

MODEL LEGISLATION

The JUST FACTs Act

*(The JUSTice For Adolescent and
Child Transitioners Act)*



Do No Harm

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Section 1

LEGISLATIVE FINDINGS

The State Legislature finds that:

- (a) The State has a compelling government interest in protecting the health and safety of its citizens, especially vulnerable children and adolescents.
- (b) Some individuals, including those who are under the age of 18, may experience discordance between their sex and their perception of their sex or between their sex and their perception of their gender, which may lead to psychological distress. Only a small percentage of the American population experience distress identifying with their biological sex.
- (c) The cause of the individual's impression of discordance between sex and perceived sex or between sex and perceived gender is not definitively known, and the diagnosis is based primarily on the individual's self-evaluation. But there is evidence that adults and peers can influence and exacerbate this perceived condition.
- (d) This internal sense of discordance has not proven to be permanent or fixed, and a substantial majority of minors who experience discordance between their sex and their perceived sex or perceived gender will outgrow the discordance and will eventually have a perceived sex or perceived gender that aligns with their sex, thereby rendering most physiological interventions not only unnecessary, but also harmful.
- (e) In recent years, there has been a dramatic increase in the number of minors diagnosed with psychological distress arising out of discordance between their sex and their perception of their sex or between their sex and their perception of their gender.
- (f) The sudden increase in the number of minors with gender dysphoria, combined with an observed increase in the number of females seeking treatment relative to males, the emergence of the new clinical category of adolescent-onset gender dysphoria, and high rates of mental health comorbidities among referred patients, strongly suggests that the condition may have a social genesis. Recognizing similar trends in their own clinics, health authorities in Sweden, Finland, and the U.K. have conducted systematic review of evidence and, having found no evidence that the benefits of hormonal interventions outweigh the

risks, these countries have decided to place severe restrictions on medical transition procedures. They now recommend psychotherapy as a first, and ideally only, line of treatment for youth with gender dysphoria.

- (g) Recent years have also seen a rising number of individuals known as detransitioners who were subjected to physiological interventions to alter their appearance and bodily functions to align with their perceived sex or perceived gender but who later regretted that decision and regretted the physical harm that interventions had caused. Because the “gender affirming” model of treatment is relatively new, there are no studies on rates of regret and detransition among the cohort that received treatment in line with this model. Claims about regret being “extremely rare” are based on studies on adults who transitioned as adults or minors who were transitioned under highly restrictive and controlled conditions.
- (h) Taking a wait-and-see approach to prepubertal minors who reveal signs of discordance results in a majority of those minors coming to terms with their bodies and accepting the reality of their sex by late adolescence. Puberty is an identity-clarifying event: the development of physical features and emergence of sexual desire are strongly associated with consolidation in one’s understanding of one’s sex.
- (i) Interventions for a minor who expresses a desire to appear as a sex different from his or her own—including social, medical, and surgical interventions—can create a process whereby the interventions themselves can contribute to a discordance between the minor’s perceived sex or perceived gender and the minor’s sex.
- (j) Individuals struggling with distress related to a discordance between their perception and their sex often also experience co-occurring psychopathology preceding their gender dysphoria, which indicates that these individuals could benefit greatly from mental health services that address comorbidities and the underlying causes of their distress before undertaking any hormonal or surgical intervention. There is no evidence to support the view—known as “minority stress”—that co-occurring mental health problems are always secondary to “unaffirmed” gender.
- (k) Individuals with autism spectrum disorder (ASD) are particularly likely to report struggling with distress related to a discordance between their perception and their sex. The overlapping symptoms of ASD and gender dysphoria increases the risk of diagnostic overshadowing and makes false positives in the diagnosis of gender dysphoria significantly more likely.

