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**SUPPLEMENT**

SIXTY-SECOND DAY — FRIDAY, MAY 12, 2023

## CSSB 14 DEBATE - SECOND READING
## (Oliverson, Klick, Metcalf, Toth, Geren, et al. - House Sponsors)

**CSSB 14**, A bill to be entitled An Act relating to prohibitions on the provision to certain children of procedures and treatments for gender transitioning, gender reassignment, or gender dysphoria and on the use of public money or public assistance to provide those procedures and treatments.

REPRESENTATIVE OLIVERSON: **CSSB 14** is a child protection act aimed at ensuring we shield Texas kids from harmful experimentation. **CSSB 14** prohibits Texas health care providers from performing procedures and providing medical treatments for the purpose of gender transitioning, gender reassignment, or gender dysphoria in children.

Let me begin by saying there is no high-quality scientific evidence that puberty blockers, cross-sex hormone therapy, or surgery helps children overcome gender dysphoria. On the contrary. Four separate systematic reviews of the literature indicate that the evidence supporting the use of these treatments for minors experiencing gender dysphoria is of low or very low quality. In addition, European countries—countries that have had robust gender reassignment clinics for many years, having conducted extensive reviews of their outcomes and the literature—found conclusive evidence that although the benefits of puberty blockers in hormone therapy cannot be established, the list of risks grow. Risks including bone de-mineralization, abnormalities of brain and cardiovascular development, strokes, blood clots, chronic pain, infertility, and incontinence are known to accompany these treatments for a lifetime. And as more systematic reviews are done and more countries move away from these risky, unproven medical and surgical treatments for gender dysphoria, there are those in the United States medical community that continue to plow blindly ahead. Oblivious to the new evidence that demands a scientific course correction or perhaps in spite of it and led by medical organizations that have become increasingly less representative of American doctors or even hostile to questions of legitimate scientific concern raised by their own members. The standards of American treatments for pediatric gender dysphoria are increasingly on an intellectual island. Children are being harmed as a result of this failure to practice good medicine, so we must act. We have been here before, most recently with the opioid epidemic. Bad medical science took root, became dogma in the absence of high-quality research, and the doctors could not self-regulate. They had been trained to put the patient's own perspective about their pain above all else, even objective signs and symptoms. People were harmed. So we intervened and lives

have been saved. We find ourselves at the same crossroads today. In contrast to experimental medicine and surgery, professional counseling and psychotherapy is a proven alternative that helps children overcome gender dysphoria. And it makes sense, since gender dysphoria is a mental health disorder, not a physical one. In fact, research shows as much as 80 percent of children with gender dysphoria that are given supportive counseling and psychotherapy will come to accept their biological sex by early adulthood.

Finally, I want to talk briefly about parents of kids struggling with gender dysphoria. Senator Campbell and I have heard from many parents who have unfortunately been given the false choice of transitioning their child or watching their child take their own life. In truth, the scientific literature never supported this dichotomy. It speaks to the degree of irresponsible messaging that many who practice this experimental medicine use. It is my belief that the vast majority of parents put into the untenable position of approving puberty blockers and cross-sex hormones for the purpose of treating their child's gender dysphoria are in an incredibly difficult situation that they neither created nor asked for. They should not be punished in any way under Texas law, which is why **CSSB 14** prohibits only the prescription and administration of medical and surgical treatments for gender dysphoria in children and does not penalize parents. And I would be happy to yield for questions.

REPRESENTATIVE KLICK: You had mentioned one of the complications is incontinence. You and I are both medical professionals. Can you explain for our colleagues who might not be familiar with that term what that means?

OLIVERSON: Sure. Incontinence is a situation where a person is unable to have control over their own bowel or bladder function. So they wet themselves or they defecate on themselves. These are known complications. We didn't know this 30 years ago when this was experimental.

KLICK: And the other question I have is—this is essentially a mental health condition, correct?

OLIVERSON: It is unquestionably a mental health condition.

KLICK: And we have other examples in history when we have made poor decisions about doing surgical procedures on people to treat mental illnesses?

OLIVERSON: That's right.

KLICK: Can you, for our colleagues, give some examples?

OLIVERSON: Sure. Medicine actually has a pretty poor track record of using surgery to treat mental health conditions. I think the most recognizable example that most people in the room on the floor and in the gallery would recognize is lobotomy for the treatment of schizophrenia or severe depression.

KLICK: Thank you.

[Representative Zwiener raised a point of order against further consideration of **CSSB 14** under Rule 4, Section 32(c)(1), of the House Rules on the grounds that the background and purpose statement in the bill analysis is substantially or materially misleading. The point of order was withdrawn.]

[Representative Turner raised a point of order against further consideration of **CSSB 14** under Rule 4, Section 32(c)(1), of the House Rules on the grounds that the background and purpose statement in the bill analysis is substantially or materially misleading. The point of order was withdrawn.]

REPRESENTATIVE J.E. JOHNSON: Thank you, Representative. I just want to talk about some of the substance of the bill itself.

OLIVERSON: Okay.

J.E. JOHNSON: Now, your bill would exclude all access to hormone therapies, puberty blockers, and surgeries for transgender youth seeking health care. Is that correct?

OLIVERSON: Under the age of 18, yes.

J.E. JOHNSON: Okay.

OLIVERSON: Except in certain—

J.E. JOHNSON: I was going to say, but you do have exceptions in the bill, correct?

OLIVERSON: That's correct.

J.E. JOHNSON: And so there are exceptions for allowing puberty suppression and blocking drugs for children with precocious puberty, is that right?

OLIVERSON: That is an abnormal medical condition, so yes, that's right.

J.E. JOHNSON: So why is that an important exception?

OLIVERSON: Because that is an abnormal medical condition as opposed to a mental health condition.

J.E. JOHNSON: And so what defines it as an abnormal medical condition?

OLIVERSON: It is a known medical diagnosis where the hormone production in the body proceeds at an earlier stage in development than it's supposed to and so it's abnormal.

J.E. JOHNSON: So you would agree with me, then, that in that particular situation it's perfectly acceptable for these medications to be used. Is that right?

OLIVERSON: For a completely different reason, yes.

J.E. JOHNSON: But regardless, it's acceptable. Is that right?

OLIVERSON: Yes.

J.E. JOHNSON: Okay. Now, there are other situations where these kinds of medicines would be appropriate. What about children who have to use high-dose chemotherapy? Is that another example where hormone treatment might be appropriate?

OLIVERSON: I'm not advised, Representative.

J.E. JOHNSON: You're not advised? You're a medical physician.

OLIVERSON: No. I'm sorry.

J.E. JOHNSON: So when you have to go through high-dose chemotherapy to treat any conditions of various cancer treatments or whatever, oftentimes hormone replacement therapies are used because that chemotherapy can have a negative impact on that, correct?

OLIVERSON: That would be a child already under puberty at that point. And we wouldn't be talking about cross-sex hormones either. We would be talking about same-sex hormones. So I think that's a strong distinction between what we're talking about here.

J.E. JOHNSON: Not necessarily. I'm asking you if—

OLIVERSON: No, necessarily. It would be a completely different scenario.

J.E. JOHNSON: No. You are having a bill here—

OLIVERSON: We're talking about trying to restore. In that scenario that you described, you are talking about restoring somebody to a normal—endocrine access to a normal physiology. This bill is about abnormal, actually intentionally, iatrogenically changing somebody's endocrinology to other than what it was intended to be.

J.E. JOHNSON: That is your opinion of what is abnormal.

OLIVERSON: No, it's not my opinion. It's medical fact.

J.E. JOHNSON: No. My question is really focused on the use of the medications in general. This bill is not intended to prohibit the use or the application of these medicines period, in any circumstance, correct?

OLIVERSON: This bill is intended to prohibit the use of these medications for these specific purposes.

J.E. JOHNSON: So I guess the answer to my question is yes, in that you are not intending to prohibit or outright ban the use of hormone therapies and puberty blockers in any scenario. You're only intending to use them for this specific scenario as outlined in this bill. Is that correct?

OLIVERSON: I am prohibiting them when their use would be to contradict and destroy the normal endocrinological physiological pathways that would manifest during puberty.

J.E. JOHNSON: Okay.

OLIVERSON: The situations that you describe are none of those situations.

J.E. JOHNSON: Well, so then I take it as the answer to my question, then, would be—it's a simple yes or no question. My question is really—

OLIVERSON: Well, I'm sorry that you think it's simple yes or no, but it's actually not.

J.E. JOHNSON: It is. I believe I get to ask the questions. We've established that this session. The question is very simple in that you are not trying to, by this bill, outright ban the use of these medications in every scenario. Correct?

OLIVERSON: I am not trying to ban the use of these medications in scenarios where they are used to attempt to restore normal human development.

J.E. JOHNSON: So you would agree with me, then, that there are situations where usage of these medicines are medically necessary and appropriate.

OLIVERSON: I would agree with you that there are situations where these medications are used in an attempt to restore normal human development and that is exactly the opposite of what this bill bans.

J.E. JOHNSON: Normal as you define it, but not necessarily normal as the courts might define—

OLIVERSON: Normal as is defined for more than 100 years in health care.

J.E. JOHNSON: You have also—in this body—you have frequently advocated for parents to have the right to make important medical decisions for their children. Is that right?

OLIVERSON: I do.

J.E. JOHNSON: And you have frequently articulated that is often—medical decisions are best made between patients, their parents, and their medical doctors, such as in the use of vaccines. Is that right?

OLIVERSON: To be clear, this bill's not about parents. This bill is about bad medical practices.

J.E. JOHNSON: That's not my question.

OLIVERSON: I'm giving you the answer to the question that you've asked.

J.E. JOHNSON: My question is, you have frequently articulated the rights of parents to make medical decisions—

OLIVERSON: I've answered your question, Representative.

J.E. JOHNSON: —with respect to their kids. And an example of that would be vaccines. Is that right?

OLIVERSON: I've answered your question.

J.E. JOHNSON: But in this particular context, you are absolutely prohibiting parents of transgender youth from making the medical decisions that they feel necessary for their children. Is that right?

OLIVERSON: No, actually, that's not correct. What I'm doing is removing inappropriate, experimental, and harmful medical practices from the practice of medicine in Texas. This isn't about parents. This is about medical practice. That's the purpose of this bill.

J.E. JOHNSON: And there are plenty of physicians within the Sate of Texas that completely disagree with you.

OLIVERSON: And there were plenty of physicians that disagreed when we sought to rein in the abuses during the opioid epidemic as well. But sometimes the state has to act for the betterment and be the adult in the room and point out to

medicine and science—or point out to medicine, I should say—when the science is heading this way and you're heading this way. And this is not the only time we've done this.

J.E. JOHNSON: You haven't outlawed the use of opioids in the Sate of Texas.

OLIVERSON: No, but we have regulated them.

J.E. JOHNSON: What you have done is you've left it to doctors to exercise their appropriate medical discretion of when and how opioids should be used and prescribed.

OLIVERSON: Actually, I think we've done far more than that on opioids. And I think the majority of—

J.E. JOHNSON: Doctors are still able to prescribe opioids in the State of Texas to their patients.

OLIVERSON: Doctors must comply with the Medical Act's restrictions on the provision of opioids.

J.E. JOHNSON: Doctors are still able to prescribe opioids to their patients in the State of Texas.

OLIVERSON: Doctors are still able to prescribe these medicines, but in circumstances where there's clear benefit in correcting abnormal physiology.

J.E. JOHNSON: In this bill, you also have a weaning off provision. Can you explain that please?

OLIVERSON: Sure. I think we're—let's see here. Let me find it. Okay. So it begins on the bottom of page 3 and then goes on to page 4. So basically, what it does is it outlines a scenario where a child may have been on these medications for a prolonged period of time and there is no science—there is no scientific guidance as to the process for removing those medications and how quickly it would be done. We know that it can be done and it has been done, but there's not good guidance. And so what we did is we established a provision that tries to, I think in a very careful way, outline that if a child meets certain criteria for having been on one of these medications for a prolonged period of time, that there is a process, an off-ramp if you will, whereby that person can be weaned off in a—I think the bill says in a manner that is safe and medically appropriate and minimizes the risk of complications.

J.E. JOHNSON: You would agree that it would be medically inappropriate to abruptly remove patients who have been using these medicines for a prolonged period of time, to remove them from it abruptly. You agree with that?

OLIVERSON: I think that there certainly would be a concern. I think that we do know that, and particularly in the case of cross-sex hormones, that the use of those drugs can actually suppress the body's own ability to make their own hormones and essentially make the person dependent. And that may take some time to correct. It resolves typically, but it takes time and we can't say statutorily what that exact window is going to be. And I would also point out to you that these medications have strong psychoactive effects. These medications can be

mood altering. So it seems to me that it would be prudent as we're searching for the least invasive thing that we can do—the least harmful thing that we can do—for these patients is to provide an off-ramp.

J.E. JOHNSON: Just the net effect of the off-ramp is that there will be a period of time under state law where some children will have access to these medications while other children will not. Is that correct?

OLIVERSON: Well, to be clear, they'll have the ability to continue the medication they're currently on and no more.

J.E. JOHNSON: Thank you.

REPRESENTATIVE A. JOHNSON: Dr. Oliverson, I wanted to recount some of the things that happened in the Public Health Committee. On the day that we heard that in committee, there were 2,489 people who registered in support or against. Do you recall that?

OLIVERSON: I don't.

A. JOHNSON: Will you take my word? It was at a time where I took a photograph of it.

OLIVERSON: Well, you've never lied to me or given me a reason to think that you would be misrepresenting, so I'll take your word for that.

A. JOHNSON: Thank you very much. And I will say this is a photograph that I took of the screen right about the time that we got done. So it is just my personal recollection of looking at the computer data. And you may recall that I made a statement at some point about how many people were still waiting to testify. The layout in this hearing, witnesses were called up for and against. Do you recall that?

OLIVERSON: I don't. That was, and I would just point out just for, I'm not trying to be evasive here or whatever, but what I'm getting at is that we heard this bill I think in March?

A. JOHNSON: We did. And I recall that we had invited testimony—we had limited invited testimony, and I recall that the chair would call one person who was testifying in favor of the bill and then would call another person who was testifying against the bill. Do you recall that? I see Chairwoman Klick nodding her head.

OLIVERSON: I think that's right. And I just want to add, if I may, that I think the other thing I recall in the testimony is that the members had a tremendous amount of questions. And there were some very good conversations that were had. So I remember there being a robust dialogue considering essentially all the points of view on this and really a very robust back and forth by both sides.

A. JOHNSON: And we started that hearing—we had a number of bills in the morning. We got to our topic around the afternoon and the testimony was cut off at midnight, which was at the chair's discretion and she made her statement early about that. My point being, there were 84 people who were in favor of your bill and there were 2,401 people against your bill. But if you go back and watch that

tape, it looks like it's a one-to-one comparison in the manner that the witnesses were called. But it was actually about a 24 to 1 comparison of folks that were actually giving a position on your legislation. Do you recall that?

OLIVERSON: I don't.

A. JOHNSON: Okay. Would you agree with me that the witnesses that you called as invited testimony, a significant number of them were from outside the State of Texas?

OLIVERSON: I remember that the witnesses that we invited were national experts on this issue.

A. JOHNSON: And one of those experts is from a conservative think tank out of the northeast, correct?

OLIVERSON: I'm not advised.

A. JOHNSON: You were sitting there when he testified.

OLIVERSON: Okay.

A. JOHNSON: You recall? He was your invited witness.

OLIVERSON: I mean I remember the people that came and testified, but—

A. JOHNSON: This was your invited witness, right?

OLIVERSON: Sure.

A. JOHNSON: My office is next to your office. So when I walked by your office, I could see these people waiting in your effective waiting area.

OLIVERSON: Representative, all I can tell you is that we were very thoughtful and careful about the people that we invited. We sought out experts—people who have written about, studied, analyzed the research, done extensive reviews, and were very knowledgeable. And those are the people that we sought to bring.

A. JOHNSON: One of the physicians that you had—we had the dialogue about the fact that he had previously been discredited in a Texas court as not being an expert in this field. Do you recall that?

OLIVERSON: I don't. But I will tell you that I was disappointed that instead of focusing on the actual testimony for several of our witnesses, it seemed that we were more interested in character assassination.

A. JOHNSON: Credibility and expertise? Being disqualified by a court of law in Texas as not being an expert is the character we should have looked at in who came in. That is the precise question.

OLIVERSON: Well, I would also submit to you that he was the only pediatric endocrinologist that testified that day. I don't recall—I may be wrong, maybe you can correct me. I don't recall any pediatric or endocrinologists coming to testify at the house hearing in support of this bill. I mean, I'm sorry, in opposition to this bill.

A. JOHNSON: I do.

OLIVERSON: I remember one pediatric endocrinologist that testified and that's the gentleman whose character you're impugning.

A. JOHNSON: The gentleman who has been disqualified by a Texas court on this very issue as not an expert. That's just a fact. We heard from a number of other physicians and we heard from a number of other medical professionals and associations that did not agree with your position, and my point being—

OLIVERSON: And were not subspecialty experts in this field.

A. JOHNSON: And you aren't either.

OLIVERSON: I did not represent myself to be which is why we brought in experts who were.

A. JOHNSON: And I recognize that you are a physician, and I recognize that you get called Dr. Oliverson every time you come there, but you're not standing there in a white coat today. Correct?

OLIVERSON: I think, Representative, that I'm not a pediatric endocrinologist which is why I brought one with me. I would point out that this opposition brought no pediatric endocrinologists to testify.

A. JOHNSON: We did bring a physician that has treated these individuals and is an endocrinologist.

OLIVERSON: Who is not board certified in pediatric endocrinology and she actually testified to that fact.

A. JOHNSON: Dr. Colt also testified as an expert.

OLIVERSON: Dr. Colt was also not a pediatric endocrinologist.

A. JOHNSON: But does practice pediatrics.

OLIVERSON: Well, I mean again, I think if we want to have a conversation about—I'm a doctor, but you're saying I'm not qualified because I'm just a doctor. I'm just putting that back to you and saying that the experts, if you really want to have that conversation, the experts in the room are the pediatric endocrinologists. There was only one that came to testify.

A. JOHNSON: And my point being you are an anesthesiologist, correct?

OLIVERSON: Yes.

A. JOHNSON: Okay. And you are not here today, even though we deservedly call you doctor and that is your title, but you are not here as a physician representing a medical association or community. You are here as a politician.

OLIVERSON: I'm here as a member of this body, the same as you, Representative. And just as we often come to you on questions that are your area of expertise, people often come to me on questions that have to do with medical expertise.

A. JOHNSON: But you just recognized that you being a medical professional does not make you an expert in this particular area.

OLIVERSON: And that's why we had testimony from medical experts. And that's why we brought pediatric endocrinology.

A. JOHNSON: And we did, agree or not, we heard testimony from both positions?

OLIVERSON: We did. We absolutely did, but we only heard from one doctor who actually sub-specializes in this area.

A. JOHNSON: And we probably could have done this hearing for days because we had 450 people that were waiting to actually be heard on this issue. So if we had let this play out and heard all the testimony of those that wanted to come, we may have gotten a chance to hear from all those other individuals. But they were not invited by you, correct?

OLIVERSON: Representative, we had an equal number of invited witnesses per the chairwoman's instructions followed by public testimony. I can't comment any more about that. I mean those are the rules that I was given—that there would be fair and equal representation of experts on both sides.

A. JOHNSON: And I want to talk about the individuals that came saying that they were in the process of detransitioning. If I recall, you and I heard them twice. We heard them in both Public Health and in Insurance. And what I recall about those individuals is that they had not gone through any procedures under the age of 18. Correct?

OLIVERSON: I think their testimony and the story that they brought spoke more to the issue of the risks and the side effects and the lifelong complications that come from these treatments which are often minimized by those who advocate for these procedures.

A. JOHNSON: And so you and I agree because we've had this conversation—

OLIVERSON: In fact, I would point out that they are in the unfortunate position of essentially being shunned by their own community because their very existence essentially invalidates gender-affirming care.

A. JOHNSON: I had a nice moment with Corinna in Insurance. You recall that, right?

OLIVERSON: You did, yes.

A. JOHNSON: Did you think that we did not understand each other?

OLIVERSON: I didn't say that you didn't understand each other, Representative. What I said is that the detransitioner's life experiences, which neither you nor I could ever relate to in terms of what they're living with on a daily basis, have gone largely unnoticed.

A. JOHNSON: And those individuals that came to testify, as you mentioned earlier, your invited credentials were national folks who are going around testifying on this issue. But they're not from Texas. There was only one from Texas, right?

OLIVERSON: Well, I mean it might surprise you, but this issue is a hot topic around the world right now. So what we intended to do was seek out the most experienced—

A. JOHNSON: It's a hot political topic.

OLIVERSON: Well, in the scientific literature it's a hot topic too.

A. JOHNSON: It's a hot topic in scientific literature in both respects. This is a hot political topic here. What concerns me is the families that we didn't hear from are actual Texans. They are the families that will be forced to leave this state having to choose between loving and caring for their child or being in compliance with your position on this issue.

OLIVERSON: And I think that's the evidence that the body has to weigh in this bill—whether we believe, just like the opioid pandemic, that the greater good is protecting children from these experimental therapies.

A. JOHNSON: Great, would you tell me in what year you proposed legislation to ban opioids?

OLIVERSON: We did not ban opioids.

