DETRANSITIONER BILL OF RIGHTS

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 a 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 peer groups and psychological maladaptive coping mechanisms can influence and exacerbate this perceived condition.

(d) Individuals struggling with distress related to a discordance between their perception and their sex often also experience co-occurring psychopathology preceding their gender discordance, 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.

(e) 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 or gender incongruence increases the risk of diagnostic overshadowing and makes false positives in the diagnosis of an incongruence between sex and perceived sex or between sex and perceived gender more likely.

(f) 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.

(g) Taking a wait-and-see approach to prepubertal minors who reveal signs of discordance, sometimes called "watchful waiting," results in a majority of those minors coming to terms with their bodies and accepting the reality of their sex by late adolescence or early adulthood. 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.

(h) Recent years have seen a rising number of individuals known as detransitioners who were initially subjected to physiological interventions to alter their appearance and bodily functions to align with their perceived sex or perceived gender but who later experienced a resolution of any inconsistency between their sex and their perceived gender or perceived sex. Some of these individuals indicate that they were pressured to medically transition in the first place. Many of these individuals regret the decision to transition and regret the physical harm the interventions caused. Many individuals do not detransition or express regret until adulthood. The total percentage of people who experience this regret is unknown.

(i) Detransitioners were subjected to an experimental course of treatment to alter their bodies to align with their perceived sex or their perceived gender.

    (1) Health authorities in Sweden, Finland, and the U.K. have conducted systematic reviews of evidence and, having found no reliable evidence that the benefits of these physiological interventions outweigh the risks, these countries have decided to place severe restrictions on gender transition procedures for minors. They now recommend psychotherapy as a first, and ideally only, line of treatment for youth with gender dysphoria.

    (2) 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.

    (3) 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, regression to the mean, or confounding co-occurring treatments including psychotherapy and antidepressants. 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, regression to the mean, or confounding therapy. Moreover, there is no evidence that minors or their parents are informed that any short-term improvement could be the result of factors other than 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.

(j) The physiological aspect of this course of treatment commonly begins when doctors 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 severely diminished bone density, cognitive impairment, brain swelling that can lead to blindness, and infertility, especially 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.

(k) 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; sever 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) 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 the persistence of gender dysphoria or gender incongruence and increase the likelihood of further medicalization.

(l) 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'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 (with the exception of phalloplasty).

(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.

(m) Detransitioners report that information provided to them about physiological interventions exaggerates the benefits and underemphasizes the risks of these interventions. Similarly, detransitioners report that clinicians do not sufficiently explore psychological and emotional problems prior to offering hormones and surgeries.

(n) Because the "gender affirming" model of treatment is relatively new, there are no adequate studies on rates of detransition and regret among the cohort that received treatment in line with this model. Claims about detransition and 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. Such claims ignore other methodological problems in the research, including high dropout rates and very short follow-up times. Published research is also tainted by politicized efforts to ignore or sanitize the concept of detransitioning. For example, some advocates of the "affirming" model claim that most regret and examples of detransition are due to "internalized transphobia" or "minority stress." Finally, some research suggests that most detransitioners do not inform gender clinics that they have detransitioned, which may be because they fear backlash from their providers or do not trust their medical judgment.

(o) There is also a concerning lack of treatment guidelines for the medical care of detransitioners. In the absence of a protocol for the treatment of detransitioners, individuals undergoing detransition experience unmet healthcare needs. Detransitioners report a dearth of information about ceasing hormonal treatments and frequently encounter clinicians who are poorly informed about medical detransition. In addition, some jurisdictions have mandated insurance coverage for gender transition procedures but have refused to extend this mandate to detransition procedures.

(p) Medical professionals should:

  (1) Publicly acknowledge the growing and concerning phenomenon of detransitioners;

  (2) Research ways to help detransitioners and those who regret undergoing gender transition procedures; and

  (3) Develop evidence-based standards for treating detransitioners and supporting detransitioners as well as those who regret undergoing gender transition procedures.

(q) The State recognizes March 12 as Detransition Awareness Day.