- (l) The course of treatment for minors commonly begins with encouraging and assisting the minor to “socially transition” by wearing clothing or devices that allow the minor to appear as a member of the opposite sex and by permitting the minor to access restrooms and sports terms reserved for minors of the opposite sex.
- (m) Social transition is not a neutral act but rather an active intervention that can alter the course of a minor’s development. In other words, social transition carries iatrogenic risk. By “affirming” a minor’s asserted gender, adults inadvertently make it more likely that the minor will end up on a track to medical transition.
- (n) As puberty begins, doctors often administer long-acting GnRH agonists (puberty blockers) to delay the natural onset or progression of puberty.
 - (1) This use of puberty blockers to treat minors whose perceived gender or perceived sex is inconsistent with the minor’s sex is experimental and is off-label use, meaning it is not approved by the FDA.
 - (2) The suspected side effects of puberty blockers include diminished bone density, cognitive impairment, and infertility if followed by cross-sex hormones or surgeries. There is reason to suspect puberty blockers may also have permanent negative effects on adult sexual function.
 - (3) Because puberty blockers have never been subjected to randomized controlled trials in their use for gender dysphoria, there are no reliable data on their long-term risks.
- (o) After puberty blockade, or even sometimes without it, treatment involves administering “cross-sex” hormonal treatments that induce the development of secondary sex characteristics commonly associated with the opposite sex, including the development of breasts and wider hips in male minors taking estrogen and the development of greater muscle mass, bone density, body hair, and a deeper voice in female minors taking testosterone.
 - (1) The use of cross-sex hormones carries significant known risks.
 - (A) For males, these risks may include irreversible infertility; thromboembolic disease, including blood clots; cholelithiasis, including gallstones; coronary artery disease, including heart attacks; Type 2 diabetes; breast cancer; macroprolactinoma, which is a tumor of the pituitary gland; cerebrovascular disease, including strokes; depression; and hypertriglyceridemia, which is an elevated level of triglycerides in the blood.

- (B) For females, these risks may include irreversible infertility; severe liver dysfunction; coronary artery disease, including heart attacks; increased risk of breast, cervical, and uterine cancers; cerebrovascular disease, including strokes; hypertension; erythrocytosis, which is an increase in red blood cells; sleep apnea; Type 2 diabetes; loss of bone density; elevated rates of aggression; depression; and destabilization of psychiatric disorders.
- (2) When preceded by puberty blockers, use of cross-sex hormones is for life because the organs responsible for hormone production—which regulate many aspects of physical and psychological function and health, not just sexual function and health—are never given a chance to fully develop.
- (3) Although proponents of puberty blockers argue that these drugs are “fully reversible” and merely give users a “window of time” to decide whether to proceed with the transition, research indicates that virtually all minors put on puberty blockers continue on to take cross-sex hormones. While advocates of using puberty blockers for this purpose believe this fact is evidence that clinicians are remarkably adept at picking out the “true transgender” patients and avoiding false positives, a far more likely explanation is that puberty blockers are iatrogenic, meaning that they contribute to gender dysphoria persistence and increase the likelihood of further medicalization. This is another reason for skepticism about the capacity of minors at the cusp of puberty to provide adequate informed consent to the use of these drugs.
- (p) The final phase of treatment often calls for the individual to undergo surgical procedures to create an appearance similar to that of the opposite sex. These procedures may include “top surgery,” a euphemism for bilateral mastectomy, a surgical procedure that entirely removes a female minor’s breasts, and “bottom surgery,” a euphemism for surgical procedures that include the removal of a minor’s healthy reproductive organs and the creation of an artificial form aiming to approximate the appearance of the genitals of the opposite sex.
- (1) Other countries, including Sweden and Finland, do not allow these surgeries to take place before age 18. In the United States, “top” and “bottom” surgeries for minors have increased in recent years but remain relatively uncommon. The World Professional Association for Transgender Health recently eliminated surgery-related age minimums from its standards of care.
- (2) These types of surgical procedures include several irreversible invasive procedures for males and females that involve the alteration of biologically healthy and functional body parts.