A. JOHNSON: You didn't. You created—

OLIVERSON: But we regulated the practice of prescribing them.

A. JOHNSON: You sure did, you regulated the practice. And here we could regulate the practice, couldn't we? We don't have to ban it. We could regulate the practice. We don't have to ban it. We could. I know you're not going to, but we could. Just like we did with opioids, right?

OLIVERSON: We can do any manner of things, Representative, but the bill before us is exactly what the state needs to do.

A. JOHNSON: Correct. In your opinion, your bill does not allow—

OLIVERSON: That is my assessment and that is the bill I'm offering to the body.

A. JOHNSON: But I want to make sure it's very clear that this state could do something different and could create a group or a study or a position of evaluating, correct?

OLIVERSON: I think we could do any manner of things, Representative, but the evidence points that this is the correct direction.

A. JOHNSON: This is what you're choosing. Can you tell me—because I was very moved and when you said it, man, you got me because I remember a family friend who had a lobotomy, and you got me. So tell me what year you banned lobotomies in Texas.

OLIVERSON: I'm not advised, Representative.

A. JOHNSON: Because you haven't done it. It's not illegal. It's not occurring very much anymore because medical science evolved and figured it out. And that's all we're asking. Don't ban it because you haven't banned any body other than this population of Texans.

OLIVERSON: For decades there were people in mental hospitals that were unable to even recognize who they were or where they were, that were harmed. But yes, I get it.

A. JOHNSON: And you didn't step in on that?

OLIVERSON: Well, I wasn't in the legislature then.

A. JOHNSON: But you're stepping on top of these families.

REPRESENTATIVE J. GONZÁLEZ: Mr. Oliverson, you've never treated someone who's experiencing gender dysphoria, correct?

OLIVERSON: No.

J. GONZÁLEZ: Okay. Have you ever had a conversation with someone who has gender dysphoria and asked them how this bill would impact their life?

OLIVERSON: We did have those conversations, Representative.

J. GONZÁLEZ: And what were those—

OLIVERSON: It was mixed, obviously. There were some I would say that were, obviously as I think you would expect, nervous about this bill and what it might hold. We also heard from some that said, "If this had been enforced 10 years ago, I wouldn't be suffering the way I am now."

J. GONZÁLEZ: How many reputable medical associations did you have a meaningful conversation with before you filed this legislation?

OLIVERSON: Well, several. I had conversations with the Texas Medical Association. I had conversations with representatives from pediatrics and other medical specialties. Those are the ones I can think of. I'm sure there were more.

J. GONZÁLEZ: Can you explain to the body what gender dysphoria is?

OLIVERSON: Well, gender dysphoria is a mental health condition where the patient experiences a strong negative reaction to their own appearance and their body. It's kind of like anorexia, if you think about it, to a certain extent. It's a similar—and I don't mean that flippantly. What I mean is that anorexia is also a distorted perception of body image where a patient sees themselves differently and feels uncomfortable when they look in the mirror with who they are.

J. GONZÁLEZ: But you recognize that it's a serious medical condition, correct?

OLIVERSON: It's a serious mental health condition. It's not a medical condition. Let's be clear about that.

[Amendment No. 1 by M. González was laid before the house.]

REPRESENTATIVE M. GONZÁLEZ: Members, can I please have your attention for a couple moments? Last night as I thought about today's conversation, I racked my brain about how to approach the significant concerns and fears about this bill. I thought about if I should start off talking about the unnecessary and dangerous precedent we are setting with this bill. Think about it. If you have a medical condition—cancer, diabetes, lupus—when you go see your doctor, you expect to get the standard of care. And in fact, if you were not getting

the standard of care you could in fact sue your doctor because you did not get that. In this moment in time this bill is asking us to ban the standard of care. Now, if we question if the standard of care is accurate then there are processes and procedures to change the standard of care. But the precedent of banning the medically accepted practice of the standard of care is extremely dangerous because in any other circumstance we would never do that. But then I thought we've heard this argument and that hasn't worked yet.

So then I thought maybe I should talk about the statistics and the potential impact of this bill because we know that there are actually negative harms. We know, for example, that half of transgender and non-binary people surveyed by the Trevor Project have seriously considered attempting suicide. We know that. And when all of us have collectively worked to advance mental health outcomes, nearly three-fourths of our transgender youth have reported symptoms of anxiety. But the one that really hits me the most because it has to do with our actions here on the house floor, is that nearly one in three LGBT youth have reported that their mental health was poor most of the time, or always, because of anti-LGBT policies and legislations. That means that our actions, our words, are hurting children. Forget even the advancement of the policy, but just the mere conversation has a negative impact. But we've heard that argument before and it still hasn't worked.

So then I thought, well, maybe I should talk about the larger societal harms. And this one, to me, really hits home. For example, all of you know that I proudly represent the community of El Paso. And all of you have heard how we have had a traumatic, tragic event happen in El Paso—the Walmart shooting. But why did the Walmart shooting happen? When we looked at the manifesto of the shooter, he cited and referenced political rhetoric that caused behavior. So let's talk about this. Rhetoric, language, and stereotypes shape society. And this bill is wrapped in all of this. It is not an accident that there is literally a headline that reads, "Texas leads a nation in transgender killings." These types of pieces of legislation dehumanize, create violence, create misunderstandings, and that has an ultimate effect on behavior in society.

Members, we are not asking for there to be no consideration of how to appropriately address medications in all regards—whether it's opioids or anything else. But this piece of legislation is the most extreme piece of legislation we can get to. I am not naive. I know that this has been a politicized issue, but I think it's really important for us, and for me, to express that this piece of policy will have a domino effect of harm. And sadly, it will have the most impact on children—on children who are the most vulnerable. We would never do this for anything else. But for this, because of the highly politicized conversation, we are going to ban health care—health care that is being used in other instances. But we're going to ban it for one section of a community in a way that will have negative outcomes. I ask for you to consider adopting this amendment because we don't want to set the precedent that will have a domino effect of negative outcomes.

REPRESENTATIVE NEAVE CRIADO: Thank you, Representative Dr. Mary González. Normally, we trust our doctors to make the best possible medical decisions for patients based on science, don't we?

M. GONZÁLEZ: We do and I think this is part of the misinformation. I hear or see on Twitter, "Oh, anybody can go out and get these drugs." That is not what happens. A child has to go to psychiatrists, and then has to go to endocrinologists, and then has to go through a yearlong assessment before there's even consideration of any type of medication. And that's not even always the case. But I think the misinformation is driving the politicizing of this very important topic.

NEAVE CRIADO: And if this legislation were to become law, we would essentially be overriding the medical judgment of doctors in Texas, right? And also overriding the decisions of parents who are trying to provide the best practice, evidence-based health care to their teenagers. Is that correct?

M. GONZÁLEZ: I think that's completely accurate. So we have heard from doctors, again, "This is the standard of care. You would sue us if we didn't give you the standard of care." And now we're saying, "Just kidding. We're banning that." And then, parents genuinely love their children and they are making these decisions with their doctors and we're saying, "I'm sorry parents. We, in this room, know better than you. We are going to not give you the access to make the choices for your own children."

NEAVE CRIADO: And, in fact, there have been two federal courts that have already found that similar laws were unconstitutional. Is that correct?

M. GONZÁLEZ: Yes. They have found this to be unconstitutional because you can't ban health care for one specific group of society but still let it exist in other instances.

NEAVE CRIADO: Right—a specific group of people. We're talking about the Equal Protection Clause as the constitutional provision that is being violated here, right? We're banning that medical treatment, as you said, for a specific group of people while allowing that same treatment to be provided to everybody else, right?

M. GONZÁLEZ: That's exactly right.

NEAVE CRIADO: And the two courts—one of them was from the 8th Circuit Court of Appeals and another one was a federal judge that was appointed by President Trump who blocked an Alabama law. And then there was also a block of an Arkansas law that was similar to what we're hearing today. Right?

M. GONZÁLEZ: I think that's accurate. And for those of us who want to be fiscally conservative, if we know this is literally unconstitutional because of the Equal Protection Clause, then why are we passing unconstitutional pieces of legislation?

NEAVE CRIADO: And would you say that based on this—the violation of the Equal Protection Clause—that this legislation is discriminating against a specific group of people when it comes to their health care?

M. GONZÁLEZ: Yes. It was nearly stated here at the front mic earlier by the bill author. It is still acceptable in this instance, but not acceptable in this instance.

NEAVE CRIADO: And would you agree also that stopping somebody's prescriptions immediately that have been deemed medically necessary by a licensed physician could have immediate and harmful side effects?

M. GONZÁLEZ: Yes, and I think what's important to know, again members, is that young people who are on these medical treatments, it didn't happen overnight. It happened after months and months and months of conversations with multiple doctors and parents and it was the ultimate last decision. And thus, when they get there to immediately take them off medical—it could be anything—would be very dangerous to these children's health. Members, we are talking about banning health care for children. I don't care if they're trans kids. I don't care if they are any kids. We are talking about a doctor says they need this health care and we're saying no.

REPRESENTATIVE ANCHÍA: Thank you Dr. González. I wanted to ask you to try to reconcile two different positions that this body has taken over time. On the one hand, we've heard passionate pleas from members of this body asking us to go against the standard of care for treatments that have not received approval from the Federal Food and Drug Administration or from the medical community and asked us, they begged us, say, "Please let my community have the right to try," on the one hand. We've passed bills here that say desperate times require desperate measures. Please let our community for uterine cancer or for something else go against medical guidance and say, "Give us the right to try." And on the other hand here, we have the medical community—and every reputable medical association—is telling us this is the standard of care, but this body is now saying, "We are not going to let you have the right to try despite the fact that it is the appropriate standard of care." How do you reconcile these two things?

M. GONZÁLEZ: Representative Anchía, I really wish I could reconcile them. I think that's the frustration with this piece of legislation. How do thousands of doctors say this is a standard of care and we are just saying no to that?

ANCHÍA: Thanks. Thanks for answering that question. I, too, find it confounding.

M. GONZÁLEZ: Members, we are banning health care for children. That's what we're doing here today. I urge you to please vote for this amendment.

OLIVERSON: Members, respectfully, I'm going to oppose this amendment. This amendment strikes the enacting clause and kills the bill. I did want to say one thing about standard of care because I think it's important for the conversation that you all think about this. The standard of care in America is based on 25-year old Dutch studies which were performed as a case series. What we'd call that in science is innovative discovery. Innovative discovery, in order to move to a standard of care, is supposed to be followed by randomized controlled trials. That did not happen in this area. And so we have an error of science when that occurs and we call that runaway diffusion. That is where the medical community adopts

something as a standard of care that has not been rigorously or scientifically examined. And so that is the situation we find ourselves in. That is why I respectfully will oppose this amendment and ask you to vote against it.

J. GONZÁLEZ: Mr. Oliverson, are you aware of any other group of people other than transgender youth that the Texas Legislature has specifically banned health care only for them while allowing the same treatments to still be provided to everyone else?

OLIVERSON: Representative, I'm not advised. I'm only here to talk about this bill.

J. GONZÁLEZ: Have you read peer-reviewed scientific studies performed in the United States that show that access to puberty blockers and hormone therapy for transgender youth who need them have been shown to reduce anxiety, depression, and suicidality?

OLIVERSON: Representative, I can't speak to the entirety of the medical research on this topic, but I have read several that were cited in our discussions in committee and they have serious methodological flaws and should not be relied upon.

J. GONZÁLEZ: So these are peer-reviewed studies that were from the United States, yes?

OLIVERSON: Peer-reviewed does not mean randomized controlled. And I would point out to you that a randomized control trial is the only gold standard trial that exists.

J. GONZÁLEZ: If this bill is passed, wouldn't its effect be to override the medical judgment of doctors in the state?

OLIVERSON: If this bill was passed, it will regulate the practice of medicine in this state in a new way.

J. GONZÁLEZ: But it will override the medical judgements of doctors in the state. I mean, we've heard testimony—we've heard doctors say this is best medical standards.

OLIVERSON: Representative, respectfully, I think the point of this bill—or the reason for this bill—has to do with the fact that we find that doctors practicing this type of medicine are not exercising good clinical judgment.

J. GONZÁLEZ: Well, if this bill is passed, is it a governmental intrusion into the decisions of parents who are trying to provide best practice, lifesaving, scientifically-based, and medically necessary care to their teenagers based on their doctor's recommendations?

OLIVERSON: I think, respectfully, I would just disagree with your assertion for that question.

J. GONZÁLEZ: Well, that's not what parents have testified or doctors have testified.

OLIVERSON: Well, I understand we heard a variety of testimony, Representative.

J. GONZÁLEZ: How many times in your life have you chosen not to follow a doctor's advice for your child when they were suffering from a serious condition? You have recognized that gender dysphoria is a serious condition.

OLIVERSON: Representative, I think the important point is that the State of Texas has a duty and an obligation to make sure that the practice of medicine in this state is evidence-based and safe. That's why we're here.

J. GONZÁLEZ: So did you meet with parents whose children would be deprived of medical care under this bill?

OLIVERSON: Yes.

J. GONZÁLEZ: And what did they say?

OLIVERSON: Obviously they were understandably concerned. But unfortunately, Representative, as I said in my layout, a lot of times these parents are manipulated into thinking that it's either this or their child will kill themselves and the literature never supported that contention.

J. GONZÁLEZ: Can you describe the impact they said this bill would have on their children to the body?

OLIVERSON: Honestly, I can't remember, Representative.

J. GONZÁLEZ: You can't remember what these parents or children testified as to how this bill would affect them? Because I've spoken to several parents and they've met with other members as well, and I don't think that I can forget that conversation or forget the tears that these parents and these kids had in their eyes—how this bill's going to impact them.

OLIVERSON: Okay. I'll take your word for it.

J. GONZÁLEZ: They have to potentially move out of the state—if they can, because not everybody can.

OLIVERSON: I just want to point out to you to be clear that this does not ban all treatments for this mental health condition—gender dysphoria. It actually redirects patients, parents, and providers to scientifically proven methods that have been around for a long time—counseling and psychotherapy. We don't treat mental health disorders with surgery. We treat mental health disorders with mental health treatments. And so I think it's really important for us to remember that this is a mental health condition and the appropriate treatment for mental health conditions are mental health treatments. We spend a lot of time in this building trying to improve access to mental health. I'm very, very supportive of that, as you know.

J. GONZÁLEZ: But that's not your area of expertise—mental health—right? You're an anesthesiologist. We've already established that.

OLIVERSON: I think we've already established that, Representative. But again, like you and every other member of this body, I am here bringing whatever expertise I have to the table to try to pass laws that are best for people. And just as you are, I believe, an attorney. You bring a certain body of expertise that I don't have to the legislature. I bring a certain area of expertise that you don't have which is that I am one of only three board-certified physicians in this chamber.

J. GONZÁLEZ: So wouldn't you agree that as Texas legislators we are tasked with the responsibility for protecting Texans—Texas families and their children?

OLIVERSON: Absolutely, I would. That's why we're here.

J. GONZÁLEZ: Isn't it also true that in performing your job as a Texas legislator, you're supposed to rely on facts, data, and science?

OLIVERSON: I do.

J. GONZÁLEZ: Like actual science in the United States?

OLIVERSON: Yes—well, hold on a second Representative. I have to pause you there. Let's go back and talk about what you just said because I think you—it is an unfair characterization to think that medical science only exists in the United States. Some of our best research—and I would point out to you that the original studies that started this whole trend were not from the United States, they were from Europe. So to say that only United States research should be looked at would, I think, be unsupportable.

J. GONZÁLEZ: What is this issue that has resulted in you failing to follow those facts—the data and the science that we've heard over and over again in committee by doctors that practice here in the state that are board certified? I mean, we've had doctors that have testified that have had their own clinics and that have been doing this for years and say that this is best medical standards.

OLIVERSON: I'm following the science, Representative.

J. GONZÁLEZ: Okay, thank you.

OLIVERSON: You're welcome.

REPRESENTATIVE ZWIENER: Thank you so much, Representative Oliverson. I was hoping to follow up on some of your exchange with Representative Johnson regarding medical providers who've testified. I do not serve on Public Health this session, but you and I served on Public Health together last session. Is that correct?

OLIVERSON: It is.

ZWIENER: And we heard testimony on a very similar bill to yours carried by a former representative, **HB 1399**. Is that correct?

OLIVERSON: Representative, I respectfully, I want to stay focused on this bill. I know there was another conversation last session on a similar measure, but respectfully, if we can just stay focused on this session. I think that would be better for all of us.

ZWIENER: I apologize, but it is relevant to the conversation we were having about medical providers who have come to testify. I know it was a very late hearing, but I looked it up. We had the hearing on April 14. Do you recall that we did have a pediatric endocrinologist testifying against that bill?

OLIVERSON: I don't, because again, that was a different bill. It was a different hearing. It was a different session. I'm focused on the bill before us and the testimony that we heard on that bill.

ZWIENER: I think it's important for us to consider some of the reasons why testimony on that bill, despite being 24 to 1 against that bill, may have even been limited in some ways. The particular pediatric endocrinologist I'm speaking of is Dr. Ximena Lopez, who was at UT Southwestern at the time. Do you remember her testifying in front of us for about an hour?

OLIVERSON: I do, Representative. Actually, if I remember correctly, she—and I don't know if you would call it perjury, but I remember that she misstated facts during the hearing when she represented to us that there's no such thing as a surgery being done on an underage person in the State of Texas. We were able to easily verify and actually got her to admit under testimony that was in fact not true—that she was aware that mastectomies had been performed on healthy girls removing their breast tissue and that was essentially accepted practice. But then as I recall, she backed up and said, "But that's totally reversible, isn't it?"

ZWIENER: That's not my recollection of the evening's testimony.

OLIVERSON: I think there would be others that would recollect that.

ZWIENER: But you would not dispute that she is a board-certified pediatric endocrinologist?

OLIVERSON: I can't remember, honestly, Representative. I think the thing that stuck in my mind is the fact that she came in and really, as I recall, refused to identify where she worked or what her credentials were initially. I think we had to go almost into a discovery process to figure out where she was from and how long she had been doing this and what her practice was like. But what I most remember is the fact that she asserted something to us that was blatantly false, got caught in it, and then had to retract the statement.

ZWIENER: Do you recall that shortly after she testified in front of her committee that UT Southwestern started backing out support for her clinic?

OLIVERSON: I don't know. I just remember the events of—now that you've brought that back to my attention, I do recall that conversation.

ZWIENER: Are you aware that Dr. Lopez testified under oath in a lawsuit last year and that she was told by the leadership at UT Southwestern that her clinic was shut down under direction of the governor?

OLIVERSON: All I know about that particular witness that you describe is what I've told you. I don't know anything else about it. In fact, it wasn't even clear to me where she worked because she didn't tell us. She actually refused to tell us where she works. I have no reason to think you're lying to me, but I do not have

any knowledge of that because all I remember—as we've been talking about it—I do recall the testimony and I've already told you the parts that really stuck in my mind, but that's all I can recall.

ZWIENER: Thank you. I mean, I am referring to some court documents that are under oath I'm happy to share with you.

OLIVERSON: Okay.

ZWIENER: Do you think that Dr. Lopez or any other provider may have been nervous to share precisely where they worked because of precisely the type of retaliation she alleges happened?

OLIVERSON: I just know that she came to offer expert testimony on a matter that we all thought was very important and her testimony was misleading and inaccurate.

ZWIENER: Representative Johnson already covered with you that 24 times as many people showed up to testify against this bill as testified for it. Do you think that number may have been even greater if there had not been fear of that same type of retaliation happening again?

OLIVERSON: I can't comment on that, Representative. I would tell you that the chairwoman standing next to me here reminded me, as we were standing over here, that there were 8,000 written comments submitted from Texans—because that's obviously provable. The vast majority were in support of this legislation. I think that is part and parcel to your question.

ZWIENER: Just one last thing, I want to make sure. I know you were really asserting with Representative Johnson the question of board-certified pediatric endocrinologists. And I want to acknowledge and make sure the body is aware that one did come testify in 2019—I'm sorry, 2021—against similar legislation and was directly retaliated against by state leadership.

REPRESENTATIVE HOWARD: Representative Oliverson, you were just talking a little bit ago about studies. You were citing studies that have been done, I believe, in Europe. Is that correct?

OLIVERSON: There have been studies on this issue—as I mentioned in one of my earlier conversations, this is obviously an area of emerging science, and so there have been many studies done around the world.

HOWARD: Okay. Are you aware of any of those countries where those studies were done? Did any of them actually ban this treatment?

OLIVERSON: I know that the studies that have done the systematic reviews that I talked about in my layout that at least some of them have closed their gender reassignment clinics.

HOWARD: But have any of them banned the treatment?

OLIVERSON: Well, as I said earlier, there are treatments other than puberty blockers and surgery. I think the treatment for gender dysphoria—I want to be clear, I believe gender dysphoria is a real psychiatric diagnosis that requires treatment.

HOWARD: Okay. So the answer is that, I think, you're telling me, you're not aware perhaps if any of them have.

OLIVERSON: I know that their clinics have closed.

HOWARD: Clinics have closed, but they have not necessarily banned the treatment?