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 has, had, will have, or would have but for a developmental or genetic anomaly or historical accident, the reproductive system that at some point produces, transports, and utilizes eggs for fertilization.

(d) "Male" means an individual who has, had, will have, or would have but for a developmental or genetic anomaly or historical accident, the reproductive system that at some point produces, transports, and utilizes sperm for fertilization.

(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) "Gender incongruence" is the diagnosis under the World Health Organization's International Classification of Diseases, Eleventh Edition (ICD-11).

(j) "Gender transition procedure" means any pharmaceutical or surgical intervention to alter an individual's body as a treatment to address an inconsistency between a minor's sex and minor's perceived gender or perceived sex.

(k) "Gender clinic" means a healthcare entity that provides or prescribes gender transition procedures or refers individuals for gender transition procedures.

(l) "Detransitioner" means (1) an individual who began or completed a gender transition procedure but later sought treatment to reverse the effects of the gender transition procedure due to the resolution of any inconsistency between the individual's sex and the individual's perceived sex or perceived gender, or (2) an individual who began a gender transition procedure but has ceased that procedure due to the resolution of any inconsistency between the individual's sex and the individual's perceived sex or perceived gender.

(m) "Detransition procedure" means any treatment, including mental-health treatment, medical interventions, and surgeries that (1) stop or reverse the effects of a prior gender transition procedure due to the resolution of any inconsistency between the individual's sex and the individual's perceived sex or perceived gender, or (2) help an individual cope with the effects of a prior gender transition procedure after the resolution of any inconsistency between the individual's sex and the individual's perceived sex or perceived gender.

(n) "Healthcare professional" means a person who is licensed, certified, or otherwise authorized by the laws of this State to administer healthcare in the ordinary course of the practice of his or her profession.

(o) "Mental health professional" means a person who is licensed to diagnose and treat mental health conditions in this State.

(p) "Physician" means a person who is licensed to practice medicine in this State.

SECTION 3. RIGHT TO INFORMED CONSENT

(a) No healthcare professional or physician may provide pharmaceutical or surgical treatment to minors to address an inconsistency between the minor's sex and the minor's perceived gender or perceived sex unless the healthcare professional or physician has obtained informed consent from the minor and the minor's parent(s) or legal guardian(s).

(b) For purposes of this section, informed consent for any treatment requires both verbal and written notice in at least 14-point, proportionally spaced typeface of the following facts, verbatim, during every single medical visit for treatment, for a period of no less than 12 months:

(1) No reliable studies have shown that these treatments reduce the risk of suicide in children or adolescents with gender dysphoria.

(2) The Federal Food & Drug Administration has not approved the use of puberty blockers or cross-sex hormones for the purpose of treating gender dysphoria or gender incongruence. In other words, using these medications to treat gender dysphoria or gender incongruence is considered "off-label" use because they are not being used for their approved purpose.

(3) European governments, including the United Kingdom, Sweden, and Finland, have studied these treatments and have concluded there is no reliable evidence showing that the potential benefits of puberty blockers and cross-sex hormones for this purpose outweigh the risks. Those governments instead recommend psychotherapy as the first line of treatment for children and adolescents with gender dysphoria.

(4) The use of puberty blockers and cross-sex hormones for this purpose increases the risk of your child or adolescent being sterilized, meaning that he or she will never be able to have children.

(5) The use of puberty blockers and cross-sex hormones for this purpose carry numerous other risks of physical harm, including severely decreased bone density, heart disease, stroke, and cancer.

(6) The effect of these treatments on the brain development of your child or adolescent is entirely unknown.

(c) If a healthcare professional or physician knowingly violates subsection (a):

(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) or legal guardian(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.

(d) Notwithstanding any contrary provision of law, no healthcare professional or physician may deny a parent or legal guardian access to the medical records or medical information relating to the parent's or legal guardian's minor.

(1) This subsection shall not require a person to provide access when:

(A) The medical records or medical information relate to harm resulting from abuse, neglect, or domestic violence;

(B) The person denying access reasonably believes the parent or legal guardian is responsible for the abuse, neglect, or other injury resulting from domestic violence; and

(C) The person denying access reasonably believes that informing the parent or legal guardian would not be in the best interests of the minor.