- (A) For males, surgery may include a penectomy, which is the removal of the penis; orchiectomy, which is the removal of the testicles; vaginoplasty, which is the construction of a vagina-like structure, typically through a penile inversion procedure; clitoroplasty, which is the construction of a clitoris-like structure; and vulvoplasty, which is the construction of a vulva-like structure.
 - (B) For females, surgery may include a hysterectomy, which is the removal of the uterus; oophorectomy, which is the removal of the ovaries; vaginectomy, which is the removal of the vagina; reconstruction of the urethra; metoidioplasty or phalloplasty, which is the construction of a penis-like structure; scrotoplasty, which is the construction of a penis-like and scrotum-like structure; and implantation of erection or testicular prostheses.
- (3) The risks, complications, and long-term concerns associated with these types of procedures for both males and females are not entirely known, but they may include fistulas, chronic infection, the need for a colostomy, atrophy, and complete loss of sensation, sexual or otherwise. When performed on a male who underwent puberty suppression, for example, vaginoplasty typically requires the borrowing of tissue from the colon to create a “neovagina.” The creation of a second surgical site is associated with a far higher risk of infection and additional complications, including a risk of death.
- (4) Non-genital surgeries also include various invasive procedures for males and females that involve the alteration or removal of biologically normal and functional body parts.
- (A) For males, this non-genital surgery may include augmentation mammoplasty; facial feminization surgery; voice feminization surgery; thyroid cartilage reduction; gluteal augmentation; hair reconstruction; and other aesthetic procedures.
 - (B) For females, this non-genital surgery may include a subcutaneous mastectomy; voice masculinization surgery; pectoral implants; and other aesthetic procedures.
- (q) It is of grave concern to the State of [[State Name]] that the medical community allows minors whose perceived gender or perceived sex is inconsistent with their sex to be subject of irreversible and drastic treatments despite the lack of studies establishing the efficacy and safety of these treatments, and the known harms and unknown risks that these treatments present.

- (r) It is an accepted principle of economics and public policy that, when a service or product is subsidized or reimbursed, demand for that service or product increases.
- (s) Despite the course reversal underway in Europe, some in the American medical community are aggressively pushing for interventions on minors that medically alter the minor's hormonal balance and remove healthy external and internal sex organs. Organizations that advocate for such interventions, including the World Professional Association for Transgender Health (WPATH), do so for ideological rather than scientific or medical reasons and actively stifle dissent in the medical community. This is the opposite of the open, honest, and good-faith discussion needed for ensuring science-based medicine, which is especially needed for a novel treatment paradigm for minors.
- (t) Medical organizations and doctors who defer to organizations like WPATH greatly exaggerate the mental health benefits of hormones and surgeries while understating the risks and uncertainties. Although these treatments could potentially lead to self-reported, short-term improvement in a minor's mental health, there is a strong possibility that this improvement is the result of a placebo effect. Given the serious and long-term risks associated with these treatments, they cannot be ethically or medically justified on the basis of a placebo effect that leads to self-reported, short-term improvement. Moreover, there is no evidence that minors or their parents are informed that any short-term improvement could be the result of a placebo effect and not the result of the treatments themselves. Relatedly, the unsupported assertions regarding an increased risk of suicide if these treatments are denied possibly creates a nocebo effect, resulting in a negative self-fulfilling prophecy that could actually serve to increase suicidality and suicide risk.
- (u) This climate of misinformation, at the heart of which is the unfounded belief that minors in distress who are not able to access drugs and surgeries are at imminent risk of suicide, cannot conceivably ground an informed consent process. Most parents who are misled into believing that their minor will likely commit suicide if not allowed to use puberty blockers will accept risks that they would not accept if the stakes were lower. But for individuals who have undergone inpatient gender reassignment procedures, suicide rates, psychiatric morbidities, and mortality rates remain markedly elevated above the background population.
- (v) It is in light of the unfortunate reality in which organizations disseminate false claims and refuse to submit those claims to open, honest, and good-faith debate that state regulators face strong ethical imperatives to intervene in the administration of medical care. When professional medical associations fail in their basic role of setting best practices based on sound scientific insight and thus put patients at risk, governments have a duty to act.

Section 2

DEFINITIONS

The following definitions shall apply to this act.

- (a) “Minor” means an individual under the age of 18.
- (b) “Sex” means the biological indication of male and female in the context of reproductive potential or capacity, such as sex chromosomes, naturally occurring sex hormones, gonads, and nonambiguous internal and external genitalia present at birth, including secondary sex characteristics, without regard to an individual’s psychological, chosen, or subjective experience of gender.
- (c) “Female” means an individual who is a member of the female sex.
- (d) “Male” means an individual who is a member of the male sex.
- (e) “Gender” means the psychological, behavioral, social, and cultural aspects of being male or female.
- (f) “Perceived sex” is a person’s internal sense of his or her sex.
- (g) “Perceived gender” is a person’s internal sense of his or her gender.
- (h) “Gender dysphoria” is the diagnosis of Gender Dysphoria under the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
- (i) “Social transitioning” means acts other than pharmaceutical or surgical interventions that are offered as a treatment to a minor for the purpose of the minor presenting as the opposite sex or an identity other than the minor’s sex, including the changing of a minor’s preferred pronouns or dress and the recommendation to wear clothing or devices, such as binders, for the purpose of concealing a minor’s secondary sex characteristics.
- (j) “Healthcare professional” means a person who is licensed, certified, or otherwise authorized by the laws of this State to administer health care in the ordinary course of the practice of his or her profession.

