

FAMILY ISSUES FACT SHEET

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SB1001 BAN ON STATE FUNDED GENDER TRANSITION PROCEDURES

EXECUTIVE SUMMARY

Throughout the United States, state-level Medicaid services are a lifeline for individuals struggling to afford necessary medical care. Yet today, Medicaid is being used for purposes far outside its original intent—funding gender-affirming procedures that are experimental, irreversible, and often result in permanent physical harm. This misallocation diverts limited public resources away from essential treatments and toward procedures that place vulnerable individuals at risk.

The “Ban on State Funded Gender Transition Procedures” ensures that Arizona will not subsidize medical practices that jeopardize the physical and mental well-being of its citizens. While this bill does not ban gender transition procedures outright, it makes one principle clear: **Arizona taxpayers will not be forced to fund medical interventions that carry enormous risks and lifelong consequences.**

BACKGROUND

In the last decade, transgender ideology has expanded rapidly and repeatedly clashed with Arizona values. Arizona has taken meaningful steps to protect children and uphold biological reality, including the 2022 Protect Women’s Sports Act and a ban on irreversible gender reassignment surgery for minors.¹ Yet, despite these efforts, Arizona’s Medicaid system continues to fund gender transition procedures.

Other states—including North Carolina,² Arkansas,³ and Idaho⁴—have already recognized the dangers and fiscal irresponsibility of publicly funding such interventions. Meanwhile, national polling reveals a growing return to traditional heterosexual identity among young Americans.⁷ With mounting evidence and shifting public sentiment, this is the appropriate moment for Arizona to enact clear, common-sense limitations on taxpayer-funded gender transition procedures.

WHAT THE BILL DOES

- Bans Arizona public funds from being used for gender transitions of any individual, regardless of age.

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- Prohibits Arizona Medicaid from reimbursing gender-transition procedures.
- Prevents health care professionals employed by the state or local government from performing gender-affirming care.
- Makes transition surgeries non-tax deductible.

TALKING POINTS

1. **Even countries that once championed gender-affirming care are reversing course.**
Finland, Sweden, England, Norway, France, New Zealand, Australia, and Scotland—all nations that previously embraced these procedures—have now restricted them for minors after reviewing the evidence. Arizona must do the same to protect vulnerable youth and ensure public policy reflects scientific reality, not ideological pressure.
2. **The evidence simply does not support the safety or effectiveness of gender transition procedures.**
The most comprehensive reviews, including those used in the Cass Review, consistently conclude that research supporting puberty blockers and cross-sex hormones is limited, low-quality, and insufficient to justify their widespread use—especially in minors. When the science is uncertain, the state must err on the side of caution.
3. **Puberty blockers predetermine—rather than postpone—gender outcomes.**
Although promoted as a “pause button,” puberty blockers effectively lock minors into a transition pathway: 98% of minors who start blockers proceed to full medical transition. This is not giving children time to think—it is steering them toward an irreversible medical decision before they have the maturity to understand the consequences.
4. **The medical establishment has been wrong before—and politics often drives its errors.**
History offers sobering reminders: eugenics, opioid overprescription, and scientifically baseless racial theories were all endorsed by medical authorities at one time. Blind deference to institutional opinions is dangerous, especially when financial incentives and cultural pressures are at play.
5. **The state has a duty to restrict harmful medical procedures.**
Arizona already limits lobotomies, forced sterilization, and experimentation on prisoners—because some procedures carry too much risk to public safety and human dignity. Gender transition surgeries and irreversible hormonal interventions belong in the same category of state oversight.
6. **Overemphasis on gender identity masks the real mental health crises facing transgender individuals.**
Trans individuals are 3 to 6 times more likely to be autistic, and they experience significantly higher rates of depression and anxiety.⁶ When the medical system focuses primarily on gender transition rather than underlying mental health issues, it fails the very people it claims to help—subjecting them to unnecessary and harmful treatments.
7. **The transgender community faces alarming suicide rates, demanding responsible policy—not blind affirmation.**
With suicidality rates among transgender-identifying youth ranging from 27% to 55%,⁶

the state must protect vulnerable individuals from interventions that have not been shown to reduce suicide risk and may, in fact, compound long-term suffering.

8. **Prohibiting state funding for transition procedures is fiscally responsible and morally necessary.**

Arizona's resources are limited. Taxpayer dollars should prioritize treatments that preserve life, restore health, and support those truly in need—not procedures with high risks, uncertain benefits, and lifelong medical consequences.

CONCLUSION

The state of Arizona has a solemn duty to safeguard its citizens from harmful medical practices. By supporting the Ban on State Funded Gender Transition Procedures, Arizona affirms that it will not use taxpayer dollars to subsidize risky and irreversible interventions. Furthermore, this legislation reinforces Arizona's commitment to scientific integrity, responsible governance, and the biological reality that sex is determined at conception.

¹ Nancy Barto SB 1165 (2022) <https://www.azleg.gov/legtext/55leg/2r/bills/sb1165s.htm>

² Hiott Davey HB4624 (2024). https://www.scstatehouse.gov/sess125_2023-2024/bills/4624.htm

³ HB 1570 Robin Lundstrum (2021).

<https://www.arkleg.state.ar.us/Bills/Detail?id=HB1570&ddBienniumSession=2021%2F2021R>

⁴ Julianna Young HB668 (2024). <https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2024/legislation/H0668.pdf>

⁵ Warren Petersen SB 1138 (2022). <https://www.azleg.gov/legtext/55leg/2r/bills/sb1138p.htm>

⁶ Cass, H. (2024). Independent review of gender identity services for children and young people: Final report. <https://cass.independent-review.uk/home/publications/final-report>

⁷ Kaufmann, E. (2025). The Decline of Trans and Queer Identity among Young Americans <https://www.heterodoxcentre.com/research/chss-report-no-5/>