OLIVERSON: What I can also assert to you with absolute certainty, at least in the case of the National Health Service in England, is that the direction that we are going right now with gender affirming care has been absolutely rejected by the United Kingdom and they're going in a different direction. They're emphasizing mental health which is where I think, because this is a mental health condition, that is what we should be focused on especially for children who have not completely matured from a neurological, emotional, and mental standpoint.

HOWARD: Well, to that point, I mean, you are an anesthesiologist and I assume that the American Society of Anesthesiologists is the organization that represents best practices and standards of care for anesthesiologists. Is that not correct?

OLIVERSON: So to be clear, the American Society of Anesthesiologists like all other medical associations is an organization that advocates on behalf of that profession just like the American Nurses Association. It may promulgate practices and standards from time to time. It may offer continuing education, but I don't want you to get the impression that essentially whatever a professional society says is essentially written in stone. These things—

HOWARD: Is it not—

OLIVERSON: Hang on, I want to answer your question.

HOWARD: Well, I feel like you're not.

OLIVERSON: But I really think this is important and I think it's really important for everybody in the body, because there's so much talk about it this session, to understand that all of these associations at the state and the national level are membership organizations that have annual meetings, that a select number of members attend, and they discuss items in a house of delegates—much like we are sitting here. And they adopt these policies and these policies change. I don't know if it would surprise you to learn, but it's been my experience being a member of several of these organizations, that sometimes the policy that gets adopted is not always what the science says. There can be reasons why these organizations put out a statement or a policy other than what the literature says.

HOWARD: Well, I appreciate that. I'd like to finish up asking a couple of questions here a little bit more on this because I appreciate what you're saying. But I would also suggest that these associations that represent particular branches of medical practice—the membership in those are people who are involved in that practice. They actually have the expertise that we're talking about here. And you can question whether or not everybody is on the same page on everything, but the fact is that the society of any type of practice is representing that particular sphere of practice. They're not going to be out there representing something different. The Pediatric Endocrine Society opposes bills that harm

transgender youth. So I want to ask you if you question what they're saying. They say that bills such as this contradict—these are their words—"evidence-based standards of care, recommendations from the Pediatric Endocrine Society, as well as position statements," and they list a whole bunch of other medical associations, as well. Are you suggesting that the Pediatric Endocrine Society, the group that you're saying are the experts in this—by saying that they oppose this legislation and that they support this kind of the treatment of care that we've been talking about here that this bill is trying to ban, that they support that care that is recommended actually. "Hormone therapy is recommended within this evidence-based approach," is what they say, "and that as experts in the care of transgender youth, we strongly urge legislators to follow our medical advice and advocate for the well-being of all youth and oppose these bills." I could go on and on, but do you dispute that?

OLIVERSON: Representative, I would submit to you a couple of things. Number one, I would submit to you that I don't know much about the Pediatric Endocrine Society. I've never been to one of their meetings, but I would submit to you that these are membership organizations. I would submit to you that the American Medical Association, for an example, represents—less than a fourth of doctors practicing in Texas are even members of the American Medical Association. So when we throw these terms out and we want to act like these are authoritative bodies and organizations, I think it's important to recognize that number one, you have to pay. You don't automatically, just because you're an endocrinologist, belong to the society. You have to choose to join which means that you have to have found value in the things that they're pursuing—the tenets, the policies, and the things that they're doing.

M. GONZÁLEZ: Representative Oliverson talked about how we have to follow the science. When it comes to standard of care, the standard of care has been altered or changed for a variety of medical conditions across time as the doctors who are the experts in the area determine it should change. Should we be determining what the standard of care is and/or banning it? If we have a concern about the standard of care, we have every ability to discuss that with the medical professionals and have them reevaluate the science. But that is not the bill in front of us today. The bill in front of us today, and I think it's important to emphasize, is banning health care. It is important to note this health care and these prescriptions that we're talking about are still available to children with other medical conditions. So we're banning health care for one group of people and we have to ask ourselves why. There is so much misinformation, so much politicization, and honestly, sadly, discrimination happening against transgender people—specifically transgender youth. Please, please think about the fact that we are banning doctors' advice, doctors' prescriptions, parental rights, parental decisions, and we are saying we know best when we actually know that there is very different science out there.

REPRESENTATIVE WU: Dr. González, we came into this body at the same time, right?

M. GONZÁLEZ: Yes, sir.

WU: It's been more than a decade for the both of us, right?

M. GONZÁLEZ: Yes, sir.

WU: And in that decade the six sessions that we've been here, how many times have we seen legislation pass through here dealing with medical issues and when we lay out the bill in committee or lay out the bill on the floor that one of the first things we mention is, "Oh, this bill is supported by the American Medical Association." Have you heard that before?

M. GONZÁLEZ: Literally a couple weeks ago a bill died on the floor because the Texas Medical Association said it was bad, so we killed it. So here the Texas Medical Association has addressed and has raised concerns and we are still not applying the same type of authority to their words. We have to be consistent, members. Do we want to not pass legislation when TMA says it's bad? Only in this case we're like, "Oh, but they don't know what they're talking about here." There is an incongruence happening.

WU: Do you remember the last session we raised the age to buy tobacco products to 21?

M. GONZÁLEZ: Yes.

WU: And do you remember which medical associations were at the forefront pushing that legislation?

M. GONZÁLEZ: I'm sure you could remind me.

WU: It was Texas Medical Association, right? The American Medical Association. The Cancer Society. Every medical group up and down the row said that this was something that their membership says was important to preserve the lives of Texans. Do you remember that?

M. GONZÁLEZ: Yes.

WU: And we had a big fight on the floor over that bill.

M. GONZÁLEZ: We did, but let's go back—to protect the lives of Texans. The same medical groups are saying to protect the lives, to have the healthiest outcome for these young children, this is what is needed and we're not listening now. We are having selective hearing, members. This is problematic.

WU: If we had a bill on the floor that dealt with regulating anesthesiology, do you think we would listen to the Texas Anesthesiology Society?

M. GONZÁLEZ: I would hope so.

WU: They would be pretty important in that discussion, wouldn't they?

M. GONZÁLEZ: Yes.

WU: And we would not say, "Oh, well you're just a bunch of people that just got together." We would respect their authority and respect their expertise, wouldn't we?

M. GONZÁLEZ: Yes, we would.

WU: Over and over again we pass legislation based on groups that we trust and we block legislation based on the advice of the groups that we trust. Correct?

M. GONZÁLEZ: I mean, all the time. Texas realtors will say something and we're like, "Well, the realtors." This is how government works. People organize. They get in their groups to advocate. If we didn't have these groups, how would we learn about these industries, these communities? But now we're saying organize and be in your groups, but what you say does not matter because we know better. This is opposite of the way government should be working.

WU: Oh, but I see that unfortunately the groups that oppose this legislation are counter to their position. Correct?

M. GONZÁLEZ: Correct.

WU: And so now that it's politically expedient, we don't listen to them. We say, "Oh, who are those jokers? Who are those people? What do they know?"

M. GONZÁLEZ: And I think that's what I'm asking the membership to consider today. We have constantly utilized the knowledge base from these groups to make decisions. A bill did not pass the floor the other day and now we're saying, "Just kidding, your expertise is not needed right now on a bill that is banning health care for children."

ANCHÍA: The way the author was talking it sounds like these are just social clubs or eating societies or something like that—that literally the group of doctors who specialize in endocrine pediatrics who have problems with this bill and bills like it throughout the country are suddenly to be dismissed out of hand. And I think I'm glad I got to listen the dialogue between you and Representative Wu because it really speaks to something a little bit more dangerous that's happening. And that's the death of science, the death of research, and the fact that political pressure is being placed on institutions of science and medicine to achieve political outcomes where people are retaliated against. I think that is a far more dangerous outcome of what we're doing here today. And that is sort of the shouting down of science, of expertise, and of research. Can you talk a little bit about that?

M. GONZÁLEZ: I think that is extremely important and I think this is why this bill is so troubling. The bill author says let's follow the science, but the science has told us and is telling us, with these assessments, the best health care process for transgender youth or youth who have gender dysphoria. And so if we say believe and follow the science, then we're not following the science here. This is a disconnect.

ANCHÍA: I tend to agree. I think that really is the most dangerous part of this discussion when the people who are experts on this subject matter, who are really counseling us to move in a direction, are just being ignored for political expediency. Yet in other scenarios we take with great reverence their advice to this body and I think that's very problematic.

M. GONZÁLEZ: I think that's why I'm asking this body to be deliberative. We know we live in a political society, but this decision—politics should not determine health care. Period. Please, please vote for this amendment.

[Amendment No. 1 failed of adoption by Record No. 1668.]

[Amendment No. 2 by Oliverson was laid before the house.]

OLIVERSON: This is a very straightforward amendment that just puts a severability clause into the bill and it is acceptable to me.

[Amendment No. 2 was adopted.]

[Amendment No. 3 by A. Johnson was laid before the house.]

A. JOHNSON: I appreciate your time with this amendment. I appreciate your time with it because I heard Dr. Oliverson say that his bill does not penalize parents. Simply because you don't penalize parents as criminals or simply because you don't criminalize parents with civil liability doesn't mean that you're not going to penalize these parents. If you pass this bill as is you're going to crush these parents. You are going to send parents who are fifth generation Texans with businesses, with communities, and you are going to tell them that they have the impossible decision between choosing the state and the community that they love and the child that needs their love and support.

I have heard so many of you—you are republican and I am a democrat, but we can talk about our differences. We can talk about the people that we know and we can talk behind closed doors about the things that we agree on. I'm going to tell you all that the amendment that I'm offering is an amendment that I got from talking with my republican colleagues. I am going to promise you that if we could take this vote without a red and green—without a D and an R next to our names—that I have no doubt that this amendment would pass. So I'm going to ask each one of you to find the courage to publicly tell the people that are sitting in this room that they are getting misinformation for political reasons.

There are people that I see on Twitter that say that they are worried about gender mutilation. We agree with you—we agree with a portion and say, fine, no surgeries under the age of 18 if that's what you agree with. I don't agree when you say mutilation, I think that's the wrong term. I think that's the wrong concept and I think it is very purposeful to place you in fear. I bet it places within you fear because you may not know anybody who has actually been through this experience. Some of you filled in this room may not know anyone who has actually transitioned. You may not know anyone who has struggled with identifying who they are and asking for medical help.

I'm going to let you know that the amendment that I'm offering does nothing to change the status of surgery. The amendment that I'm offering—and I would ask each of you if you will please honor me with reading it and making a decision about what it says. It says that this amendment only addresses the issue of prescription. We're only talking about whether or not you can prescribe hormone treatment. And so why are we talking about hormone therapy? Because there are times when kids in puberty need hormone therapy. You heard Dr. Oliverson say, when questioned by Representative Julie Johnson, that the bill

does not ban hormone therapy for other kids. For example, take a mother who has a son who is projected to be 5'2". Think about the men here in this room. If your parents had known you've got a hormonal imbalance and you were projected to be 5'2", would you have wanted your parents to say, "You know what? Life might be harder for my son if my son is 5'2". I could help my son take medication that could get my son a little more growth. It might make life easier for my son if my son were taller and I could provide medical intervention at puberty because that's the moment you can make the difference." Now, imagine a mother who has a child who has severe gender dysphoria—a child that they did not expect, a child that they did not know had gender dysphoria, and a child that—from the moment they were raising that child—they were treating that child with the gender that they were born with. They were dressing them in their clothes and that was the gender of the child that they wanted. They never wanted to have a transgender child. But at some point that child expressed who they were authentically to a point that it was damaging to that child not to be who they knew they were. That mother will not be able in puberty to prescribe the hormones that will keep that child from growing a beard. Here's the kicker—same mother, twins. That mother can address the hormone imbalance of height for that one twin and happily remain in the state with their family and friends in their business. But that mother cannot make the same decision for their other child. That family lives in my community. That is just one example of the Texans—the actual Texans—that will be impacted by this law.

So how do you address both? How do you address the needs of the people that believe sincerely—and I believe they believe it sincerely—that they want to address this issue to protect children with the same family that know that they equally need to protect and love their children by providing these medical treatments. I believe wholeheartedly this amendment does it because this amendment, based on many conversations that I have had with many republican members, says that if you have two independent medical professionals that have been trained in this particular work, specifically, that you have the relevant training, diagnosis, and treatment of gender dysphoria in children and you have two mental health professionals or adolescent medicine specialists with relevant training in the diagnosis and treatment of gender dysphoria in children then you go on to the next step. That's two doctors and two independent medical professionals. That's four medical professionals on top of the child's pediatrician. That's five medical professionals.

That's also a distinction—for those of you who are on the committees or heard the testimony of those detransitioners who, with all due respect, are being flown in around the nation on a political argument and are not Texas issues. They all said that they had their treatment after the age of 18 and none of them complained about a Texas doctor. When I drilled down on the stories of some of those kids, including one Corinna, who—I appreciate her presence. I appreciate the fact that she is around my age and that it was around 30 years ago that she did not have the support of her family and she wanted to be with a man, and they believed that they needed to be a woman to be with a man. I want you to think about what was going on 30 years ago. Thirty years ago, it wasn't okay to be gay.

And it was the rhetoric around not being gay that made that person think that they could never have a life as a happy gay individual and that the only way they could find love is to change their gender. How much of that is on us as society of having a conversation 30 years ago, and politically, around the issue of DOMA—Defense of Marriage Act—that gay marriage would somehow hurt traditional marriage? Y'all remember that? Y'all remember that was done, we now know, for political reasons. Many of the people that were involved in that later came out and said, "I'm sorry. I was part of that. It was to drum up political issues and it wasn't true." This is today's DOMA and I promise you at some point you will not want to say that you did not tell your constituents here the truth.

REPRESENTATIVE BUCY: Representative, I've got your amendment here. We've talked about this amendment. I remember a few weeks ago talking about this amendment and my first reaction was shock. And I said, "Don't accept this." I thought this was the offer.

A. JOHNSON: Yes.

BUCY: This is the most conservative approach I've ever seen in legislative language for medical practice. Are you aware of any other situation where it's required to have your doctor and then have two more doctors and then have two oversight doctors?

A. JOHNSON: No. And let me add the additional part. If the concern is that the medical professionals are not doing right and you're concerned that they would do something different then we're going to let the state control it. "A commission shall be established of an impartial panel of physicians, health care providers, mental health professionals, and adolescent medicine specialists to evaluate the legitimacy and severity of gender dysphoria diagnosis." So in addition to the five physicians that you personally may know or find, we're going to create a state agency to evaluate every case. Tell me who here with any medical treatment would have to go find five doctors and get the government's approval before you could do it. So let me tell you why I'm offering this amendment.

BUCY: Please do.

A. JOHNSON: Because I've asked these families and I've asked these parents who are either facing fleeing this state or getting the medical care that is necessary for the life of their child and they have said, "We'll do it."

BUCY: That's because they love Texas.

A. JOHNSON: It's because they love Texas and they love their child. And never before have we asked them to pick one or the other.

BUCY: With this bill without this amendment I'm afraid that would change. Let me ask you, if you have to go through this process this is for kids with severe gender dysphoria. Is that correct?

A. JOHNSON: That's a great point, Mr. Bucy—severe gender dysphoria. So gender dysphoria is a medical diagnosis that says that you are identifying and representing yourself in this position for six months. I have heard it said and we heard it in the committee of this idea that there's a social movement and that kids

are going on TikTok—TikTok trans. They're just seeing other kids doing it and wanting to do it. And so this would say severe gender dysphoria. It would make sure that this is not just some teenager who is oppositional defiant and wants to be against their parents. These are some of the families that we have heard about that have said, "My child woke up at five years old and cried because Santa Claus didn't bring them the gift that they desperately asked for, which is the right body." This would protect those families.

BUCY: And those families would have to go through five doctors and an oversight panel if your amendment gets on? What if your amendment doesn't get on? What happens to those families?

A. JOHNSON: These families won't be able to stay.

BUCY: They have to leave this State of Texas.

A. JOHNSON: They either have to choose their child or choose the state, but passing this law without this amendment means they can't do both. They can't stay here. And I know those families are prepared to do it, but I'm going to ask, is there anything Texan about running out your citizens because you don't agree with them politically?

BUCY: In the bill layout, it was mentioned that other areas of the world maybe are backing off on this, but they're still exploring and they're still looking at options. If we pass this bill without this amendment, can we continue to follow the science and see? Because we'd shut it down.

A. JOHNSON: No.

BUCY: There's no middle ground here.

A. JOHNSON: There's no middle ground. There's no room for medical professionals to do it. And I want to as—and just think about it—how many people in here take testosterone? How many here ask for a little hormonal help? How many here took estrogen after menopause? You're talking about the same medications that many folks may take at their own decision with their doctor. This is really about health care for children. And I get Dr. Oliverson's concern when he says, "I want to make sure this is right. I want to make sure it's not like opioids." We're literally creating a state agency to determine best practices and evolve with the medical community. The difference is if you don't accept this amendment then you're doing the thing—he admitted it. You didn't ban opioids and you didn't ban lobotomies, but you're banning the existence of a population if you do it without this amendment.

BUCY: Well, Representative, while I think, as I said, this amendment shocked me because it's so conservative, but I appreciate that you have worked diligently to find any reasonable path and balance to make sure that kids with the most severe gender dysphoria—the most severe cases in our state—have a path. As a Texan, you hear all the time people that are like, I got here as quick as I could. This bill is telling Texans that's no longer our attitude. I hope that we pass your amendment. Thank you, Representative.

REPRESENTATIVE MANUEL: Representative Johnson, you brought up a really good point earlier. You were saying how what happened during DOMA 30 years ago when we were talking about "a traditional family," how that had psychological effects on people who testified in the Public Health Committee. Is that what you were saying? Is that true?

A. JOHNSON: Yes. I won't attribute that specifically to that witness, but we talked about the shared events of being closeted or not being accepted 30 years ago and how rhetoric politically can be damaging to individuals.

MANUEL: And hasn't that been shown that it has caused people, like you were saying earlier, that they feel as though they have to be the opposite sex to be with someone that they would choose to want to be with?

A. JOHNSON: Yes. The witness described and the witness has written an op-ed—and again, I'm grateful for that witness's participation. I asked that individual witness if we had something in place that would've required their parents to engage, their medical community to engage, and their mental health professional community to engage to help them walk through the processes of what is and is not acceptable and what life can look like that it would be beneficial. Their own witness said something like this amendment would be helpful.

MANUEL: The reason I ask is because that is the same situation that happened to myself growing up on an air force base only seeing heteronormative families and thinking the only possibility for me to be an openly out gay Black man and not be called a faggot or different things of that sort is that I had to conform to that kind of a lifestyle because of the social constructs that people made me feel that I was less than. And so what you're basically saying and what someone has testified to and what they have written about is that if we had not had these kind of roadblocks then there would've been a lot of people who were either transgender, who were gay, who were lesbian, or who are non-binary who would've led the life that they were meant to without any shame rather than having people who said I transitioned when I never should have.

A. JOHNSON: Yes, and you're exactly right, which is if the concern is about good public policy for a community that we don't yet understand, then adopt the amendment which says medical professionals, physicians, mental health professionals, and even a government agency will determine best practices as we move forward. It's more compassionate, it's more thoughtful, and it's actually protecting of Texas children and their families rather than a complete and total ban which will result in harm to these kids.

MANUEL: Thank you so much for your amendment. If anyone is listening, this is something that is not just words on a paper. These are things that prevent people from harming themselves, hating themselves, and allows them to be able to basically have a form of therapy that lets them know that it is okay to be themselves. And I appreciate you so much for this amendment. Thank you.

OLIVERSON: Members, respectfully, I'm going to oppose this amendment. I appreciate Representative Johnson bringing this and she and I have had many conversations about this, but fundamentally one of the issues that we're dealing with here is that the medical community in America—these conditions are being diagnosed at an alarming and exponentially growing rate. And when I went back and tried to define severe gender dysphoria, unfortunately, that's very much in the eye of the beholder. So if you're standing with me and you believe that the practice of medicine here is not supported by the science and that it's time for us to stop this and allow science to catch up, then I would submit to you that the doctors that are performing these treatments are not a very good judge of a condition that really is very much not a DSM-IV or DSM-V diagnosis code. So respectfully, I oppose the amendment.

MANUEL: Dr. Oliverson, isn't it true that at one point homosexuality was considered a mental disorder?

OLIVERSON: I don't know, Representative. I just know that gender dysphoria is. Currently, in the current psychiatric manual that is how it is defined.

MANUEL: Currently, right. So if I was to tell you that homosexuality was considered a mental disorder that didn't allow people to be in the military, to have jobs, who could be put in psychiatric hospitals—would you say that the science was correct?

OLIVERSON: I can't comment about that and because it's beyond the scope of this bill, Representative, but I can tell you that gender dysphoria is clearly defined in the scientific literature as a mental disorder, yes.

MANUEL: But just currently.

OLIVERSON: It has been for a long time.

MANUEL: Under the current science, correct? I just want to make sure—under the current science?

OLIVERSON: Yes, under the science.

MANUEL: Okay. Thank you.

OLIVERSON: Yes, sir.

REPRESENTATIVE MOODY: Thank you. I want to clarify something because we know we've had a number of conversations about the measure as a whole, but specifically about language like that in front of us with this amendment. And you stated that there's been a rapidly increasing number of diagnoses that concerns you. Is that correct?