- (k) “Mental health professional” means a person who is licensed to diagnose and treat mental health conditions in this State.
- (l) “Physician” means a person who is licensed to practice medicine in this State.

Section 3

PUBLIC SCHOOL TRANSPARENCY

The following provisions apply to all public K-12 school districts:

- (a) Before every school year, a public school district must publish a written policy that details each step that school officials, employees, agents, or other personnel acting on behalf of the school will take when that official, employee, agent, or person learns that a student’s perception of the student’s gender or perception of the student’s sex is inconsistent with the student’s sex.
- (b) A policy created pursuant to this section must require the following:
 - (1) Any school official, employee, agent, or other person acting on behalf of the school who learns that a student’s perception of the student’s gender or perception of the student’s sex is inconsistent with the student’s sex must notify the student’s parents within three business days.
 - (2) No school official, employee, agent, or other person acting on behalf of the school may discuss with any student the medication or surgical procedures described in Sections 5(b) and 6(b) as a possible treatment to address an inconsistency between the student’s sex and the student’s perceived sex or perceived gender.
 - (3) No school official, employee, agent, or other person acting on behalf of the school may address the student using pronouns that are inconsistent with the student’s sex.
 - (4) No school official, employee, agent, or other person acting on behalf of the school may discuss with any student social transitioning as a treatment to address an inconsistency between the student’s sex and the student’s perceived gender or perceived sex.

- (c) Each school district must distribute to all students' parents a printed copy of the policy it creates pursuant to this section.
- (d) After the school district has distributed its policy to all students' parents, the school district must hold a public hearing dedicated solely to discussing the policy and to providing interested parents an opportunity to comment on the policy.
- (e) Any school official, employee, agent, or other person acting on behalf of the school who knowingly violates the school's policy must be disciplined in accordance with the school's standard disciplinary policy.
- (f) The parent(s) of any student who is knowingly subjected to treatment that is not in accordance with a school's policy promulgated pursuant to this section shall have a private cause of action for damages and such equitable relief as the court may determine is justified. The court may also award reasonable attorney's fees and court costs to a prevailing party.
- (g) To the extent the State or any private party is enjoined from enforcing any part or application of any provision in this section, all other parts or applications of that provision and all other provisions are severable and enforceable. It is the Legislature's intent that any lawful provision, application, or part of a provision remain enforceable no matter the number of provisions, parts of provisions, or applications deemed unenforceable. Under no circumstance should a court conclude the Legislature intended that the State or a private party be enjoined from enforcing any provision, application, or part of a provision not deemed independently unenforceable.

Section 4

GOVERNMENT FACILITIES AND GOVERNMENT FUNDING

- (a) Public funds shall not be directly or indirectly used, granted, paid, or distributed to any entity, organization, or individual that provides or subsidizes the use of the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex.

- (b) Any individual or entity that receives state funds to pay for or subsidize the treatment of minors for psychological conditions, including gender dysphoria, may not use state funds to promote or advocate the use of the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex.
- (c) Any amount paid by an individual or entity during a taxable year for the provision of either the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex is not tax deductible.
- (d) The [[State Medicaid Program]] shall not reimburse or provide coverage for the use of the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex.
- (e) Except to the extent required by the First Amendment to the United States Constitution, no State property, facility, or building may be used to promote or advocate the use of social transitioning or the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex.
- (f) No physician or other healthcare professional employed by the State or a county or local government may provide the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex.
- (g) No State property, facility, or building may be used to provide the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex.
- (h) No State employee whose official duties include the care of minors may, while engaged in those official duties, provide or promote the use of social transitioning or the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex.
- (i) To the extent the State or any private party is enjoined from enforcing any part or application of any provision in this section, all other parts or applications of that provision and all other provisions are severable and enforceable. It is the Legislature's intent that any lawful provision, application, or part of a provision

remain enforceable no matter the number of provisions, parts of provisions, or applications deemed unenforceable. Under no circumstance should a court conclude the Legislature intended that the State or a private party be enjoined from enforcing any provision, application, or part of a provision not deemed independently unenforceable.