(2) For purposes of subsection 3(d)(1), "abuse, neglect, or domestic violence" does not include:

(A) A parent's or legal guardian's refusal to permit the parent's or legal guardian's minor to seek a gender-transition procedure to address an inconsistency between the minor's sex and the minor's perceived gender or perceived sex;

(B) A parent's or legal guardian's refusal to address the parent's or legal guardian's minor using pronouns that are inconsistent with the minor's sex; or

(C) A parent's or legal guardian's refusal to address the parent's or legal guardian's minor with a name other than the minor's legal name.

(3) Any parent or legal guardian who is denied access to medical records or medical information in violation of this subsection 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) The Attorney General may investigate a potential violation of this section, may seek production of documents or testimony through a civil investigative demand, and may bring an action to enforce compliance with this section.

SECTION 4. RIGHT TO EFFECTIVE CARE

(a) No city, municipality, or locality may prohibit the provision of mental-health therapy to help a minor address an inconsistency between the minor's sex and the minor's perceived gender or perceived sex.

(b) No city, municipality, or locality may prohibit a parent or legal guardian from consenting to, or withholding consent from, the provision of mental-health therapy to help a minor address an inconsistency between the minor's sex and the minor's perceived gender or perceived sex.

SECTION 5. RIGHT TO PUBLIC TRANSPARENCY

(a) Any gender clinic operating in the State must provide a report of statistics regarding all gender transition procedures to [State Health Agency].

(b) [State Health Agency] shall develop a form for this purpose and determine the statistics to be reported, which must include the following:

(1) The date on which the gender transition procedure was prescribed or the referral was made for the gender transition procedure;

(2) The age and sex of the person to whom the gender transition procedure was prescribed or for whom the gender transition procedure referral was made;

(3) For any drug prescribed as part of a gender transition procedure, the (A) name of the drug; (B) the dosage; (C) the dosage frequency and duration; and (D) the method by which the drug will be administered;

(4) For any surgical procedure provided, or any referral made for a surgical procedure, as part of a gender transition procedure, the type of surgical procedure, identified by CPT code;

(5) The state and county of residence of the person receiving the gender transition procedure;

(6) The name, contact information, and medical specialty of the medical provider who prescribed the gender transition procedure or made the referral for the gender transition procedure.

(7) A description of any other neurological, behavioral, or mental health conditions that the person has been diagnosed with or exhibits symptoms of, including Autism Spectrum Disorder, depression, anxiety, or bi-polar disorder.

(c) The form shall be:

(1) Completed by each gender clinic at which a gender transition procedure is prescribed or a referral is made for a gender transition procedure;

(2) Signed by the medical provider or healthcare professional who prescribes the gender transition procedure or makes a referral for a gender transition procedure; and

(3) Transmitted by the gender clinic to the [Agency] within 15 days after the end of the calendar month during which the gender transition procedure was prescribed or the referral was made for a gender transition procedure.

(d) Reporting forms required under this Section shall not contain any of the following regarding the person receiving a gender transition procedure or a referral for a gender transition procedure:

(1) The name of the person;

(2) Common identifiers of the person, including a Social Security number or a driver's license number; or

(3) Any other information not required under this Section that would make it possible to identify the person.

(e) The [Agency] shall prepare a comprehensive annual statistical report for the Legislature based upon the data gathered from forms submitted under this Section. This report shall include a detailed summary of the information obtained under this Section. The report shall not disclose the identity of any person or entity that is the subject of any report. The statistical report shall also be made independently available to the public by the [Agency] in a downloadable format.

(f) If any healthcare professional or physician fails to comply with this Section:

(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 gender clinic where the healthcare professional or physician is employed shall pay a civil fine not to exceed [[$250,000]].

(g) The Attorney General may investigate a potential violation of this section, may seek production of documents or testimony through a civil investigative demand, and may bring an action to enforce compliance with this section.

SECTION 6. RIGHT TO INSURANCE COVERAGE

(a) Any gender clinic that uses State funds to directly or indirectly provide or pay for the performance of gender transition procedures must, as a condition of receiving such funds, agree to provide or pay for the performance of detransition procedures.