OLIVERSON: I did, yes. And I would point out that additional diagnoses beyond that. There's a whole new phenomenon now that didn't exist when the Dutch studies were done called rapid-onset gender dysphoria where girls in adolescence going through puberty in groups present claiming that they're experiencing gender dysphoria. I think there's investigations going on looking into this as I recall in some places. And so I guess, and I know you and I have talked about this extensively, and I really tried very hard to work with you on this, but at the end of

the day the science is so inconsistent and of such low quality that I do not have confidence in these doctors' ability to accurately diagnose severe gender dysphoria.

MOODY: Well, and I think that's kind of the point I want to clarify about this amendment—that was a concern you raised as we worked on this language.

OLIVERSON: Right.

MOODY: And you said, I don't trust that these physicians are going to make the right decisions.

OLIVERSON: That's right.

MOODY: So that's not what this amendment stops.

OLIVERSON: I know.

MOODY: It then places over the top of it—which is nowhere else in any sort of medical care in Texas that I can tell—it places in the hands of a state agency the ability to look at that decision-making and then either approve or disapprove of it. Isn't that what the amendment does?

OLIVERSON: It does, yes.

MOODY: And ultimately, the buck would stop here. Not with the physicians' diagnosis, not with—and in fact it's multiple, but not just there. It would have a number of different speed bumps along the way, ending at the very last with the state agency that this body has a hundred percent oversight of, isn't that correct?

OLIVERSON: That's right, but Representative, these therapies themselves have not gone through the appropriate scientific process in order to be considered a standard of care. So what you're saying is we want to have a pathway in severe cases—which we're not really sure how to identify, but we're trusting that the agency will figure it out so that we can continue to use therapies of questionable value for which there's a growing list of risks and harms. And I just don't think that's in the best interest of kids. And I know that's really terrible science in terms of quality. And so that very much is the issue this body must consider with respect to this bill is bringing a halt to these treatments.

MOODY: See, when you said that you used the word questionable—questionable, questionable. And I'm willing to accept the way you view this. I know you're willing to accept the way that I view it. And so when you have those questions, isn't the best way to bring us to a conclusion about the questions we've got is to place some restrictions on top of it and start to understand and develop more information for us to be able to move forward? I mean we do this a lot.

OLIVERSON: We do, but I would agree with you with the caveat—which I think is important and that the body understands and it's part of the reason that I cannot accept this amendment—is that your supposition is correct in the absence of clearly defined harms. But that is part of this conversation is that we know now. We talked earlier about how this isn't the first time this issue has come before the legislature and it's not the first time this issue has come before any legislature,

but there has been an evolution over time with respect to the gender medicine experts used to come and assert to us that everything they did was completely and totally reversible and there were no permanent effects. And then they came later and they said, well, it's mostly reversible. And now, we know today that it's completely irreversible. So these are things that are being done to children under the age of 18 that are irreversible and that will cause side effects, complications, and abnormalities that they will have to live with for the entirety of the rest of their life. And I just, unfortunately, respectfully—and I know you and I have talked about this a lot and I love you like a brother and I respect you tremendously, but I just don't think this is in the best interest of kids. So respectfully, that's kind of where I am.

MOODY: Well, I think when we have questions, we should seek answers and not just say no. I appreciate where you're coming from on this and I just wish we could get to a space where we could continue to understand this—and you use the word evolution—and see where this evolves to. I think that would be important for these families and these kids. Thank you.

WU: Representative Johnson, is your amendment an offer to this body of a less restrictive means to accomplish the same goals as stated by the bill author?

A. JOHNSON: Yes.

WU: Okay. And so what you're asking this body to do is to vote on a system—a slightly different system—which keeps a lot of the bill in place, which keeps a lot of the controls in place, but provides a less restrictive alternative in regulation to this issue. Is that correct?

A. JOHNSON: Correct. This amendment keeps the entire surgical ban in place and it keeps the vast majority of the ban in place, except in the rare severe circumstances where you have two medical professionals and two mental health professionals in conjunction with the parents and the pediatrician and the oversight of an impartial state agency determining that this care is necessary to accomplish two goals: to treat severe gender dysphoria and limit self-harm of the child. That's the very narrow exception that you would be putting in place by adding this amendment.

WU: And this amendment would still address all of the issues that the bill sponsor has laid out and that the bill sponsor says is a very compelling interest—it still addresses those same interests that they say is compelling, correct?

A. JOHNSON: Absolutely. This amendment still allows every issue that your constituents have called you and told you they're concerned about that you get to say, "I took care of that issue, but I made sure that those Texas families in an exceptional position didn't have to leave this state."

WU: I've heard the bill sponsor say this a few times now—that there is, in his mind, no ability to tell what is a severe case and what is a mild case. Did you hear the same thing?

A. JOHNSON: I did hear it. And we know gender dysphoria is a medical diagnosis that has a definition of six months. The reason—and look, this was in communication with the entire body when we said, "Hey, I think too many people are getting this treatment, then we said, great, let's come up with severe." And severe means you can sit down with parents like Frank Gonzales and you have the opportunity for all of these professionals and a state agency to say, when did this start? Did it start as a teenager on social media or did it start as a toddler when they can walk into the store and pick the shoes that best represented their identity at the age of three? This bill allows those families to be heard and medically treated.

WU: So what I take away from the bill sponsor's answer and that response is that there could be mild gender dysphoria or there could be higher levels of gender dysphoria. Would you agree with that?

A. JOHNSON: No, and let me be clear about this. I think there is, as our community knows—as an LGBTQ community most of you always know who you are, but there comes a point in time where you tell everybody else. And so gender dysphoria is when somebody knows who they are. What we're trying to recognize here in severe is to recognize those families who have been open and authentic and their kids have a strong relationship with them—they're asking for emotional, mental, and medical help. We are trying to find a path for those of you that have countlessly come and tried to knock on the doors of these members to say, "I exist." "My child exists. I love them, and we are doing everything that we can. Please don't shut us off from our doctors. Please don't shut us off from our state and our home."

WU: And so the offering of this amendment—is there a recognition that there may be some cases that if five doctors agree to it and say these doctors agree to it, that this child definitely needs this treatment, that this would provide that option?

A. JOHNSON: Yes. If you adopt this amendment, it means some teenager can't go into a clinic and say, "Can you give me hormones?" Because I've heard that concern that hormones are handed out like Pez. This amendment eliminates any of that concern because you would have the child with their parent, with their pediatrician's supervision, two medical professionals independently, and two mental health care professionals independently that then submit that file to an impartial board created by the state to say that in this circumstance we believe that this is the best and only course to allow this child to be healthy and allow this family to remain in the state.

WU: And finally, the original bill before your offering of the amendment—a blanket ban would not be the least restrictive way to handle this?

A. JOHNSON: A blanket ban is something we haven't done. We didn't do it for lobotomies, we didn't do it for opioids. I'm going to use those examples because that's what he used. He gave you the call to arms of why we needed to respond, but you didn't respond to any of that in the manner in which this bill would totally eliminate a population of Texans and their families.

REPRESENTATIVE MARTINEZ FISCHER: Representative Johnson, I'm going to pick up where Representative Wu left off. I mean, my concern is I'm sort of listening to a policy that's more like a "because I said so" policy and I look at your amendment and it's, well, it doesn't have to be that way. Here's a very complicated path to treat a very narrow population with severe gender dysphoria. And I'm just curious from your perspective, I mean, it's a pretty high bar.

A. JOHNSON: It's the highest. I mean, literally, think about it. What if I told you before you could take your kid to get a medical procedure that you had to go through two other doctors, two other mental health professionals, and a state agency? I mean, nobody would reasonably sign up for that. And that's what I mean by this. The families that are saying we will do this, it is because they know they're going to have to rip their families apart. Either mom goes with one kid to one state and the other parent stays with the other kids so they could stay in high school, elementary school, or keep running their business. That is the dilemma that these families are facing. They are facing elimination from this state. And my worry is that this entire motivation is not based on good policy, but it's based on good politics.

MARTINEZ FISCHER: And I'm also concerned. We've obviously—the complications of meeting this threshold, while it is being characterized as a lesser alternative, it's still pretty hard when it comes to folks of limited means—economic means—folks that don't have reliable transportation, folks that may work between 9 a.m. and 5 p.m. It's hard for me as a working dad to make it to one doctor appointment for a well-check. It seems to be really hard for me to have to do this five times. And was there any discussion about that—"Oh, hey, that's a real consideration," Representative Johnson? We should be sensitive to that?

A. JOHNSON: This lapel pin is actually an earring and it's an earring that was made by a child who repeatedly comes to Austin to testify against this legislation session after session. These families have already been put through hell. They come at 24-hour notice for a public hearing and they wait in line for a day just for the chance that they might be heard and oftentimes they are not. They go everywhere to try to fight for the right for their kids to exist. They will do this. It is wrong for us to ask them to do it, but they will do it and this is the compromise. This is the unbelievable compromise between the two groups that fill this gallery to recognize that we're trying to hear both and we're trying not to eliminate one.

MARTINEZ FISCHER: And I'm glad you brought that up because I think the most overused response on that microphone sometimes is this is the "stakeholders' proposal," this is the "solution by the stakeholders," or this has been "vetted by the stakeholders." You're telling me that stakeholders have come together, not in an easy way, but they've came together and said this is something that could work and it was just rejected outright?

A. JOHNSON: This has been very fair conversations with my colleagues. This is through a course of honest dialogue with my colleagues on the other aisle to hear and address the concerns that you are worried about from your constituents so

that you can tell them you heard them and you acted in such a way that equally respects my constituents and those who are coming to me. It is, at best, our attempt to reach common ground and to find a way to have people to coexist because I see this room and I bet there are a lot of folks that have never talked to each other. And our job is to try to be the ones that can find the common ground—

[Amendment No. 3 failed of adoption by Record No. 1669.]

[Amendment No. 4 by Hinojosa was laid before the house.]

REPRESENTATIVE HINOJOSA: Members, this issue is an issue that I learned about from a close friend. When my son—my oldest son—was in elementary school, my dear friend, the PTA president, came to me once on the school playground and said, "I know we're invited to your son's birthday party." Her son and my son were best friends. She said, "But I need you to know something. My oldest has just come out as transgender. We wanted to come to the birthday party as a family. Is that okay?" She had tears in her eyes and I said to her, "Of course, your whole family is always welcome in my home." She explained to me that her oldest, who she named for her father—from the time this child drew pictures, drew self-portraits, would draw herself as a girl. When the child was born this was their first-born son, but always drew herself as a girl. And she struggled and I saw this whole family struggle with this transition. And she also said to me, "I feel safe in our community, but I don't know what this world has in store for my child and I'm terrified."

And so I know this is hard, this is something hard to understand and I don't fully understand it. I think we're all learning here. And in fact, probably the medical science is evolving and doctors and experts are learning as well. So what my amendment says is that this legislation will expire in 2026. There is a sunset clause because what we are doing today is essentially the practice of medicine on the floor of the house and things change, science evolves. And we owe it to these families and to ourselves to check back in and make sure this is still what we want to do.

The stakes are very high, members. When we first came into session, I went out to dinner with my family—went to a Tex-Mex restaurant not far from here. I had a mother come to me and say, "I have a transgender daughter. Do we need to leave Texas?" I didn't know her. She grabbed my arm—I was with my family—and I saw the desperation in her eyes and that's what's at stake. This is people's lives. And so I ask that we at least come back and revisit. We put sunset provisions on all sorts of legislation. For evolving medicine, we owe it to ourselves and to these families to do the same.

OLIVERSON: Members, as my colleague stated, this is a sunset provision so the law would automatically expire in 2026. And I would just say, respectfully, we change laws all the time in this body and so I think this is unneeded. I don't believe this amendment is needed because, ultimately, at the end of the day if there was a reason to change the law, that's what we're here for and we can do that anytime. If the science was to reverse itself yet again and suddenly point in a direction that this was actually causing less harm and doing more good—which is

the opposite of where we are right now—we could pass a law and we could change the law. So I don't feel that it's necessary and I would ask you to vote against the amendment with me. And I'm happy to yield to my colleague for questions.

REPRESENTATIVE ROSENTHAL: Dr. Oliverson, thank you for taking the question. Didn't you say—and while I disagree with the statement, haven't you said multiple times that the science on the treatment of gender dysphoria is young, disproven, and lacks what you would consider more rigorous study? Is that true?

OLIVERSON: I think what I said, just to be clear, is that the science on gender dysphoria lacks sufficient high quality evidence to document its benefit and that there is a growing list of harms that are now well established and side effects that accompany a patient for life.

ROSENTHAL: So thank you. So you did say it lacks evidence. Can I not interpret that as the knowledge on the science being young and immature at this point?

OLIVERSON: Well, I mean, I guess it depends on what you would define as young. The original studies that were published on this were published in the mid-90s.

ROSENTHAL: Okay, so let me get to the point that I'm trying to make. If it is so that you feel like we lack more rigorous study, why wouldn't you want to put in a mechanism where we would come back systematically and check up on what's happening?

OLIVERSON: Because I think it's unnecessary, Representative. Normally, when we do sunsets we're doing sunsets on state agencies for major programs. If there's a reason for us to be doing this today—which I argue that there is—and then there became new information and over time the law was no longer necessary then we can always repeal the law. We don't have to put a sunset on every single law that we pass. It's not necessary to sunset a law in order to repeal it.

ROSENTHAL: I'm going to assert in this next question that the greater medical society disagrees with some of the statements that you are making over and over here and saying that there's mounting evidence that it does more harm than good when in fact the American Medical Association is strongly in support of these types of care. Given that we're operating outside of the recommendations of a body of expertise, I don't understand why you would disagree with putting in a mechanism to ensure that we come back later and assess if we're actually doing more harm than good.

OLIVERSON: Respectfully, Representative, I don't think we are operating outside the body of expertise so—

ROSENTHAL: Well, I disagree with you, but I thank you for taking my questions.

OLIVERSON: I know you disagree with that assertion. Reasonable people can disagree.

HINOJOSA: Yes we could, without a sunset clause, come back and address this legislation later. But with respect to the body, we don't always focus on what we should focus on. This would force us to make a commitment today that on an issue of evolving science and evolving medicine that changes daily, that in just—that let's give it a few years, 2026. My guess is there will be all sorts of developments in science and medicine when it comes to this issue. Let's make a commitment today that we will revisit this issue and examine the science and the medicine to make sure we get it right.

[Amendment No. 4 failed of adoption by Record No. 1670.]

[Amendment No. 5 by Wu was laid before the house.]

WU: As the bill sponsor has laid out repeatedly, this is meant to only affect minors who are unable to make their own decisions because they're not ready to make their own decisions. This legislation does not affect adults. The legislation left off one very important group of people that should have been considered and those are emancipated minors. And these are minors who have gone to court and a court of law has decided that they should be free from the restraints of minority and they should be able to make their own legal decisions. This bill has left them out. These are individuals that a court of law has decided have the full rights as an adult to make their own decisions—including health care, including contracting, and including everything else that an adult is able to do. That's it. So it's very simple. If we are saying that this should not affect adults because they can make their own decisions, then we should adopt this amendment because emancipated minors are also able to make their own decisions. If we do not take this then we will have people who will fall into a gap in this law.

REPRESENTATIVE SCHAEFER: Representative Wu, what age of an individual are you referring to?

WU: Age of individuals under 18 who have been emancipated by a court of law.

SCHAEFER: Okay. So what do you think a typical age would be?

WU: Generally, around 16 to 17, in my personal experience.

SCHAEFER: Okay. And you think they're able to make those medical decisions on their own?

WU: Yes. A court of law has decided that they can make those decisions on their own—including contracting and including other decisions that we generally reserve for adulthood.

SCHAEFER: What about things that they could do to the body like smoking?

WU: I don't know.

SCHAEFER: Well, we had a bill up here in the legislature where we raised it from 18 to 21. Didn't you say that that 18-year-old should not be able to smoke?

WU: And again, I don't know the exact legalities of how emancipation works with whether they can smoke or not under that law. I would have to take a look at the provision that we passed in 2021 on whether or not that overrides an emancipation.

SCHAEFER: But I'm pretty sure that you took the position that an 18-year-old should not be able to buy a cigarette because they were not old enough to make that decision, but here you have a different view?

WU: In fact, the cigarette law that we passed—the tobacco law that we passed is not just cigarettes, actually goes all the way up to 21 and that's the same with alcohol. And we also propose that people under 21 should also not buy assault weapons, but that has not been moved forward unfortunately.

SCHAEFER: Just wanted to be clear. Thank you.

[Amendment No. 5 failed of adoption by Record No. 1671.]

[Amendment No. 6 by Martinez Fischer was laid before the house.]

MARTINEZ FISCHER: This is an amendment. It doesn't fix all the problems of this bill, but it shows some compassion to transgender young people who have been diagnosed by a doctor with evidence-based medically necessary health care.

Puberty blockers have been prescribed for decades, and this bill makes clear that there is nothing wrong with puberty blockers themselves. There is an explicit carve out in this bill to allow doctors to keep prescribing puberty blockers for precocious puberty as they have for decades. This amendment extends that to allow transgender youth who are diagnosed with gender dysphoria to access the exact same medical treatment. This amendment will allow those who are 16 years and up to access hormone therapy if they have been diagnosed with gender dysphoria and prescribed such a treatment by a licensed doctor. The amendment itself, if you look at it, is done with the consent of the child's parent or legal guardian. We've heard lots of debate on what I thought was a very hard amendment to deal with a medical condition. And I just firmly don't understand a policy that just says we're not going to do it, cold turkey, full stop and not take into account the number of patients that are currently being seen by their provider and there being no relief.

I think about it in my role as a parent. If someone told me that I had to stop working to provide for my family, how do I do that? I think about it as we craft policy—that if we're going to take something away, we have an alternative. And here the only thing I see is that we're just going to shut this down because there's a dispute or a pause or an inconsistency in the science—and I get all that. We're not going to agree on policy and science all the time, but what we can agree on is not throwing people under the bus—leaving folks with an outlet, leaving them with a path, and giving them some kind of relief. They just can't go to Walmart and get this kind of help. They need to do it with their parental consent, which is something we believe in. They need to do it in consultation with their medical doctor, which is something we believe in. And what I always thought we believed in is that those decisions should be left to them and not us. And that we shouldn't be in a position of judgment. We should be in a position of empathy. We should

understand. We don't always agree with our policy choices and recommendations. We don't always agree that we see the world the same way, but we should always agree to be empathetic as we all are children of God.

HOWARD: I'm looking here—I'm trying to look through your amendment and wanted to ask you why you chose to limit hormones to 16 and 17-year-olds?

MARTINEZ FISCHER: I mean, it's a tough decision, Representative, because I feel for all of them. But I think that already there are cosmetic surgeries and other procedures that 16-year-olds can make that decision. There are a number of medical procedures, and in consultation and consent with their parent or guardian, that they can move forward. And I just figured, okay, we're using that. It's applicable in law as it relates to cosmetic surgeries for gender dysphoria or severe gender dysphoria. We ought to be able to use 16 and up as a threshold. And it made sense to me from based on what we have in current law.

HOWARD: So there are other types of surgeries that 16 and 17-year-olds can get with parental consent currently, right?

MARTINEZ FISCHER: Yes, there are. And again, I mean, the one that I keep harking back on is cosmetic surgery.

HOWARD: Right.

MARTINEZ FISCHER: And so sometimes, there's the medically necessary reason for that and sometimes there aren't. But again, it's a 16-year-old and it's their parent or their guardian, it's their medical care provider, potentially experts and counselors making sound decisions based on what is in the best interest of that 16-year-old.

HOWARD: So you're talking even about, as you said, cosmetic surgery that is done—rhinoplasty or breast augmentation is actually done on minors with parental consent, is it not?

MARTINEZ FISCHER: Yes, it is. Yes, it is.

HOWARD: Your amendment though would still prohibit all surgeries for transgender adolescents diagnosed with gender dysphoria?

MARTINEZ FISCHER: It will. This is an exception that I'm trying to find—I guess, Representative, I'm trying to find a reasonable path, a less intrusive path. I see the extreme of we're just going to do nothing and I guess for all the years I've been here and all the subjects I've worked on, I rarely see a policy that just says we're going to shut it down and do nothing else. This, I thought, could be a narrow exception. We know puberty blockers are used and they've been used for decades. They're used for precocious puberty. We also know that other medical procedures are being done. Sixteen-year-olds are old enough to participate in the decision making—there is still parental input and legal guardian input. So putting that together and looking at our medical codes and looking at our public policies, we've already made a value statement that we believe that 16-year-olds should have a say and that they're capable and competent to participate in their health care. We still like to have their parents and guardians involved, but we've made a threshold to say in certain instances where we're going to actually have some

surgery that we're going to take their input. And we're talking here for puberty blockers that we ought to be able to do the same thing and I just—again, it's not the solution to countering we're just going to ban it outright, but I think if I was making an argument to an independent neutral, I'd say, "Well, if we can't keep the current practice and we're going under this proposal to take it away altogether then doesn't this seem like somewhat of a middle ground?" And that's what I'm hoping to do with this.

HOWARD: So prohibit the surgeries, but allow puberty blockers and hormones to continue when medically necessary with parental involvement and with the physician saying it's medically necessary?