Section 5

REGULATION OF MEDICAL PROCEDURES FOR FEMALE MINORS

- (a) This provision regulates the medical procedure for the treatment of female minors whose perceived gender or perceived sex is not female, which is a procedure that only females can undergo.
- (b) Except as provided in subsection (c), no person may knowingly provide the following treatment, either as a necessary or elective treatment, to a female minor to address the minor's perception that her gender or sex is not female:
 - (1) Surgical procedures, including a vaginectomy; hysterectomy; oophorectomy; ovariectomy; reconstruction of the urethra; metoidioplasty; phalloplasty; scrotoplasty; implantation of erection or testicular prostheses; subcutaneous mastectomy; voice surgery; or pectoral implants.
 - (2) Supraphysiologic doses of testosterone or other androgens.
 - (3) Puberty blockers such as GnRH agonists or other synthetic drugs that suppress the production of estrogen and progesterone to delay or suppress pubertal development in female minors.
- (c) The procedures in subsection (b) are prohibited only when knowingly provided as treatment to address a female minor's perception that her gender or sex is not female. Therefore, subsection (b) does not apply to treatment for other purposes, including the following:
 - (1) Treatment for persons born with a medically verifiable disorder of sex development, including the following:

- (A) A person 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.
 - (B) A person 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.
- (2) Treatment of any infection, injury, disease, or disorder that has been caused or exacerbated by the performance of a procedure listed in subsection (b), whether or not the procedure was performed in accordance with state and federal law and whether or not funding for the procedure is permissible under state and federal law.
- (d) If a healthcare professional or physician violates subsection (b):
- (1) The healthcare professional or physician has engaged in unprofessional conduct and is subject to discipline by the appropriate licensing entity or disciplinary review board with competent jurisdiction in this state. That discipline must include suspension of the ability to administer healthcare or practice medicine for at least one year.
 - (2) The parent(s) of the minor subject to the violation shall have a private cause of action for damages and such equitable relief as the court may determine is justified. The court may also award reasonable attorney's fees and court costs to a prevailing party.
- (e) To the extent the State or any private party is enjoined from enforcing any part or application of any provision in this section, all other parts or applications of that provision and all other provisions are severable and enforceable. It is the Legislature's intent that any lawful provision, application, or part of a provision remain enforceable no matter the number of provisions, parts of provisions, or applications deemed unenforceable. Under no circumstance should a court conclude the Legislature intended that the State or a private party be enjoined from enforcing any provision, application, or part of a provision not deemed independently unenforceable.

Section 6

REGULATION OF MEDICAL PROCEDURES FOR MALE MINORS

- (a) This provision regulates the medical procedure for the treatment of male minors whose perceived gender or perceived sex is not male, which is a procedure that only males can undergo.
- (b) Except as provided in subsection (c), no person may knowingly provide the following treatment, either as a necessary or elective treatment, to a male minor to address the minor's perception that his gender or sex is not male:
 - (1) Surgical procedures, including a penectomy; orchiectomy; vaginoplasty; clitoroplasty; vulvoplasty; augmentation mammoplasty; facial feminization surgery; voice surgery; thyroid cartilage reduction; or gluteal augmentation.
 - (2) Supraphysiologic doses of estrogen.
 - (3) Puberty blockers such as GnRH agonists or other synthetic drugs that suppress the production of testosterone, or delay or suppress pubertal development in male minors.
- (c) The procedures in subsection (b) are prohibited only when knowingly provided as treatment to address a male minor's perception that his gender or sex is not male. Therefore, subsection (b) does not apply to treatment for other purposes, including the following:
 - (1) Treatment for persons born with a medically verifiable disorder of sex development, including the following:
 - (A) A person 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.
 - (B) A person 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.

