an attempted gender transformation.**
- **Physicians and clinics in Arizona are already providing gender transition procedures. SB 1138 will protect our children from these experimental and dangerous acts.**
- **The best treatment for gender identity conflict has shown to be allowing adolescence to play out naturally. Studies have shown at least 80 to 95 percent of children experiencing gender conflict grow comfortable with their biological gender – unless adults interfere by providing dangerous puberty blockers and cross-sex hormones.**
- **Studies have shown that so-called “sex reassignment” surgery does not improve mental health or lower suicide rates among those struggling with gender identity conflict. One major study in Sweden revealed that 10 to 15 years out, the suicide rate of those who had undergone sex reassignment surgery was 20 times that of comparable peers. It found those who undergo so-called “gender reassignment” surgery “have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population.”^{vi}**

CONCLUSION

Arizona law should protect young people who struggle to embrace their biological sex, from irreversible surgeries and highly damaging treatments, during the sensitive years of adolescence. These children deserve help, not harm. Arizona should join many other states around the country in passing legislation that holds healthcare professionals accountable for caring ethically for our children.

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- ⁱ American Society of Plastic Surgeons. (2017, May 22). *Gender Conformation Surgeries Rise 20% in First Ever Report* [Press Release]. <https://www.plasticsurgery.org/news/press-releases/gender-confirmation-surgeries-rise-20-percent-in-first-ever-report>
- ⁱⁱ TransHealthCare. *Dr. Toby Meltzer: Globally Recognized Leader in the Specialty of Gender Surgery*. <https://www.transhealthcare.org/toby-meltzer/>.
- ⁱⁱⁱ D. H., et al v. Jami Snyder, No. 21-15668 (9t Cir. June 4, 2021). Complaint available at <https://www.nclrights.org/wp-content/uploads/2020/08/Complaint.pdf> (last viewed Jan 2022).
- ^{iv} World Professional Association for Trans. Health (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, v. 7 at 37-40, 50, 97-104, https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341.
- ^v American College of Pediatricians. (2018, November). *Gender Dysphoria in Children*. <https://acpeds.org/position-statements/gender-dysphoria-in-children>.
- ^{vi} Dhejne, C., Lichtenstein, P., Boman, M., Johansson, A. L. V., Långström, N., Landén, M. (2011). Long-Term Follow-up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden, PLoS ONE 6(2): e16885. doi:10.1371/journal.pone.0016885