MARTINEZ FISCHER: Yes. And let's get off of puberty blockers. Let's talk about testosterone or something else. I mean, there are other hormones that are being prescribed to young adults. And again, it's the same concept. I'm not so sure that what is so specific and abnormal about this hormone therapy that all of a sudden we have to just stop with the way we treat everybody else and say, "Okay, that may work for testosterone and that may work for cosmetic surgery, but for precocious puberty or gender dysphoria, wait, wait a minute." We just can't do that. And that's where it just doesn't pencil. It doesn't pencil for me. And so again, I mean, I'm not trying to make up the policy. I'm trying to see, well, what are we doing in other instances? And if a hormone is a hormone, why don't we just set that threshold and that baseline and allow these individuals to get in these circumstances the puberty blockers, the hormone therapy?

OLIVERSON: Respectfully, I'm going to oppose this amendment. This lowers the age and removes puberty blockers from the bill. I ask you to oppose the amendment with me. Thank you.

MARTINEZ FISCHER: I have tremendous respect for Dr. Oliverson. We've worked together on policy on a number of subjects. We often sometimes start in a different place and we ultimately end up in a place where we can find some pragmatic policy. And if I understand the argument, the argument is we can't do this because it just lowers the age of what I proposed. But the most important part of the debate is the why. I mean, why can't we do that? I mean, I could understand I'm a reasonable person. I'm a rational person. I don't get to make the decisions all by myself, but I typically would hope to have a little bit more than, "Because I said so" as a response. I'd like to know why. I'd like to know, well, okay, is 16 not appropriate? Well, what about 16 and a half? What about 17? What about in a case of life or death? I would think that, as we often say, with 254 counties, 30 million people, and two time zones not everything we do fits for everybody. We can't have a one-size-fits-all. But that seems to be the policy here. And maybe I could accept it and respectfully disagree if we were just trying to do something new, but we are not. And so that's the part where I have to wonder or question the policy proposal, the policy choice. That rather than maintain a level of consistency and look to the area of medicine where 16-year-olds do have an opinion that will be taken into account and to know that we are providing health care at that level and at that age, then we're not doing it here.

So I hope that when you take this vote, you're not taking this vote because we're just going to back up the author because you'd rather not lower the threshold. I hope we take this vote because you think, "Well, Trey's just wrong. We don't think 16-year-olds should be making this decision. Trey's wrong. We don't think that a 16-year-old and their parent and guardian should be making this decision. Trey is wrong. We think that the best approach is just to wipe it out altogether and there is nothing that we can do that is less intrusive, that is perhaps a little bit more reasonable and less erratic." If you take that position, well then certainly don't support the amendment. But please just don't do it because sometimes we make policy for the worst reasons just because we can. And sometimes that hurts people and I think it'll hurt people in this instance. And so I'd ask you to vote yes on the amendment.

[Amendment No. 6 failed of adoption by Record No. 1672.]

[Amendment No. 7 by Moody was laid before the house.]

MOODY: For so many transgender youth this health care is the difference between life or death. Access to this health care is shown to improve mental health and reduce suicide rates in those same transgender youth. Medically necessary care is an established doctrine in medicine that health care providers take seriously. Gender dysphoria is a recognized medical diagnosis and without this necessary and lifesaving treatment there is increased risk for mental and physical harm. This amendment would allow transgender youth access to this health care if their provider deemed it medically necessary for the patient. This would also allow doctors to make the best medical decisions for their patient and offer them treatment that they require. This amendment would allow children diagnosed with gender dysphoria that without treatment would suffer severe physical, mental, and psychological harm to have access to the treatment they need.

REPRESENTATIVE MORALES SHAW: Representative Moody, had you heard the recent statement from the American Academy of Pediatrics, "Our organization strongly opposes any legislation or regulation that would discriminate against gender diverse individuals, including children and adolescents, or limit access to comprehensive evidence-based care. Any discrimination based on gender identity or expression is damaging to the socio-emotional health of children and families as evidenced by increased risk of suicide in this population. Our organizations also oppose any action that would interfere with the physician-patient relationship and with parental involvement in making medical decisions for their children"?

MOODY: Yes, I have heard that statement.

MORALES SHAW: And following up on that, what are the benefits—if you can name a few of them—of allowing these children to continue with the care?

MOODY: As I stated, this care in many ways has been considered lifesaving. There are medical organizations that have been on record stating that. And this amendment is going to allow what we know as an established doctrine in

medicine to sit over the top of this type of care. So when someone uses medically necessary care, that is a known doctrine and one that is taken seriously and I think provides the proper guardrails around this care.

MORALES SHAW: Representative Moody, we've heard a lot already about the effects on families. Did you want to add anything to that about—I know I've heard from families personally about how this would drastically affect them and how harmful it is to what the future of their family and their children looks like without this kind of medical care. Can you add to that of people that you've heard from?

MOODY: Representative, I've probably sat with some of the same families that you have. We sit with a lot of folks in our office and we talk about a myriad of issues. And a lot of times you'll get in a routine and you say, "Well, I know how you feel. I know how that is. I know." The truth of it is, the fact of it is that when I meet with these families, I can't say that. I don't know what that is. I don't know how that situation is. I don't know how they feel and how scared they are. I can certainly listen and hear them and try to empathize, but I don't know what it's like to be in their shoes when the entire state is telling them that they need to leave. That's a very difficult position to be in. But it is one that I need those folks to know that—I know you and I have seen them and many of our colleagues have seen them and that we hear them and that we care about them. The dialogue around bills like this can be dangerous just in and of itself. And so that's something that has been impressed upon me time and time again by those families, both visiting from around the state and those I've visited with in El Paso.

MORALES SHAW: Does the weaning off language that's in this bill address your concerns?

MOODY: No, no, no. It's woefully inadequate.

MORALES SHAW: Can you tell us a little bit about why? I mean that by sharing with the body—because a lot of the people who are in here today don't have direct experience with what the families go through with their children.

MOODY: Well, I think the problem with that portion of the bill, which isn't necessarily touched by this amendment, is that it keeps—it's going to necessarily have medically problematic outcomes. We do not know exactly what that's going to look like going forward. So we had a better version of that at some point when this legislation was being considered and I think that's something that this body should consider as well.

MORALES SHAW: Well, I hope while you're up there you'll talk about your knowledge of the serious physical, mental, and emotional harm that will come by banning this kind of health care. Thank you.

OLIVERSON: With all due respect to my colleague and friend, this is very similar to the amendment that we've considered already for exemptions and I'd ask you to vote against the amendment.

REPRESENTATIVE TALARICO: Representative Moody's amendment that's before the body would allow parents to give their children this gender-affirming care if it's signed off by two doctors. Is that your understanding of the amendment?

OLIVERSON: That is my understanding, yes.

TALARICO: And you're opposing the amendment?

OLIVERSON: It's very similar to Representative Johnson's amendment, yes.

TALARICO: And you're opposed to the amendment?

OLIVERSON: Yes.

TALARICO: Representative Oliverson, is it fair to say that generally speaking in the medical field there are risks in providing treatment and there are also risks in not providing treatment?

OLIVERSON: Yes. That is fair to say.

TALARICO: Is it fair to say that sometimes these are difficult decisions?

OLIVERSON: Yes. I would argue that these are difficult decisions.

TALARICO: Who usually weighs these different risks and makes these difficult decisions?

OLIVERSON: Well, I think, and again obviously the short answer to your question is that in this case because we're talking about minors that parents are the ones that ultimately have to consent for medical and surgical treatments because we don't allow children this age to make these kinds of decisions. We don't believe that their judgment is mature enough to be relied upon. And quite frankly, Representative, I can't overemphasize the importance of that point because it speaks to one of the serious problems with American practices of gender medicine involving what is known as gender-affirming care. It places an extreme amount of reliance on the patient's own self-perception for a population that we wouldn't even allow to sign the permission slip to have the procedure. So I think that's counter—I mean, in my opinion, that literally runs counter to logic.

TALARICO: I agree with you that when it comes to minors these difficult medical decisions are made by the parents.

OLIVERSON: Right.

TALARICO: The parents usually, especially those that lack medical expertise, rely on who?

OLIVERSON: Well, they would rely on the physician and that is where the state comes in. It is the state's obligation to make sure that those that claim to be able to practice medicine and are capable of healing are actually acting in the best interest of the patient. And so that is the whole reason why we have a Medical Practice Act and a medical board, Representative.

TALARICO: Are there any cases where the gender-affirming care that's banned in this bill would be beneficial to treating a child's gender dysphoria?

OLIVERSON: I do not believe that the treatments that we are removing here are beneficial at all.

TALARICO: So you're saying there will never in the entire State of Texas be a case in which the gender-affirming care that's approved by the various associations be beneficial to treat gender-affirming care?

OLIVERSON: Respectfully, Representative, scientists don't use the word never or always. But what I would submit to you is that based on the available evidence and four independent systematic reviews of the entirety of the literature, there's no evidence to conclude that this has benefits at all.

TALARICO: But so you acknowledge there may be a case in this big state of ours when this care would be beneficial?

OLIVERSON: I acknowledge that at this time the science tells us there is no conclusive evidence of benefit, period.

TALARICO: I hear that Dr. Oliverson, I'm just asking—

OLIVERSON: And I understand that you're trying to get me to say something different, but I go back to what I said earlier. Science doesn't deal in these sort of absolutes. I am telling you, I'm answering your question to the best of my ability based on the science, not based on where we want to go from a legal perspective or from your perspective as a lawmaker. Just please understand, I'm not trying to be evasive, but I'm answering your question based on the science.

TALARICO: Here's my problem, you've said medical professionals don't deal in absolutes. You don't want to deal in absolutes. But this bill is an absolute ban on gender-affirming care. Is that correct?

OLIVERSON: There is no evidence that this is helpful and has a growing list of harms.

TALARICO: I just want to make sure you're answering my question. Is this an absolute ban on gender-affirming care?

OLIVERSON: This is an absolute ban on medical and surgical procedures used for the treatment of gender dysphoria in people under the age of 18. I think that's a more complete answer. I think it's essentially the answer to your question.

TALARICO: Are there doctors in Texas who disagree with you on this?

OLIVERSON: Sure.

TALARICO: Does the American Academy of Pediatrics disagree with you on this?

OLIVERSON: Well, I'm glad you brought that up, Representative, because the American Academy of Pediatrics disputes with itself, however, they actually have a bad habit of suppressing their own members' willingness or desire to engage in the scientific debate about this very issue. There were resolutions brought before the House of Delegates most recently at the AAP asking them to revisit their

position on this. And the board of directors refused to allow their membership to have a scientific debate. So that seems to me very much like shutting the whole conversation down which is anathema to science.

TALARICO: I just want to ask again, does the American Academy of Pediatrics in their official position disagree with you on this?

OLIVERSON: I think what I'm saying to you is that the American Academy of Pediatrics at this point cannot be relied upon to reliably examine the evidence themselves. Hence, I'm not interested in what they have to say.

TALARICO: You're not interested in what the American Academy of Pediatrics has to say?

OLIVERSON: I think they have more or less discredited themselves by being unwilling to actually engage in a rigorous scientific debate on their own policy.

TALARICO: I want to talk about this amendment that Representative Moody has brought before us that would allow parents to give this important health care to their children if two doctors sign off on it. You said you're opposed to this amendment. I, for one, trust parents and doctors not politicians to make these decisions. But I want to see, Representative Oliverson, if you would be willing—I do have amendments of the amendment drafted. If we replace the word two with the word three. So would you allow a child to receive this health care if it's approved by their parent and three doctors?

OLIVERSON: I would not. For the same reasons that I articulated when Representative Johnson laid out her amendment. And that is that there are fundamental flaws in the science underpinning gender-affirming care in America. Hence, I don't think it can be relied upon no matter how many gender-affirming care doctors agree. Their testimony is not to be relied upon.

TALARICO: Would you allow a child to receive this health care if it's approved by their parent and five doctors?

OLIVERSON: You can keep quoting numbers all night. But I think I've answered the question that there's no number of doctors that would make me comfortable.

TALARICO: There is no number of doctors that would make you comfortable with allowing parents to give this health care to their child?

OLIVERSON: Right.

TALARICO: And you're, Representative Oliverson, an anesthesiologist, correct?

OLIVERSON: I think we've established that already. Yes.

TALARICO: And you said that the experts in this gender-affirming care are pediatric endocrinologists?

OLIVERSON: We heard from them. Yes, yes. Those are experts.

TALARICO: And you've acknowledged that the Pediatric Endocrine Society disagrees with you on this legislation?

OLIVERSON: I don't know what their position is on this legislation, but I believe their position is in alignment with WPATH whose position is to support gender-affirming care which is not scientifically supported.

TALARICO: And we don't have a pediatrician who serves in this body?

OLIVERSON: No, we do not.

TALARICO: And we don't have a pediatric endocrinologist who serves in this body?

OLIVERSON: We do not.

TALARICO: So we have a group of politicians none of whom, as you acknowledge, are experts in this field making a decision for the experts. Is that fair to say?

OLIVERSON: I think our job, Representative, is to represent our districts to the best of our ability.

TALARICO: I think it's clear that this is not about science or medicine and certainly not about keeping kids safe. I think this is about discriminating against people who are transgender. And I urge you to reconsider your position on the Moody amendment.

OLIVERSON: Okay.

MOODY: At its base, this bill is about difference and it's about whether we treat those who are different than us with dignity. It's about whether we hear the voices of those different than us. It's about whether we allow those who are different than us to even exist among us. And this bill, as it came to the floor, gives a very clear answer to those questions. That answer is no. However, with this amendment we can change that to give those Texans that might be different than us the dignity that they deserve.

[Amendment No. 7 failed of adoption by Record No. 1673.]

[Amendment No. 8 by Moody was laid before the house.]

MOODY: Suddenly stopping any medication can have severe negative and catastrophic side effects. This bill as currently written makes no allowance for and shows no compassion to any person who has already been diagnosed with gender dysphoria and has been prescribed with a medically necessary treatment based on evidence and science. This amendment is very similar to others that we've talked about related to this legislation—those that would allow for care to be continued for adolescents who had been diagnosed with gender dysphoria and prescribed with medically necessary treatment by a licensed doctor. This particular amendment would replace the weaning off language that is in the bill that was added to the bill in the house committee substitute by taking a simpler, kinder, and more compassionate approach to simply allow people receiving medically necessary care to keep receiving it. The weaning off language added by the committee substitute is woefully inadequate and entirely different from this grandfathering clause. Weaning off still strips away evidence-based medically necessary treatment for people who have been diagnosed with gender dysphoria.

This amendment would at least allow people to keep receiving medically necessary care that they have been prescribed and do less immediate and irreversible harm to young people in our state. This amendment was actually accepted on the senate side across the building, but then was later rejected with no reason. I was, initially and shockingly, very proud to see my senate colleagues showing a glimpse of compassion and hope we too can add a provision to this bill allowing that care to continue. In fact, we saw in Arkansas after a bill like this passed that there was an increase in anxiety, distress, suicidal ideation, and suicide attempts by young people who need this medically necessary lifesaving care. And even though the law in Arkansas has been blocked in court by a judge appointed by Donald Trump, that passage of the law still had immediate and catastrophic consequences for Arkansas youth. I want to urge you to vote for this amendment to not immediately harm Texas youth and to allow some of their care to continue when that care has already been determined to be medically necessary.

OLIVERSON: Respectfully to my colleague, we're very happy with the grandfather clause—we worked on it. It addressed concerns of stakeholders and experts and so I'm going to ask you to please leave our grandfather clause alone and reject this amendment. Please vote no.

MOODY: Well, we talk about evidence and we talk about following it. The evidence is that passing legislation like this is going to lead to increases in suicidal ideation and suicide attempts in young folks in this situation. That's what's happened in other places. That's what's going to happen here. Let's follow that evidence, too.

[Amendment No. 8 failed of adoption by Record No. 1674.]

[Amendment No. 9 by Flores was laid before the house.]

REPRESENTATIVE FLORES: This amendment strikes part of line 22 on page 1 of the bill. This change alters the definition of health care provider to clarify specifically what type of professionals this bill is referring to. It cleans up the bill and leaves no room for confusion or vagueness. This would allow for professionals who are not prescribing medications such as those who offer mental health care or consultations to still be able to aid children struggling with gender dysphoria. Members, if we are going to rip this lifesaving health care away from a population already severely vulnerable to depression, self-harm, and suicidality then we have a duty to ensure that psychologists and other non-prescribing health care professionals are still able to support them both in the course of their lives and in the aftermath of this bill's impact.

HOWARD: Representative Flores, I'm looking here. So you're trying to clarify about a health care provider because your concern is there's confusion here and it will eliminate the ability of some providers to offer their services?

FLORES: Yes, correct. The way the bill is written is meant to impact those medical professionals that have pharmaceutical prescribing authority by limiting their ability to prescribe puberty blockers or hormone therapy. But the definition of health care provider on the first page of this bill is written vaguely enough to,

perhaps unintentionally, impact or scare off other kinds of medical service providers that trans teens or teens experiencing gender dysphoria would seek out aid from, such as a psychologist.

HOWARD: You're concerned that mental health care providers would be excluded from being able to treat these young people?

FLORES: Correct. Because the object of this bill is to prohibit either surgeries or procedures or the prescription of drugs such as puberty blockers, et cetera. But by having such a broad definition or using the term health care providers that doesn't just limit it to those who prescribe these medications or perform these procedures so that would unintentionally scare off other health care providers such as mental health care providers that can still render services to these children or these teens.

HOWARD: What would end up happening? What's the outcome for these young people if that's the case?

FLORES: Well, you can just imagine that if first of all they're taken off these drugs that have been helping them they're going to be—all of a sudden if these mental health providers are scared off as we've seen in other instances such as we have in reproductive cases where we have scared off medical providers from performing certain services. It would be detrimental to these kids to not be able to reach out to mental health providers to help them going through these transitions.

Members, please. This bill is very simple. It removes any ambiguity as to who this legislation is truly aimed to regulate or prohibit from either prescribing medications or performing procedures that are enumerated in the bill. So please let's make sure that we don't unintentionally scare off mental health professionals by including them in this broad term of health care providers. I appreciate your support of this amendment. Thank you.

OLIVERSON: Respectfully, I'm going to oppose this amendment. Our construct is very, very narrow to the medical treatments and surgical treatments and so mental health is not in this bill. In fact, we like mental health. And so respectfully, I'm going to oppose the amendment.

FLORES: Members, Section 2 on page 1 under Subchapter X says, "Health care provider means a person other than a physician who is licensed, certified, or otherwise authorized by this state's laws to provide or render health care or to dispense or prescribe a prescription drug in the ordinary course of business or practice of the profession." I am simply deleting the terms "provide or render health care" so that there isn't any confusion and there is no ambiguity that mental health providers can still continue to provide services to these youth. So please members, I appreciate your consideration and please vote yes on this amendment.

[Amendment No. 9 failed of adoption by Record No. 1675.]

[Amendment No. 10 by Turner was laid before the house.]

REPRESENTATIVE TURNER: We've talked a lot about how this bill is going to impact physicians today and interfere with their ability to care for their patients. This bill also has the potential to impact pharmacists. So this amendment that I

have before you now allows for patients who have already received a prescription for medications to be able to continue to fill those prescriptions after the passage of this bill if it does in fact pass. This prevents people from having to abruptly stop taking a certain medication, many of which have adverse side effects from spontaneous cessation and severe withdrawal symptoms. Currently, the bill bans the provision of best practice health care only in cases when care is intended to transition a child's biological sex as determined by the child's sex organs, chromosomes, and indigenous profiles. The same care is given to youth for a variety of reasons, some of which are written into the bill itself. For example, youth experiencing precocious puberty take puberty blockers is expressly still allowed in this bill. But they also take these medications for other conditions such as acne or endometriosis. The bill as it stands would not allow people traveling through the State of Texas to get a prescription filled without putting the pharmacist in danger because they are not familiar with our laws. Pharmacists don't always know for what purpose or exact diagnosis a medication is for when they fill the prescription. And as written the bill would put the onus on pharmacists to determine for themselves if the prescription they have is for transition-related purposes since these treatments are only banned for transgender youth and even then only when used under certain best practice circumstances. This is a recipe for discriminatory enforcement and could lead to pharmacists denying legitimate prescriptions to patients.

OLIVERSON: Respectfully to my colleague I'm going to request that you oppose this amendment. This is similar to other amendments that we have talked about already today. I do have tremendous respect for Chairman Turner. But respectfully, I'm going to ask you to vote no.

TURNER: Well, I would agree with Dr. Oliverson that this amendment is similar to other amendments in the extent that these amendments are all designed to mitigate the tremendous damage and harm that is being done by this bill. However, this amendment is different. This amendment speaks very narrowly to pharmacists to ensure that already prescribed medications can continue to be administered so that people don't have adverse side effects from abrupt cessation of taking medications. So I would ask that you vote for this amendment.

[Amendment No. 10 failed of adoption by Record No. 1676.]

[Amendment No. 11 by Talarico was laid before the house.]

TALARICO: Members, this amendment would keep doctors from violating their Hippocratic oath and the principal to "first do no harm." You may know that doctors take the Hippocratic oath during medical school and it's a core tenant to the practice of medicine in this state. Doctors have come to me and said that this bill would force them to violate their sacred oath. And I think we can all agree that doctors should not be asked or required to violate their professional ethics. Doctors must weigh the risk that a given course of action will hurt a patient against its potential to improve the patient's condition. This is why we can't just use WebMD when we're sick. Doctors are trained to use their judgment and their expertise to follow their Hippocratic oath. All my amendment says that this bill

cannot violate the sacred oath that doctors swear before the public and before God. Members, I hope we allow our doctors to use their training to keep us healthy.