- (2) Treatment of any infection, injury, disease, or disorder that has been caused or exacerbated by the performance of a procedure listed in subsection (b), whether or not the procedure was performed in accordance with state and federal law.
- (d) If a healthcare professional or physician violates subsection (b):
 - (1) The healthcare professional or physician has engaged in unprofessional conduct and is subject to discipline by the appropriate licensing entity or disciplinary review board with competent jurisdiction in this state. That discipline must include suspension of the ability to administer healthcare or practice medicine for at least one year.
 - (2) The parent(s) of the minor subject to the violation shall have a private cause of action for damages and such equitable relief as the court may determine is justified. The court may also award reasonable attorney's fees and court costs to a prevailing party.
- (e) To the extent the State or any private party is enjoined from enforcing any part or application of any provision in this section, all other parts or applications of that provision and all other provisions are severable and enforceable. It is the Legislature's intent that any lawful provision, application, or part of a provision remain enforceable no matter the number of provisions, parts of provisions, or applications deemed unenforceable. Under no circumstance should a court conclude the Legislature intended that the State or a private party be enjoined from enforcing any provision, application, or part of a provision not deemed independently unenforceable.

Section 7

PRIVATE CAUSE OF ACTION FOR SUBSEQUENT HARM

- (a) Any healthcare professional or physician who provides the medication or surgical procedures described in Sections 5(b) and 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender

or perceived sex is strictly liable to that minor if the treatment or the after-effects of such treatment results in any injury, including physical, psychological, emotional, or physiological harms, within the next 25 years.

- (b) A person who suffers an injury described in subsection (a) (or a representative, including a legal guardian, on behalf of such person) may bring a civil action either within 25 years from the day the person reaches 18 years of age or within 4 years from the time of discovery by the injured party of both the injury and the causal relationship between the treatment and the injury, whichever date is later, against the offending healthcare professional or physician in a court of competent jurisdiction for:
 - (1) declaratory or injunctive relief;
 - (2) compensatory damages, including but not limited to pain and suffering, loss of reputation, loss of income, and loss of consortium, which includes the loss of expectation of sharing parenthood;
 - (3) punitive damages
 - (4) any other appropriate relief; and
 - (5) attorney's fees and costs.
- (c) Exceptions to limitations period in subsection (b):
 - (1) If at the time the person subjected to treatment attains the age of 18-years old, he or she is under other legal disability, the limitation period in subsection (b) does not begin to run until the removal of the disability;
 - (2) The limitation period in subsection (b) does not run during a time period when the individual is subject to threats, intimidation, manipulation, fraudulent concealment, or fraud perpetrated by the physician or other healthcare professional who provided the treatment described in subsection (a) or by any person acting in the interest of the physician or other healthcare professional.
- (d) A healthcare professional or physician may not seek a contractual waiver of this liability. Any attempted waiver is null and void.
- (e) Section [state code section governing tort damage caps] does not apply to actions for damages under this section.

- (f) Notwithstanding any other provision of law, an action under this section may be commenced, and relief may be granted in a judicial proceeding without regard to whether the person commencing the action has sought or exhausted available administrative remedies.
- (g) The Attorney General may bring an action to enforce compliance with this section.
- (h) This section does not deny, impair, or otherwise affect any right or authority of the Attorney General, the State of [State], or any agency, officer, or employee of the State, acting under any law other than this section, to institute or intervene in any proceeding.

Section 8

PROHIBITED INSURANCE COVERAGE

- (a) A professional liability insurance policy issued to a healthcare professional or physician may not include coverage for damages assessed against the healthcare professional or physician who provides any medication or surgical procedure described in Sections 5(b) or 6(b) as a treatment to address an inconsistency between a minor's sex and the minor's perceived gender or perceived sex.

Section 9

SEVERABILITY

- (a) To the extent the State or any private party is enjoined from enforcing any part or application of any section in this statute, all other parts or applications of that section and all other sections are severable and enforceable. It is the Legislature's intent that any lawful section, application, or part of a section remain enforceable no matter the number of sections, parts of sections, or applications deemed unenforceable. Under no circumstance should a court conclude the Legislature intended that the State or private party be enjoined from enforcing any section, application, or part of a section not deemed independently unenforceable.

Section 10

EFFECTIVE DATE AND EXEMPTION

- (a) This Act shall take effect 6 months after it becomes law so that minors in this State currently using puberty-blocking medication have time for appropriate medication tapering and discontinuation under the care of their physician or other healthcare professional.
- (b) No provision of this Act shall apply to the providing of cross-sex hormones to a minor who was prescribed cross-sex hormones before the date this Act becomes law to treat an inconsistency between the minor's sex and the minor's perceived gender or perceived sex.



Do No Harm

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