(b) If any insurance policy includes coverage for gender transition procedures, the policy must also include coverage for detransition procedures.

(c) Any entity providing insurance coverage for detransition procedures must provide statistics in a form created by [State Health Agency] regarding insurance claims for detransition procedures in the State.

(d) [State Health Agency] shall develop a form for the purpose of subsection 5(c). That form must require reporting of the following:

(1) The number of insurance claims made for a detransition procedure;

(2) The age and sex of the individual receiving the detransition procedure;

(3) If known, the date that the individual initially began a prior gender transition procedure;

(4) The state and county of residence of the person receiving the gender transition procedure;

(e) The form completed pursuant to this Section shall be transmitted by the gender clinic to the [Agency] within 15 days after the end of the calendar month during which the claim for the detransition procedure was filed.

(f) Reporting forms required under this Section shall not contain any of the following regarding the person receiving a detransition procedure:

(1) The name of the person;

(2) Common identifiers of the person, including a Social Security number or a driver's license number; or

(3) Any other information not required under this Section that would make it possible to identify the person.

(g) The [Agency] shall prepare a comprehensive annual statistical report for the Legislature based upon the data gathered from forms submitted under this Section. This report shall include a detailed summary of the information obtained under this Section. The report shall not disclose the identity of any person or entity that is the subject of any report. The statistical report shall also be made independently available to the public by the [Agency] in a downloadable format.

(h) The Attorney General may investigate a potential violation of this section, may seek production of documents or testimony through a civil investigative demand, and may bring an action to enforce compliance with this section..

SECTION 7. RIGHT TO LEGAL RESTORATION

(a) Within [[30]] days of the effective date of this Act, [[State Records Agency]] shall develop an expedited process for changing the sex, name, pronouns, and any other information recorded on birth certificates, driver's licenses, or other legal documents when such information had been previously changed to align with an individual's perception of his or her gender or sex when that perception was inconsistent with the individual's sex.

(b) The requirement of a court order for changing certain legal documents under Section [[state code section governing changes to legal documents]] is waived for changes made pursuant to subsection (a).

(c) To facilitate the expedited process in subsection (a) and the waiver of a court order in subsection (b), [[State Records Agency]] shall maintain copies of original legal documents when those documents are changed to align with an individual's perception of his or her gender or sex when that perception is inconsistent with the individual's sex.

SECTION 8. RIGHT TO JUSTICE

(a) Any healthcare professional or physician who provides a minor with a gender transition procedure is strictly and personally liable for all costs associated with subsequent detransition procedures sought by the minor within 25 years after the commencement of a gender transition procedure.

(b) Any individual who undergoes a detransition procedure 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 the cost of a detransition procedure is incurred, whichever date is later, against a healthcare professional or physician as described in subsection (a) in a court of competent jurisdiction for:

(1) the real value of the costs of any detransition procedures;

(2) any other appropriate relief; and

(3) attorney's fees and costs.

(c) Any healthcare professional or physician who provides a minor with a gender transition procedure is strictly liable to that minor if the treatment or the after-effects of such treatment, including a subsequent detransition procedure, results in any injury, including physical, psychological, emotional, or physiological harms, within the next 25 years.

(d) A person who suffers an injury described in subsection (c) (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.

(e) Exceptions to the limitations period in subsections (b) and (d):

(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 subsections (b) and (d) does not begin to run until the removal of the disability;

(2) The limitation period in subsections (b) and (d) 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 subsections (a) or (c), or by any person acting in the interest of the physician or other healthcare professional.

(f) A healthcare professional or physician may not seek a contractual waiver of the liability in subsections (a) or (c). Any attempted waiver is contrary to the public policy of this State and is null and void.

(g) Section [[state code section governing tort damage caps]] does not apply to actions for damages under this section.

(h) The Attorney General may investigate a potential violation of this section, may seek production of documents or testimony through a civil investigative demand, and may bring an action to enforce compliance with this section.

(i) 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 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

(a) This Act shall take effect immediately, the public welfare requiring it.