SCHAEFER: Representative Talarico, your amendment requires doctors to follow their Hippocratic oath which calls on physicians to do no harm, correct?

TALARICO: That's right.

SCHAEFER: And you want physicians to follow the science on this, correct?

TALARICO: On this amendment I want doctors to follow the oath they swore to God to do no harm to the patients they're supposed to be treating.

SCHAEFER: And would you agree that if they're following the science then science is not going to lead them to harm children?

TALARICO: Dr. Oliverson and I just had a conversation from the back mic to the front mic that doctors have to weigh the risks of providing treatment and the risks of not providing treatment. Dr. Oliverson acknowledged those can be difficult decisions. He also acknowledged that there are doctors—especially doctors who are trained professionals in this field, pediatric endocrinologists—who believe that gender-affirming care in some cases does more good than harm. And that's what we want doctors to use their professional judgment to make these calls.

SCHAEFER: You use the phrase gender-affirming care. How many genders are there?

TALARICO: So gender, as you and I both know, is something that the medical profession acknowledges is a spectrum. We both have talked about intersex people—those folks who are born without clear male or female either chromosomes or genitalia. And so how gender is defined can be very difficult and doctors and medical professionals acknowledge that.

SCHAEFER: Well, how many sexes are there?

TALARICO: In terms of chromosomes, there are two sexes. Now intersex, Representative Schaefer—

SCHAEFER: Intersex is a rare genetic disorder. Wouldn't you agree that if a person was born with one leg we would still say that the normal thing for humans is to have two legs. Correct?

TALARICO: Well, Representative Schaefer, you said it's rare. It's actually the amount of people in the world who have green eyes is the same as the percentage of people who are intersex. So it's not as rare as maybe folks would like to think and that—

SCHAEFER: By knowledge you would say also if a person was born with one arm or one leg, it's still the normal thing for a human being. We say that humans are bipedal. Correct?

TALARICO: I would say that person has one leg. And I would acknowledge that disability. The point of this amendment, Representative Schaefer, is that doctors—the folks that we trust to make decisions about a person's health care in

consultation with the patient, and if a patient is a minor with their parent—should be allowed to follow their professional ethics. And in this case, that's the Hippocratic oath which as you've already agreed, the first principle is do no harm. If a doctor evaluating the case, evaluating a patient's needs, and evaluating the parent's input decides that gender-affirming care will do more harm than good, then they would follow their Hippocratic oath and not provide that care. But if that doctor, in evaluating the specifics of the case believe that not providing that gender-affirming care would do more harm than good, then that doctor would provide that care. Go ahead.

SCHAEFER: If a patient came to the doctor and said, "I want to change my sex," then the doctor should say, "Well, you can't say change your sex because there are only two sexes."

TALARICO: If that patient is experiencing extreme gender dysphoria, which Dr. Oliverson has already acknowledged is a real condition, then that doctor has an obligation—a moral obligation according to their Hippocratic oath—to ensure that their patient, whether it's a minor in consultation with their parents, receives the treatment that they need. And Representative Schaefer, the consequences of not providing that treatment can be dire. Dr. González, earlier when laying out her amendment, talked about the rates of suicide among minors and adults who are experiencing extreme gender dysphoria.

SCHAEFER: But that doctor, in order to give proper health care—if a child comes to him or her and says, "I want to change my sex" then that doctor should tell that child that you cannot change your sex because there are only two sexes and you cannot change a person's sex. Correct?

TALARICO: We've talked about the gender dysphoria. It's different—

SCHAEFER: You're using the term gender dysphoria. But would you not agree that a person cannot change their sex?

TALARICO: Representative Schaefer, I'm not making up the term gender dysphoria. It's a real condition. One that Dr. Oliverson has acknowledged. And the consequences of not treating gender dysphoria can be suicide.

SCHAEFER: Simple question. Can a person change their sex?

TALARICO: I'm answering your question. Before this bill was filed, there was plenty of evidence that not treating extreme gender dysphoria can not only lead to suicide, but can lead to psychological and physical harm to a child. Since this bill has been filed *The New England Journal of Medicine* released a study of 350 young people with gender dysphoria who were receiving hormonal therapy. It showed that therapy reduced anxiety and depression among those minors receiving that therapy. And so I'm asking us to follow that evidence and follow that science. I'm disturbed that this body is not willing to let doctors make these decisions.

SCHAEFER: I'm asking a very straightforward question. Can a doctor change a child's sex?

TALARICO: A doctor can treat extreme gender dysphoria.

SCHAEFER: You're not answering the question. I'm asking you can a doctor change a child's sex?

TALARICO: The different treatments that a doctor can provide can include hormonal treatment.

SCHAEFER: But can those hormonal treatments change a child's sex?

TALARICO: The hormonal treatments that are provided by a physician are here to treat extreme gender dysphoria.

SCHAEFER: And I don't understand why you keep avoiding the question. Sex has a very defined definition in science. And so I'm asking you if we're following the science and we're asking the doctors under your amendment to follow the Hippocratic oath, can a doctor follow the Hippocratic oath and tell a child that if I give you something that causes you to be chemically castrated, that you can change your sex?

TALARICO: If a child in consultation with their parents—with the consent of their parents—meets with a doctor and asks how to treat the gender dysphoria that they're experiencing, a condition that we've all acknowledged is a real condition, that doctor has a moral obligation according to their Hippocratic oath—

SCHAEFER: I'll stipulate that there are medical treatments for gender dysphoria, but are there treatments that can change the child's sex?

TALARICO: Those treatments that you just acknowledged are banned under this legislation?

SCHAEFER: No. Those are not mental health treatments.

TALARICO: You're not allowing doctors to make these decisions.

SCHAEFER: Those are mental health treatments. So my question for you is straightforward. Can a doctor do anything medically, through counseling, through surgery, or through medication to change a child's sex?

TALARICO: A doctor, through treatments that we have discussed and that you just acknowledged, can treat a child's gender dysphoria which is the condition that we're discussing.

SCHAEFER: You're not answering the question. Can I ask in a different way? Can a person's sex be changed?

TALARICO: A doctor in consultation with parents, according to the science that we just laid out, is able to treat—proven not just from what I'm saying and not just from what Dr. Oliverson has said, but according to the experts including the Academy of Pediatrics. They have said that these treatments that we're discussing under this bill can treat that condition which we've all acknowledged as the real condition. So I guess what I'm—

SCHAEFER: You've not answered the question, but let me ask a different question. So if a female comes in, 16, 17 years old, or let's do it this way. Let's say a male comes in and says that he has gender dysphoria and believes that he is a female. Could that person get pregnant?

TALARICO: The gender dysphoria that you just described can be treated and it can be addressed through the either hormonal treatment—whether it's the treatments that have been approved by the American Medical Association, the Academy of Pediatrics—

SCHAEFER: But if that 16-year-old boy tells the doctor, "I want to be able to have babies someday." What would the doctor say?

OLIVERSON: I respectfully ask you to oppose this amendment. If these doctors were following the Hippocratic oath, this bill would not be necessary.

TALARICO: Thank you Representative Oliverson. Did you take the Hippocratic oath when graduating from medical school?

OLIVERSON: You don't take the Hippocratic oath typically when you graduate from medical school, Representative, or at least we didn't where I graduated. But obviously it's something that we try not to do any harm. And actually the Hippocratic oath, as I understand it, doesn't say do no harm. It says something different actually. But I think we commonly accept that the Hippocratic oath means to do no harm.

TALARICO: And you in your practice, you follow that principle, that Hippocratic oath?

OLIVERSON: Always try to, yes.

TALARICO: Are there doctors in Texas who believe complying with your bill would violate their Hippocratic oath?

OLIVERSON: I suppose there are.

TALARICO: So there are doctors in Texas who believe that your bill would require them to do harm to their patients?

OLIVERSON: I think based on their understanding of the medicine that they're practicing that is true. However, I would submit to you that the bill before the body asked the very question of whether they are following the Hippocratic oath and we would conclude that they are not. That is why the state must step in, Representative. You ask a really important question. This is why this bill is necessary. If these doctors were following the Hippocratic oath and were following the science, this wouldn't be happening and this bill wouldn't be necessary.

TALARICO: And you've acknowledged that in this body there are no content experts. In other words, there are no pediatricians and there are no pediatric endocrinologists who serve in this body. So it is a body of non-experts according to what you've defined as an expert in this field.

OLIVERSON: Representative, I think that could be said for a lot of things that we do in this body. We work on policy all the time and that we are not experts on, but we bring in experts.

TALARICO: Agreed. And we usually rely on the experts in order to make decisions in areas that we're not experts on.

OLIVERSON: Yes. And the experts came as you probably no doubt have heard and offered testimony. The expert's testimony was considered. Not just here but also in the senate.

TALARICO: So a body of non-experts are requiring that the experts violate their professional ethics and their Hippocratic oath to do no harm.

OLIVERSON: This body is a body that is responsible for promulgating laws in this particular case in order to make sure that those who practice medicine and who practice health care in this state are doing so in a way that does no harm. That is what you asked me earlier. And so that's what we do. We pass laws to ensure that is in fact the case. Just like we would pass a law against drunk driving.

TALARICO: Last session, you authored legislation which would allow doctors to refuse to provide care for "reasons of conscience." Is that correct?

OLIVERSON: Representative, I'm here to talk about this bill.

TALARICO: And in that bill, you define the term to include a moral philosophy or ethical position. Is that correct?

OLIVERSON: We're talking about this bill right here.

TALARICO: Are there doctors in Texas who believe complying with your bill here will force them to violate their professional ethics?

OLIVERSON: I can't speak to what other doctors would think or believe for whatever reason.

TALARICO: So why would you support a bill allowing doctors to refuse treatment because of these objections, but not to allow treatment because of these objections?

OLIVERSON: Well, I would submit to you that what you're talking about—which is a separate matter from what we're discussing here today—has not passed. So we have a legislative process, Representative. My opinions aside, I think it's important to understand that this is a deliberative body that examines issues carefully and the best ideas make it to this house floor for a public debate and for a vote on that board. And that is the issue before us.

TALARICO: I just want to summarize that you've agreed that there are no experts in this body and that by passing this bill we are asking those experts to violate their professional ethics. Thank you for answering my questions.

OLIVERSON: Okay. Thank you.

TALARICO: Members, I hope the conversation that we've had on this amendment and the dialogue between Representative Oliverson and I disturbs you. Because if there are no experts on this area in this body and there are experts who are telling us that this bill will violate their professional ethics and their Hippocratic oath then we should adopt this amendment that protects those experts, protects those professionals, and says nothing in this bill will force them to violate their Hippocratic oath.

ZWIENER: Representative Talarico, I was troubled by your exchange with Representative Schaefer and some of the gender essentialism he brought up. And so I wanted to ask you a couple questions about that. As you know, I'm a mom. Being a mom is a big part of who I am. Do you think the women on this floor who are not mothers, are any less women than I am?

TALARICO: I do not.

ZWIENER: Do you think that it is offensive to women, whether cisgender or transgender, to reduce who we are to our ability to reproduce?

TALARICO: I believe it is deeply offensive.

ZWIENER: Representative Talarico, you are not a father. Are you any less of a man because you're not a father?

TALARICO: I don't believe so.

ZWIENER: I would agree with you. Representative Talarico, do you see this same continuing pattern of really trying to identify women by our reproductive identity and restricting our reproductive abilities as tied to the same determination to discriminate against transgender people?

TALARICO: It disturbs me greatly. This bill I think is the most dangerous bill that's being heard on this floor this session.

ZWIENER: And thank you, Representative Talarico. I think we should all agree that whether or not we have had children our genitalia are not the most important parts about who we are and that other things are much more important. So thank you.

TALARICO: I agree. And Representative Zwiener, being a man involves a lot more than your genitalia. I know single moms in this state who are much more of a man than some deadbeat dads in this state. And I would hope that all of us here could acknowledge that experts and doctors in consultation with parents and patients should be making these intensely personal health care decisions and not politicians here in Austin.

ZWIENER: Thank you, Representative Talarico. I agree.

[Amendment No. 11 failed of adoption by Record No. 1677.]

[Amendment No. 12 by Anchía was laid before the house.]

ANCHÍA: This is a fairly simple and straightforward amendment. The bill as it currently is written unfairly discriminates against transgender youth in the State of Texas by making care for them illegal—care that others who are similarly

situated are able to receive. So if it is truly the intent of this legislature and the bill author that this bill not intentionally discriminate against trans youth then we want to be explicit. This amendment simply makes it clear that we do not stand for health care discrimination in the State of Texas.

OLIVERSON: With due respect to my colleague, I believe that the appropriate care for gender dysphoria is mental health treatments not drugs and surgeries which have not been proven scientifically to show benefit and have a growing number of health care complications associated with them. So with respect to my colleague, I think that the best way to do what he wants to do is to actually pass this bill so that these kids will get the health care that they're actually entitled to which is mental health care and we can stop engaging in treatments that have not been scientifically proven to be beneficial.

ANCHÍA: Are any of the drug treatments that will be banned by your bill be able to be used by patients who are not transgender?

OLIVERSON: Yes, they are indeed.

ANCHÍA: Okay. So you do not believe—it is not your intent that differential treatment is discriminatory?

OLIVERSON: No, Representative, because respectfully those medications are not FDA-approved for these conditions. Even the FDA has said that—it warned that the use of these medications for the treatment of pediatric gender dysphoria has not been studied and has not been proven safe.

ANCHÍA: Are any of the drugs that are used to treat gender dysphoria and are used to treat non-transgender children for their specific condition—are those drugs all FDA-approved for that treatment?

OLIVERSON: Yes.

ANCHÍA: In every case?

OLIVERSON: Again all and never are words that we don't like to use in science, but I would submit to you that I think the most obvious example would be precocious puberty. I would submit to you that the puberty blocker drugs are FDA-approved for that treatment. Yes, sir.

ANCHÍA: You would not go so far as to say in all cases that drugs that are used to treat transgender children—is there an FDA approval for other uses for non-transgender children? You would not go that far?

OLIVERSON: I think I was throwing that out to you as support for my supposition that yes, I would say that these drugs are not effective treatments for gender dysphoria.

ANCHÍA: Okay. So that was offered by you as a disqualifier, right? Hold on, hold on. If I can just finish my question.

OLIVERSON: Sorry, I apologize.

ANCHÍA: So you offered FDA approval as a disqualifier for use in the treatment of gender dysphoria and transgender children. And if I can finish my question—is the entire universe of drugs that are used to treat children for other conditions, is that entire universe FDA-approved?

OLIVERSON: Well, Representative, I apologize. I did not mean to suggest to you that I was saying that FDA approval is a precondition for a drug being used. I think what I was trying to do is submit to you another objective body—that I think that you and I would agree has some standing and value—that they were in agreement with me that it was not appropriate to use these drugs for this purpose. So that's all I was trying to say.

ANCHÍA: So FDA is not the objective standard—FDA proven?

OLIVERSON: I was not trying to hold the FDA up as the objective standard other than just to say that in this circumstance the FDA and I agree that this is not only an off-label use for this particular medication, but according to them it has not been studied and may pose risk.

ANCHÍA: Because both you and I have—I've observed this—have voted in favor of compassionate use programs. We have voted in favor of right-to-try legislation this very session alone where there has been no FDA approval. So that can't be the objective characteristic that we're referring to. So I'll try my question again. Are there drugs that are used for the treatment of transgender children that will be banned under this bill that will still be available for treatment of conditions among non-transgender children?

OLIVERSON: So let me answer your question by saying it this way. These drugs are not appropriate to be used for gender dysphoria in children.

ANCHÍA: That's right. And that's why you're banning them here. Correct?

OLIVERSON: What we're saying is yes. The science leads us to believe and conclude, and is supported by the literature, that these medications have not been shown to conclusively benefit and have been shown to harm.

ANCHÍA: So if I can make your response concise, you're saying it's not appropriate for transgender children, but it may be appropriate for treatment of other children. Fair statement?

OLIVERSON: Well, it's not appropriate to put somebody that doesn't have cancer on chemotherapy either. I see where you're going. But my point is that what we're saying is—

ANCHÍA: If you see where I'm going can you just answer the question?

OLIVERSON: It is not medically appropriate to use these drugs for this purpose. There are many fair health care conditions where different classes of drugs would be wholly inappropriate according to the science to use to treat a condition. So this is not an issue of discrimination. This is an issue of common sense in following the science.

ANCHÍA: So you don't believe your bill discriminates?

OLIVERSON: Absolutely not. Our bill follows the science.

MANUEL: I have a quick question. I know you have brought up—you say you don't think that medicine is the proper use and that you think it needs to be mental health care. What type of treatment would be sufficient that you think is going to actually help children who have gender dysphoria?

OLIVERSON: The studies that I have read, Representative Manuel, suggest that psychological counseling and what we call psychotherapy are highly effective in treating gender dysphoria. And actually studies have shown that 80 percent of children who are treated with psychotherapy and supportive therapy alone, their gender dysphoria resolves by the time they reach the third decade of life. So it is highly effective.

MANUEL: And what about the children who aren't? If you said 80 percent, what about the rest of those children? What happens to them?

OLIVERSON: Well, this bill would not apply to them by the time they reach that age. So at that point as adults having fully matured from a neurobiological standpoint and the state having recognized that they're adults capable of making their own decisions, our bill doesn't deal with that.

MANUEL: And lastly, would conversion therapy be something that would be a part of that?

OLIVERSON: Representative, respectfully—and I do respect you tremendously—I really don't like that term because I feel like that means a lot of different things to a lot of different people and it's somewhat of a pejorative. The reason that I'm saying that to you is that I know for a fact there was a young man who testified both in the house and senate as a detransitioner and he told us twice in the house and the senate that the only therapist who ever helped him in his home state of California was the therapist who helped him to be okay with his sex that he was born as. But his remark to us was, "my interpretation of the laws in California is that he broke the law by helping me to come to terms with who I've always been and who I was at birth. By doing that he believed that was conversion therapy." I think I don't like that term because I don't think that that's a scientifically accurate term.

MANUEL: I don't like it either, but I'm just asking is that—I'm trying to get to the legislative intent to make sure conversion therapy or whatever you want to call it is not something that is being used against children who have gender dysphoria, however you want to label it. That's why I'm just trying to make sure it's just a license. Who would that person be?

OLIVERSON: Let me answer your question this way and see if you and I can be in agreement on this. I believe that one positive outcome of treatment for a child experiencing gender dysphoria would be that through counseling and therapy their gender dysphoria would completely resolve and they would be okay with who they are. Would you support that? Because I think that's a great outcome.

MANUEL: Yes, I support parents and doctors making their decisions. But at the end of the day, my biggest thing is finding out who actually is going to be able to assist since we're taking away medications that you believe are not effective.

Some people say that they believe they are effective. The thing is we have contradicting views, but yet we're just going ahead and rushing and making the decision. It's like I don't know what to eat. And so you're the parent coming in saying, well we're going to eat pizza. So my thing is what kind of pizza are we eating? What kind of medical treatment? Where are these children going to be going? Are there ramifications that we can make sure that we are codifying into this law knowing exactly where these children are going and not going? Because whether you like the word conversion therapy—and you know I have a great deal of respect for you and I'm not trying to be adversarial, but I want to get to the impact. Because as I stated earlier with Representative Johnson's amendment, doing this the wrong way causes children to be harmed. And this is not me speaking from an article this is from a child who tried to commit suicide until he was 27. So this is very real, very serious for me. This is me being in this body since I was 18 and listening to debates like this and leaving here feeling like the place where I was supposed to be the most protected was the place where I was the most hated and it was best for me to not be here and exist. So I want to make sure that these children are safe and I want to know what is the intent and where are they going to go? That's the only thing I'm asking. And I promise this is not a "gotcha" moment. I just want to know what is the version—because this is the, and you know this, this is the brain.

OLIVERSON: That's right. I get it.

MANUEL: And children—we keep talking about them developing. I need to know they're developing brains and they're developing minds. Who's informing that? Because that's vitally important and that's what I'm trying to get to. So is it therapist, is it psychotherapist? Is it, whether you like the word or not, conversion therapist? That's all. I'm just trying to get to the bottom of.

OLIVERSON: I understand. And I think that you said a lot, but I think that the short answer to your question is mental health therapy. I'm not here to pick winners or losers there. The bill actually doesn't deal with mental therapy. And that is intentional because we believe that has been shown conclusively to be a maximally beneficial to a child struggling with gender dysphoria.

Now, I want to be honest with you. You and I are friends. Do I think—and even the best studies out there don't show that 100 percent of people who are treated for gender dysphoria when they get to the age of 20 that resolves. Which is the reason why this bill stops having effect at the age of 18. What we're saying in effect here with this law is that when we're talking about a child who is neurocognitively developmentally immature, we do not want to do permanent, irreversible, and potentially lifelong damaging treatments on a child when we don't know whether we could save that child or get that child to a point of being comfortable with who they are with none of that. And so I think you and I would agree that it would be highly beneficial for a child that was struggling with gender dysphoria if that could be treated without drugs and surgery. I think we would agree that that would be preferable than undergoing the risks and the possible lifelong complications—the sterility and the dependence on hormones and all of the other problems. When we talked about this bill, in addition to

talking to families and other folks, we also heard from detransitioners. We talked to people who were on the other side of this who made a mistake and who went down this pathway thinking it was going to solve their problems and it left them broken people.

MANUEL: But not children, though. The children have never said that. But I digress. The main thing is to answer the question. There aren't any guardrails on who it's going to be?

OLIVERSON: This bill doesn't establish best practices for mental health therapy.

MANUEL: So the mental health aspect is just open at this point?

OLIVERSON: It's not part of this bill, Representative.

MANUEL: Okay, but that's what I'm saying is the treatment version of it at this point is basically going to be one-size-fits-all because it's not in this legislation so, kind of, just figure it out at this point. For the mental health aspect of a child dealing with gender dysphoria if their parents want them to go to a psychologist—if their parents want them to go there—

ANCHÍA: I take the gentleman at his word. If he says with this bill his intention is for it not to discriminate then we should put it in the bill and say that this bill shall not discriminate. And that's what my amendment does. So please vote aye.

REPRESENTATIVE J. JONES: I like your amendment because it says that you won't discriminate or you can't be discriminated against if you're transgender, but also that you can treat gender dysphoria. So it made me think of situations because I've heard people talk about how by the time you're 20 I guess you're cured of whatever. But I think of a client that I had once who was a trans woman and I had her in court and everybody didn't understand that she was a woman. So when I was investigating so that I could mitigate during her punishment if she got convicted, I went and I talked to her mom. And I asked her mom how long has she been like this? And her mom said when she was in pre-K and they would line them up to go to the restroom—they put the boys on this side and the girls on this side—even though she was born a biological boy, she would always get in line for the girls' restroom. And the teacher called mom and said, "Hey, you need to get your son and get him to get in the boys' line for the restroom." But no matter what she said to her daughter to get into the boys' line because she was buying into it because she didn't understand what it was to be a transgender girl, she tried to do therapy. She did all these mental health things to try to cure her daughter from being a transgender girl. And what ended up happening is she had a bunch of psychological issues because people kept telling her she wasn't who she was and she ended up being homeless. She ended up getting kicked out by her mom. She ended up being on the streets because no one would accept her as a woman. And so she was well past 20 when I had the opportunity to meet her.

I like your amendment in that it recognizes that there's gender dysphoria, but it also recognizes that there are actually transgender women. Because as a child of a parent who committed suicide because something was going on in his mind, it concerns me that we are not accepting people, at least in this house, for who they are and whether we want to believe it or not. And we're trying to

relegate it to just being mental. I will say this, I've had two friends who lost their children who committed suicide. One was 11 and one was 16, on his birthday, because of the hate that is directed at the LGBT community. So I think that your amendment is great and I would be curious to know what caused you or led you to draft this amendment that understands that there are some people that have gender dysphoria, but that there are other people who actually are trans boys or girls, men or women?

ANCHÍA: It's pretty simple. I don't believe in discrimination. If we don't want to discriminate and we adopt this amendment and we say that kids can receive treatment no matter who they are, health care, no matter who they are, and the care that they need no matter who they are.

[Amendment No. 12 failed of adoption by Record No. 1678.]

[Amendment No. 13 by Zwiener was laid before the house.]

ZWIENER: Last session, when this issue first really hit this body the conversation was about surgeries. I don't think you'll find a member on this floor who thinks it is a good idea to do genital surgeries on youth under the age of 18. We do not have a disagreement there. So what my amendment does is take this conversation back to what members on this floor were asking for last session and limit the bill to just affecting surgeries.

Members, gender dysphoria is recognized as a serious medical condition by every major medical association in our country. Yet this bill seeks to deprive transgender Texans of evidence-based, age appropriate, and medically necessary health care. My amendment would narrow this bill so that doctors in concert with a team—that yes, always includes mental health care providers—could still prescribe puberty blockers and hormones. I want to note, especially with puberty blockers—members, there's been a lot of conversation today about whether or not puberty blockers should be used in ways that are "off-label," i.e. in a different way than how the FDA has specifically approved the drug. The most common drug is Lupron. And members, Lupron gets prescribed right now for kids who are anticipated to not add up to the height their parents hope they will. That is off-label, that is not FDA approved. If this legislation was really about trying to protect Texas kids from the terrible and medically unnecessary side effects of Lupron then why are we only banning it for transgender youth? It is not. We are also banning other off-label uses that happen right now for people who want their kids to be taller and for people whose kids compete in sports where it's considered an advantage for them not to go into puberty sooner rather than later.

So my amendment would allow that treatment to continue for youth, just those prescription medications. My amendment fixes this bill so it is no longer unconstitutionally discriminating against transgender youth. And members, these medications have been prescribed for decades for a variety of medical diagnoses. While there are side effects, they are side effects that are on par with over-the-counter medications that we have all given our children over the course of their lives. So members, I urge you to support this amendment so that we can allow these medication treatments to continue while only banning surgeries, which again, is where this conversation started two years ago.

OLIVERSON: With all due respect to my colleague, respectfully, I would oppose this amendment. She is correct that we are in complete agreement that surgeries on minors for the purpose of gender reassignment is a bad thing. I think we're in agreement on that. I know we are, but I think the science actually says far more than that. I think it says that, in fact I know it says, that these medications have not been proven to resolve gender dysphoria. These medications have side effects that we've talked about that are serious, significant, lifelong, and irreversible. And you're talking about administering these drugs to someone under the age of 18 before they're fully neurocognitively developed and not capable of making adult decisions. You're making an assumption that despite the fact that there are permanent lifelong changes to that person's body that may leave them dependent on these and other medications for the rest of their lives, that how they think of feel about themselves at age 12 or 13 is carved in stone for all time. Because I'm going to tell you something members, we've studied this, we've looked at this, and the science is clear. You start down this pathway and you get to a point where you cannot get back. And I know that's just something I know we'd probably disagree about, but I'm not going to accept the amendment. I think that the drugs are potentially as, or more, harmful and certainly have significant lifelong effects just as the surgeries do.

ZWIENER: Representative Oliverson, does your bill ban the prescription of off-label puberty blockers for the intention of trying to get a child to grow to a larger height?

OLIVERSON: Well, Representative, I'm not sure what you mean by that. Our bill talks about only banning these drugs for the purpose of attempting to change the sex of the child. I think that's the exact terminology that is used so that it's a very specific indication that we're prohibiting these medicines for. But I don't know, you may be referring to precocious puberty. I'm not sure.

ZWIENER: So hypothetically, you have a youth not experiencing precocious puberty starting to enter puberty around ages 10 or 11. Parents hope they have a little more time to grow. Doctors suggests a puberty blocker. Does your bill ban that?

OLIVERSON: Well, no, it doesn't. But I think it's important we talk about why we give puberty blockers to children. And you mentioned height, but just for the benefit of our guests and other members in the body, I think it's important to point out that one of the dreaded complications of untreated precocious puberty is that it causes the bones to fuse prematurely.

ZWIENER: Representative Oliverson, I'm sorry, I just want to make sure we stay on track. I'm not asking you about a precocious puberty situation. I am asking about a situation where you have, let's say a young cisgender boy entering puberty—starting to enter puberty at a normal age. But the call is made that he's not projected to be very tall and they want to delay the closing of his growth plates by prescribing Lupron. As I know you're aware, because we were just discussing some of that evidence during a point of order debate, applications in

those circumstances have the exact same side effects you are complaining of as when the medications are prescribed for transgender youth. Does your bill ban using puberty blockers off-label to try and give a child more time to grow taller?

OLIVERSON: Representative, I hope that people don't use puberty blockers just to change people's height. That doesn't seem to me like a medically appropriate use, but that is beyond the scope of this bill.

ZWIENER: So your bill does not address that. Thank you.

OLIVERSON: I hope nobody's doing that.

ZWIENER: There's also been reports of use of puberty blockers for young female athletes—particularly gymnasts, cheerleaders, and sports like that. Does your bill ban the use of these medications off-label to try and extend the career of young teenage girl athletes?

OLIVERSON: I am not advised that actually is happening, but that sounds highly unethical to me. But unfortunately, that's beyond the scope of this bill.

REPRESENTATIVE TINDERHOLT: If this bill solely stopped surgeries on children for gender care, you'd vote for it?

ZWIENER: If this bill solely stopped genital surgeries for minors without having any discriminatory language in it, I would be happy to support this bill.

TINDERHOLT: So are you aware that puberty blocking medications long-term on children have been proven to cause sterilization?

ZWIENER: I do not believe that to be accurate information.

TINDERHOLT: It is. And you can find it anywhere. Do you believe—

ZWIENER: I believe you can find that on sites that are not well-cited.

TINDERHOLT: Hold on—do you know that the U.S. Constitution says that individuals have a fundamental right to procreate? They have the right to do that.

ZWIENER: Individuals also have a fundamental right to not procreate. And I know I resent my identity and worth being solely linked to my ability to reproduce and I am not alone in that. Folks have a right—I am finishing answering your question.

TINDERHOLT: Of course you are.

ZWIENER: Folks absolutely should have a right to reproduce if that is what they choose. But people make choices every day that lead them down different paths in their lives. And this should not be treated as any different.

TINDERHOLT: So do you know when parents give puberty blockers to children and they make them so that they can't have children, which many of them we heard in the committee want to do after they're 20 and 25 years old—that can be considered child abuse because a child is not legally competent enough to consent to that sterilization. What do you have to say about that?

ZWIENER: That is certainly not current law. And people choose treatments for children every day that potentially have side effects. Medical professionals' and parents' jobs are to weigh the potential side effects and pick the best path forward for their children.

TINDERHOLT: Well, I disagree. I think what you're supporting today goes totally against our attorney general's opinion that was done with former Representative Matt Krause, who's up in the audience. He asked a question—he's in the gallery—and he specifically stated that.

ZWIENER: Mr. Speaker, I don't believe we're supposed to refer to people in the gallery on bill debate.

TINDERHOLT: I'm asking a question—don't interrupt me please. Let me finish asking the question. Now, when a child thinks that they are something else that they're not, we get them behavioral health, we send them to a psychologist. We don't carve them up and we don't give them medicine to stop their puberty and sterilize them for the rest of their life. So I just think it's despicable.

ZWIENER: Representative Tinderholt, I have had three people cry in my arms outside the floor of this building today. I have had three people—some of them transgender individuals who feel personally under attack by this body today. People who feel like this body is telling them they don't belong in Texas, the state I and they love. Some of those people were not transgender individuals. Some of those people were parents—parents who have already sent their kids out of this state to try and protect them. Parents who are trying to figure out what to do right now in the face of the fact that this body inexplicably has become obsessed with them and their children.

Members, if you don't think transgender therapy is a good idea then don't have transgender therapy and don't have gender-affirming care yourself. That option is available and on the table for you today, but leave these families alone. There are parents who are doing every single thing they know how to do to protect and defend their children. That's something I know I would do if I felt like my child was in danger. I would do every single thing I know how to do and every single one of you would too. So before you judge these parents, walk a mile in their shoes, and listen to the stories of parents, many of whom started with political and spiritual beliefs like you have and were startled and surprised and confused when their child's gender did not line up with the letter on their birth certificate.

MORALES SHAW: Representative Zwiener, did you have an opportunity to meet with Frank and Rachel?

ZWIENER: I have met with Frank and Rachel. Yes.

MORALES SHAW: And from your conversations with that couple—who are like every other couple that's in this room—did they describe to you the heart-wrenching experience that they went through with their child and the adjustments that they had to make in the face of gender dysphoria?

ZWIENER: Yes, they and many other families have shared with their stories with me. One I've been thinking a lot about lately is a gentleman who walked up to me at a polling place last year and told me "I've been a lifelong republican and I have a transgender teen and I don't know what's happened to the people who I thought represented me, but my family now has a plan for my wife to take my daughter to a different state if bills like this pass." And those are the stories we are hearing every day from parents. It is startling to me that we are not giving those parents more grace right now.

MORALES SHAW: Representative, did you have an opportunity to meet with Annalise, Anna, Ed, and Lindsay? Did you have an opportunity to meet with any of those families?

ZWIENER: I have met with some of those families, yes.

MORALES SHAW: Did you feel that when they were expressing their personal life experiences with their children that they were expressing that they wanted to harm their child in some way?

ZWIENER: No. In every conversation I've had with a parent they are doing everything they know how to defend their child—they're mama bears. There was even a documentary about some of these parents called *Mama Bears* because they are ferociously trying to protect their child's future. And that's the real difficult space we're in. We are living in a moment in time where a lot of these children look at debates like we're having on the floor right now and wonder if they have a future. And so what I want those children to know more than anything from today is that regardless of how the vote goes down on this bill tonight, there are people in this chamber who are fighting for them. There are people in the gallery who are fighting for them. There are people in this building who will continue to fight for them and make sure that they have safe places to be who they are in this world.

MORALES SHAW: When they were expressing all of the support that they had to give to their child and when they broke down into tears, did that feel like the same love that you and I have for our children—the love that will make us do anything to protect them, to keep them safe, to understand them, to nurture them, and to help them grow into the best person that they can be?

ZWIENER: Absolutely. If I thought it would protect my child, I think I'd try to pull this Capitol apart brick by brick with my bare hands. And that's what a parent's love does. These are parents who are fighting the same way.

MORALES SHAW: Isn't that what all of the advocacy on the floor is about today? It's about being a voice for a percentage of the population that are not understood a lot of times?

ZWIENER: Absolutely. We do not have a transgender individual on this floor being able to be that voice, so it's our jobs to be that voice today.

MORALES SHAW: In fact, do we have any members that you know of that are supporting this bill that have ever lived that, that have ever walked in those shoes, or that have ever had to understand that their child might be different—might not be like what they expected?

ZWIENER: Not that I'm aware of. Members, I urge you to support this amendment to allow parents to still have options to support their transgender youth.

[Amendment No. 13 failed of adoption by Record No. 1679.]

[Amendment No. 14 by Rosenthal was laid before the house.]

ROSENTHAL: Members, this amendment would clarify the type of care that could be banned by this bill, specifically treatments that cause permanent infertility. By striking the term transient, which in this case means effects that are not permanent, we would only ban the use of medications or treatments that would cause permanent infertility while still allowing the use of some of the more commonly used medications that treat gender dysphoria and do not cause permanent infertility.

OLIVERSON: Members, with all due respect to my Harris County colleague and neighboring district, I'm going to oppose this amendment. The language, as it's constructed in this chapter, is very clear in terms of banning these medications for this specific purpose. And so the word that he's striking—with respect to transient versus permanent infertility—doesn't really have a significant effect. And it doesn't seem to have any purpose that I can figure out exactly what it would do. So respectfully, I'd ask you to oppose the amendment. Thank you.

ROSENTHAL: With respect to one of my favorite colleagues, actually—I really do like Dr. Tom Oliverson. But with respect, if one of the arguments that he is laying out over and over again is about permanent infertility then this would only restrict the use of things that actually permanently affect children, which is what you have been talking about all along.

[Amendment No. 14 failed of adoption by Record No. 1680.]

[Amendment No. 15 by Garcia was laid before the house.]

REPRESENTATIVE GARCIA: This amendment would offer the "other than procedure" described by Section 161.702. And what this amendment will do is it will greatly impact intersex children. Not all babies' genders are identifiable at birth and sometimes the liberty is taken to select a sex. I ask that you support this amendment to keep intersex children's rights intact. If you believe in a person having consent for their own bodies, please vote yes for this amendment.

OLIVERSON: Members, I have great respect for my colleague, especially. She and I had the chance to visit about this amendment beforehand and we talked about it. The fact of the matter is that the intersex conditions are abnormal genetic conditions—medical conditions that are verifiable. And so that's not really the subject of this bill. I understand what she wants to do here, but respectfully, we're

focused on the use of these treatments and surgeries for children who have normal biology and normal genetics, but we're doing that especially to change that. And so, respectfully, I would ask you to oppose the amendment.

REPRESENTATIVE V. JONES: How many intersex people live in the United States?

GARCIA: At this point in time our research shows that in the United States today, up to two of every 100 people born in this United States are intersex.

V. JONES: Thank you. And why does this bill explicitly authorize intersex surgeries on infants?

GARCIA: I don't know, honestly. In recent years, professionals in the medical field, doctors, intersex Americans are advocating for reexamining these surgeries. Many doctors and parents of intersex children feel pressure to make split-second decisions. It's very shocking on them when a baby is born with genitalia that can't be identified.

V. JONES: Thank you, and what are the lifelong effects that intersex people face as a result of these surgeries?

GARCIA: Well, some things that they face are very—uncertainty, perhaps feeling trapped in a body that they don't feel is theirs. And this occurs specifically when perhaps a penis is not fully formed and they remove that tissue to make the baby a female when in fact, that was not the case. The testes that were there at birth that were removed to make the baby appear female greatly affected their—excuse me, I lost the word. But it greatly affected them in a way that their hormones did not have the natural mechanism to produce estrogen which had they had their testes, the testosterone can be transferred over to produce estrogen, which would allow that individual to live a more normal life for them.

V. JONES: So you're saying that this bill as currently written would allow for surgeries to be performed on kids?

GARCIA: Well, it can be, yes. Because when we are looking at a situation—especially when it comes to legislation where we're saying that there's two genders, male or female and that is all—then sometimes it takes them, the parents as well as doctors, they have the knee-jerk reaction to choose one or the other. So we have heard stories of things like this occurring. And actually I am in contact with an adult who was born intersex and what she experienced was part of the story that I shared with you. And we are asking for the opportunity for children to go through their lives to determine what sex they are.

V. JONES: Last question, does this bill explicitly allow for surgeries to continue to harm intersex youth?

GARCIA: At this point in time, it does allow for that because there is no clear definition on these procedures. And as Representative Oliverson mentioned earlier, we're trying to put in there that we do not authorize surgery on a baby who is intersex before they're able to go through their life cycles. Because once they become adults, if they're chosen to be of a gender or of a sex that is not

compatible with their living in the way that they present then it causes a lot of confusion. It causes a lot of mental anguish and trauma. Oftentimes it does lead to very intrusive thoughts of suicide.

V. JONES: Thank you so much for this amendment, Representative Garcia.

GARCIA: Thank you so much. I would just like to add as well that this is a very tough topic and I really appreciate everybody bringing these issues to the table. I really hope that we can leave this conversation open for further work.

[Amendment No. 15 failed of adoption by Record No. 1681.]

[Amendment No. 16 by Reynolds was laid before the house.]

REPRESENTATIVE REYNOLDS: Members, according to Trevor Project's *2023 U.S. National Survey on the Mental Health of the LGBTQ Young People*, 56 percent of LGBTQ young people who wanted mental health care in the past year were not able to get it, including nearly three in five transgender and non-binary young people. Additionally, 38 percent reported being unable to afford mental health services. This bill would effectively strip away any kind of health services to these children. They would no longer be allowed to receive lifesaving medication that would help them. Because this state is doing this to the children—and I've seen where the votes are—it is our responsibility as a state to make sure that the harm done to these children is minimal. When nearly one in three LGBTQ young people say that their mental health was poor, most of the time it's always due to anti-LGBTQ policies and legislations. This body must provide an adequate substitute for the care that they will be losing through this bill. This amendment will provide free mental health services to help these children and their mental well-being. We've heard the statistics about the depression, about the anxiety, and ultimately, unfortunately, about the high number of suicides. I ask for your support.

OLIVERSON: Members, I have great respect for my colleague from Fort Bend County. This bill's not about mental health. We've talked about how we support that. But again, I believe this amendment goes beyond this scope of the bill. I would ask you to vote no, but I appreciate his focus on mental health.

REYNOLDS: And I have a lot of respect for our dear colleague, Dr. Oliverson, but we often talk about mental health when there's a response to a mass shooting. We often talk about mental health when we see so many issues plaguing our society. And we know based on the statistics and the pure research that these individuals are going to have a high need for mental health services and there is a high likelihood that they won't be able to afford it. We must, as a state, make sure that we are caring for these individuals.

Now, I know that this is a highly partisan issue and I'm going to say this: I am a proud heterosexual male. I have children and I'm a proud Christian. But we must prepare to care for all of these children. And we know that mental health services are real and that, unfortunately, without those services we could be looking at a increase in suicide, an increase in dropouts, an increase in drug addiction, and an increase in other negative impacts. That is why this is so essential. If we're going to pass this bill—for which I'm voting no—that the least

that we could do is to make sure that these individuals have access to the mental health services that they may be rightfully needing. And with that, I ask for your favorable consideration.

[Amendment No. 16 failed of adoption by Record No. 1682.]

[Amendment No. 17 by Bucy was laid before the house.]

BUCY: This is mainly a cleanup amendment as written. This provision could cut off public funding from any entity, organization, business, or person who facilitates this health care even though that term is not defined. The concern here is that the phrase, on page 4, "facilitates the provision of" is both undefined and potentially so overly broad as to jeopardize the already fragile ecosystem of health care providers and negatively impact businesses and organizations in Texas that provide health care insurance for their employees or otherwise take any action to facilitate the provision of care. There is no need to extend this provision of individuals and businesses when the rest of this bill is tailored to health care providers. So I hope this amendment is acceptable. It's mainly a cleanup. If you look, it's just very specific: "or facilitates the provision of," what we're dealing with is "entity, organization, or individual" striking and saying, "health care entity or organization." So I hope it's acceptable.

OLIVERSON: I have great respect for my colleague, Representative Bucy and I appreciate his concerns. The issue he's focusing on has to do with the section prohibiting the use of public funds to pay for these services directly or indirectly. Members, I think that's an important part of this legislation. I think it was written very carefully. I don't think there's anything wrong with it and I think it means what it says very clearly—that we are not interested in using public money for these purposes. And so with that, I'd respectfully oppose the amendment.

BUCY: What this amendment does is just to narrow the loss of public funds to any individual business or entity so that it's accused of facilitating such treatment elsewhere. This bill is specific to a few items, but this section is written too broadly. I hope you'll stick with me. Let's clean this up so we don't have an unintended consequence.

[Amendment No. 17 failed of adoption by Record No. 1683.]

[Amendment No. 18 by J. González was laid before the house.]

J. GONZÁLEZ: This amendment simply adds the term, "in the state" and ensures that the provision of this bill that prohibits the use of public money only applies when a procedure banned by this bill occurs in the State of Texas. As written, this provision could cut off public funding from any health care provider, medical school, hospital, physician, or any other entity, organization, or individual who facilitates this health care. This provision is ambiguous on whether facilitation extends beyond the borders of the state. Additionally, the bill fails to even define what facilitates means. This bill could put our local hospitals, businesses, and medical schools at risk of losing funding for their programs, businesses, or insurance that provide the lifesaving health care this bill is trying to ban in another state. Not every state agrees with this bill and with the bill author on this

issue. These organizations shouldn't be in trouble for their work outside of the State of Texas. Businesses shouldn't have their ability to contract with the state dependent on what kind of out-of-state coverage their insurance provides their employees to access care. This provision of the bill is very unclear and this amendment seeks to protect our Texas hospitals and businesses by clarifying that for the use of public funds to be prohibited the conduct must occur in Texas.

OLIVERSON: This amendment focuses on the same section the previous amendment focused on. And again, I'm just going to say that what happens outside of the State of Texas, especially with regards to companies and their insurance coverage and things like that, is protected under federal law by ERISA. So that's not what this bill does. It's not there to tell insurance companies what they can and can't cover in other states and things like that. We're focused on Texas patients and Texas medicine, but we're also concerned about our tax dollars being spent wisely. And so respectfully, I would oppose the amendment.

J. GONZÁLEZ: Members, again, this language in the bill as it currently is, is unclear. This amendment simply seeks to protect our Texas hospitals and businesses by clarifying that the use of public funds—in order for it to be prohibited, that it must occur in the State of Texas.

[Amendment No. 18 failed of adoption by Record No. 1684.]

[Amendment No. 19 by Goodwin was laid before the house.]

REPRESENTATIVE GOODWIN: I believe this is the last amendment and so I would really appreciate your attention. With each of the votes that we have taken previously it's becoming clearer and clearer that we are going to pass this bill without any exceptions or any protections. We have agreed that gender dysphoria exists. We have agreed that it is something that causes trauma and stress and anxiety in our kids. And so I'm very concerned. Other representatives have alluded to the fact that it could potentially lead to suicides or suicidal ideation. So my amendment says that we will keep track of that. We'll gather data and we will see if there are consequences to this new law.

This amendment would create a study that would measure suicide rates in kids who are denied gender-affirming care for five years. According to a study published by the *Journal of Adolescent Health*, they found that for youth under the age of 18, gender-affirming care was associated with lower odds of recent depression or recent suicide attempt. Gender-affirming hormone therapy can be used as a mechanism to reduce feelings of gender dysphoria and minority stress among transgender and non-binary youth working to improve mental health outcomes and prevent suicide. Between January 1 and August 30, 2021, the Trevor Project received more than 10,800 crisis contacts—calls, texts, and chats from LGBTQ youth in Texas looking for support. More than 3,900 of those crisis contacts came from transgender or non-binary youth. So the potential result of the bill could lead to an influx in trans youth experiencing mental health crises. This amendment simply studies the suicide rates and the numbers of suicides that occur as a result of this legislation. I hope that the study would not only look at suicides, but also those who attempt or cry out for help.

And I just want to say very quickly before I answer your questions, Representative Toth, that I have a friend—our kids grew up together. They went to elementary school together, my daughter and her daughter, and they were close. She spent the night at our home. But in high school, this friend's daughter transitioned to male and she told me about it. And initially, I was shocked because it's not something that you expect. I said, "Well, how do you feel about that?" And she said, "Well, my husband and I both support this transition because it's right for our child and his brother supports it too." And I watched for years their support of their son. He now is happy and in college. Parents don't ask their kids to change genders. It's confusing. And the thing is, I also know what it's like to have a child who is dealing with some really difficult issues and depression. And when they cry out to you, when they say, "Mom, I don't see the point in living anymore." You are going to do anything it takes to help your child. I am so concerned that this law is going to drive some kids to somewhere unthinkable. Now, my friend's child has decided to move out of state—or is strongly considering moving out of state—and that's obviously the better option. But some of these kids, they're going to give up because the state has told them they shouldn't exist.

REPRESENTATIVE TOTH: Representative, what is the current suicide rate among these kids?

GOODWIN: I don't know. And that's why I think that we should study it so that we can determine what it is going forward.

TOTH: What data point would you take—if your amendment were to become law, what data point would we take when we don't know what the representative sample is of kids currently?

GOODWIN: Well, we can look at the number of calls into hotlines such as the one I mentioned at the Trevor Project. Now, that's not suicides, but I'm sure that—

TOTH: But your amendment is to track suicides.

GOODWIN: Exactly.

TOTH: If this law passes, it becomes law. You want to set up a study, but you don't have anything to compare it with.

GOODWIN: It's a five year study. I don't recall when this goes into effect.

TOTH: Why have you not sought to do this prior to this law? You've given a lot of anecdotal information today. We've heard a lot of anecdotal information, but why not—why has there been no desire to study this before this?

GOODWIN: It's possible that there's some of that data out there and I would hope that with this being—

TOTH: There is. So the Tavistock study in London says it's 0.03 percent.

GOODWIN: Maybe we can look at data in Texas. I would hope that, like I was saying, if this is included in the new bill—the law—then they can do some digging and try to extrapolate what the current suicide rate is and then we can look at it going forward as well.

OLIVERSON: I appreciate my colleague bringing this amendment. Obviously, I think that suicide, suicidal ideation, and suicidal attempts are something that we should take very seriously. Unfortunately, that has gotten conflated with the issue of gender dysphoria in an extremely negative way. We have talked to not only medical professionals, but people in the community who have expressed to us that this is a difficult issue on many levels. And it turns out that the literature actually doesn't support the idea that gender dysphoria or treatment of gender dysphoria has any effect on the rate of suicide attempts or completions. Yet there is this narrative out there, unfortunately, that though two are intimately linked. I think we have to be really careful about this conversation. I respect the amendment that she's bringing. I believe that we already look at these things, and I know that science continues to study this and look at this precisely because of the false association between the two.

But I would just caution everybody in the gallery and everybody in the room that when you're talking about a person taking their own life, you're talking about somebody that has known mental health problems and that linking legislative acts or linking behavior or linking feelings about yourself with the idea that somehow that should be connected with suicide or a suicide attempt, I think is something that we should refrain from. I think that's something that we should take very seriously. And I believe very strongly that if you are thinking about hurting yourself then you need to get help. I want you to get that help and that help is mental health therapy and mental help. We do not want people attempting suicide. I have, as a doctor, unfortunately cared for many patients that have come to the hospital that have tried to kill themselves. Some in an attempt to because of another psychiatric condition that was poorly treated and some because they really felt that they were at the end of their rope, but I would just say that this is not something we should take lightly.

I do think that this amendment is unnecessary because I believe this is something that a wide variety of agencies and sources are studying and looking at. But I would just ask all of us to be very careful in choosing our words when we try to link these two things together because the science doesn't support it, number one. And number two, if we're dealing with somebody that's already struggling with mental health conditions and you make the connection between suicidal ideation and whatever they're struggling with then that is not a good combination.

ZWIENER: Representative Oliverson, thank you for talking about how important mental health is. I think you and I are in alignment on that. I know representatives like myself and Representative Goodwin—and other members of the LGBTQ caucus—our number one goal is for trans kids to get a chance to grow up. And I know we don't take this lightly at all. So my question for you is this. Do you

believe our concerns about suicidality in transgender youth and being related to affirming care are in earnest? I know you disagree, but do you believe we're in earnest?

OLIVERSON: I do believe you're in earnest, but I want to be clear that I believe that the two issues—that the medicalization of kids struggling with gender dysphoria and the link to suicidal thoughts versus attempts or completions—is something that the literature got wrong from a very early stage. And unfortunately, I believe, it has stigmatized this whole conversation when we should have been focused on mental health. Instead, we went in a total opposite direction. And unfortunately, a lot of times it was the provider's fault. They were the ones that were telling parents, "If you don't transition your kid right now, they're going to kill themselves." That is not supported by fact. There is not a study out there that supports that notion and it is completely medically irresponsible for somebody to present that false narrative to a parent. And yet we talked to parents and we heard time and time again that this, in fact, was what they were told. So this is why this issue is a very sensitive issue. I know it's sensitive to you, but I think we have to be really careful how we enter this conversation.

ZWIENER: If you believe we are an earnest and we have material disagreements about what we think the literature supports then what is the harm in the study that Representative Goodwin has proposed? Presumably, Representative Oliverson, if you are correct then her study would help demonstrate that. Or, if it turns out that you're incorrect, it would help us potentially adjust. So what is the harm in being safe, being careful, and putting every bit of value on these kids and their futures that we can and doing that study? What is the harm?

OLIVERSON: So two things, Representative. I don't know that it's necessarily about a harm. Number one, I think it's duplicative. I think this data is already being collected in various sources. And number two, I know that this issue is in an area of intense study. This is one of the outcomes that people look at when they look at various treatments for pediatric gender dysphoria. If a child is experiencing thoughts of harming themselves, what effect does this treatment have on that? And that's why, to me, this is something that in some respects—I'm glad we brought this up in some respects. And I've heard from folks in the community that are like, "This is a really tough issue for the community." And so I just want to be respectful and careful about this and I do not want to say anything or hear anything said here during this debate that would lead a young person struggling with identity issues of who they are and who they might want to grow up to be to think that the only way that they can get help is to attempt to take their own life. Because I think you and I would agree that is a horrible narrative to put out there.

ZWIENER: Well, thank you for answering my questions. I think we see this very differently and I'm disappointed that you're not willing to further study this, but thank you.

GOODWIN: It was brought to my attention that the American Academy of Pediatrics has looked at this data and that actually there is a higher rate of suicide among transgender youth—50 percent among boys and 30 percent higher among girls. So I do think this is incredibly important data to collect. I don't think the youth under 18 are going to be reading our laws and seeing that we're collecting this data. I don't think that it has to be so widespread that, "Hey, we think that there could be a link between your gender dysphoria and suicidal ideation." But I do think it's incredibly, incredibly important data to collect to know whether this law is causing harm or not. And if it dispels that myth, then great. But we can't know whether it's true or not that transgender kids are more likely to commit suicide if they don't get the care that they need if we don't collect data. And that's all this asks for.

[Amendment No. 19 failed of adoption by Record No. 1685.]

REPRESENTATIVE BRYANT: Gentlemen, I will be brief, but I believe that what we're about to do here is so damaging to the people of our state and to this very small percentage of our society that it's not responsible to sit in one's seat and not speak up about it. If you have ever met a family that has a child that is transgender and listen to them with an open mind, tears will come to your eyes. The hardest hearted person in this room will be moved emotionally to hear their story. And to hear the story in the case of a family with a child born as a boy and yet knows somewhere in their heart that they're a girl. And to hear the father say, "I wanted my son to be a boy. I wanted him to man up. I wanted him to be macho. I wanted him to be like I am." But from the earliest time he said, "I'm a girl. I don't want boy toys. I want girl toys. I don't want boy clothes. I want girl clothes." Now, this is a mystery and all you folks that see a great deal of your lives through religion, you know as well as I do, life is a mystery. We can't figure these things out. And people devote their entire lives studying these kinds of mysteries and trying to figure them out to the extent that somehow they can provide relief to those who are suffering in the midst of these mysteries. Now we have to keep that in mind as we analyze this.

Representative Oliverson is not an expert and doesn't claim to be an expert. He's an anesthesiologist. I have great respect for him—not only his career, but his legislative accomplishments. But he is not an expert in this area. One would have to give their entire career to this area to know about it and to become an expert in this area. And for this family—who we all personally know real families like this—they deserve to be placed in the hands of experts and not have their lives governed by the political winds that blow us back and forth. That is exactly where we find ourselves tonight. We have access to those experts and we have access to those experts right now in real time. Not Dr. Oliverson and those that support his point of view who are not experts, but the people that really know the territory. The American Medical Association, the American Osteopathic Association, the American Psychiatric Association, the American Psychological Association, the American Public Health Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the Pediatric Endocrine Society—all of these say that medically necessary treatments should be made

available according to the understanding of the experts for these children. That's who we should be listening to, not to the people who this year are concerned about this issue and next year we'll be concerned about another issue.

What is the first rule of medicine? Do no harm. And yet we're watching harm being done all over the United States as we deal with this temporary political issue. I just ask you to stop and think about what it means. We heard a lot of words about medical irresponsibility a moment ago. To be medically irresponsible is to ignore the experts and to go with the lay people who just have opinions and those who admit that they're not experts as many of those who are debating this issue tonight. Let's do what is politically responsible. Politically responsible means to be leaders. It means to go home and say, "Look, this is complicated." I'm not sure what this is all about, but I know this. I don't know as much as all the people on this list right here whose names I just read to you. They're the ones that know what to do. They're the ones that ought to be making the decisions in this area, not a bunch of folks who are in politics like you and me.

I urge you to look into your hearts and to vote against this bill and do the right thing for these little kids and for their mothers and fathers and not deliver any more anguish into their lives. Please vote no.

TINDERHOLT: I want to speak on behalf of this bill. I asked this committee for this bill. I used my seniority pick. I strongly believe that these children need and deserve the mental health attention that they should get to help them through this issue. During the committee hearing, we heard many children who grew up and they wanted to detransition or they were in the middle of detransition or had finished detransitioning. And they agree that this is child abuse. I think it's important for us in the house to send a message to 30 plus million Texans that we care about Texas children and we believe that these children deserve to get the care that they need: mental health assistance. We will protect them from being abused as children and have puberty blockers given to them and have them permanently sterilized so that if they decide later—which many of them do—to detransition that they can no longer have children. So I stand in front of you tonight in full support. Let's send a message to the millions of Texans that in this building we will protect Texas children. Thank you.

REPRESENTATIVE THIERRY: Members, it is out of respect, caring, and friendship for every member of this body that I would like to share my position on this very complex issue. I'm coming from a place of love and compassion and can only hope and pray that it is received in that same spirit. While we can have debates on the best policy approach, I do not believe that any of us in this body actually wants to cause harm to children who are suffering from depression, dysphoria, or any other mental health issues.

Over the past two years, I have extensively researched this issue and painstakingly reviewed the scientific data in this country and around the globe. I have listened to my constituents, to advocacy groups, and stakeholders both for and against gender modification. As a woman of color, I know what it's like to feel unseen, unheard, and devalued. I have recently been treated that way by some in this process in coming to this vote. That is not what children

experiencing gender dysphoria should have to go through and I believe this debate should never and was never about erasing transgender children. For me, this discussion is about how best to protect and care for these children as they navigate through the challenging journey of finding the best version of themselves. After listening to the debate today, I absolutely believe we should raise the age to 18 for children to receive GnRH analogues, cross-sex hormones, and to undergo potentially irreversible body-altering surgeries. I am assured that this position is rooted in sound policy which supports the mental health, physical development, and overall well-being of minors.

Members, in this nation most all adults have been united in at least one basic premise—that children deserve special protections and exceptional treatment under the law. As a legislative body in this state, both democrats and republicans alike have routinely enacted legislation which shields children from acts which place them at an increased risk of harm. This principle is established in many areas of public health policy, such as restricting the age to 18 for tattoo services in this state, restricting the age to 18 to get a tan at a tanning salon, and raising the age to 21 to purchase tobacco cigarettes and e-cigarettes. These policies and regulations are in place because we recognize that children should be protected from actions and activities which have harmful health risks or lifelong consequences. This same logic must also apply when approaching the very complex issue of treating gender and body dysphoria in children.

As we heard here today, right now in the United States there is not one universal policy or standard of care on the appropriate age that cross-sex hormones should be administered in children experiencing gender dysphoria. In fact, there is significant divergence amongst both the medical and scientific community. One of the key aspects of this debate is the use of drugs which delay a female child from menstruating or a biologically male child from physically maturing into his adolescence. Puberty is a natural biological process, as it serves a critical role in both the physical and mental development in all human beings. Concerns have been raised that hormonal suppression of puberty may permanently alter a child's neurodevelopment. It is only honest to admit and accept that we do not know of the long-term effects that prescribing GnRH analogs—cross-sex hormones—to as young as eight, nine, and 10 years old and what that will do to children, solely for the purpose of affirming gender dysphoria. What we do know is that these drugs can cause harm to a child's health, including the early onset of osteoporosis, incontinence, increased risk of blood clotting, stroke, and heart attack, and infertility and sterility. Moreover, as we all agree, the decision to undergo body-altering surgery to remove healthy breast tissue in biological females or to remove male genitalia in biological males cannot be reversed. While these surgeries should happen after the age of 18, there is no such law codifying that in Texas without the passage of **CSSB 14**.

Science has already proven that the frontal lobe section of children's brains are not fully developed under the age of 18. As democrats, we've espoused this principle many times on the raise the age to 18 for criminal culpability. The data on teenage brain development has shown that because the prefrontal cortex—the frontal lobe—is responsible for decision making, planning, and thinking about

the consequences of actions, teenagers rely more on another part of the brain—the portion of the brain that unduly influences their emotions, impulses, aggression, and instinctive behavior. Certainly children as young as eight, nine, or 10 are completely incapable of understanding that these medical treatments may require that they remain patients for the rest of their lives.

For example, what are the long-term effects of administering the chemotherapy prostate cancer drug and chemical castration drug known as Lupron to a child who is otherwise physically healthy, but is experiencing gender dysphoria? Just last year, the U.S. Food and Drug Administration added a warning to the drugs known as puberty blockers. It indicated that there is a plausible association between puberty blockers and pseudotumor cerebri. This condition occurs with the pressure inside the skull spontaneously increases. This can cause brain swelling, severe headaches, nausea, double vision, and even permanent vision loss according to the Mayo Clinic. Earlier this year, the American College of Cardiology released a study finding that people with gender dysphoria and taking hormone replacements as part of their affirmation therapy face a substantially increased risk of serious cardiac events including stroke, heart attack, and pulmonary embolism. There's also literature that suggests that long-term use of estrogen and testosterone in children may cause polycystic ovarian syndrome. Despite talking points to the contrary, the data is inconsistent that the rates of suicide and depression will be improved by administering these hormones. Lastly, several European countries which were on the forefront of administering this treatment, have reversed course. They're taking a more cautious approach now to the use of puberty blockers and cross-sex hormones in minors. Finland now recommends psychotherapy as the first lineof treatment for gender dysphoric youth. The Swedish Health Authority no longer offers puberty blockers to minors except in exceptional cases, stating, "The risk of puberty-suppressing treatment with GnRH analogues and gender-affirming hormonal treatment currently outweighs the possible benefits."

Certainly the topic of gender and body dysphoria in children requires careful consideration, caution, and compassion. Sadly, the discussion has become polarized and politicized. In fact, while many of my constituents encouraged me to vote in favor of this legislation, hostile activists on social media platforms have made horrific and nasty political threats to influence my vote against the bill. These personal and often racist attacks on me as an African American woman are neither productive nor persuasive. Privately, some have shared in confidence that they agree with the bill, but they are too afraid of the retribution. For God has not given us the spirit of fear, but the power of love and of a sound mind. So it remains my legislative duty and my moral obligation to vote the conscience and core values of my constituency. I will do this today with an open heart and a clear mind.

As a thoughtful legislator, mother, woman of faith, and child advocate I am making a decision to place the safety and well-being of all young people over the comfort of political expediency. It is my core belief and conclusion that we should remain consistent in the premise that children must be given special provisions under the law as they cannot fully appreciate the long-term

consequences of their actions. As such, the best practice should be to raise the age to 18 for gender modification. Moving forward with this prudent policy we should also ensure that vulnerable children and teenagers have quality access to mental health care that is in a safe and in a supportive environment. Only by taking a careful, compassionate, and evidence-based approach to this issue can we guarantee that we are doing what is truly in the best interest of our children. Thank you.

ROSENTHAL: I'm going to start out by saying I'm a straight white guy. This is not my experience, but I do have friends, family, and constituents that I love and care about and I've been at this microphone to talk about this issue before.

Members, trans rights are human rights. They're human rights. With this bill, this is government—this is big government—trampling on the fundamental rights of our constituents with government overreach into their personal lives and interfering with families' most private and personal decisions. Y'all, these are just humans trying to live their lives. They are only seeking their most basic fundamental right to pursue happiness however they see fit.

Y'all have seen the commentary on gender-affirming care, we all have, in this chamber today. We've been inundated with hyperbolic and alarming messaging using the most egregious and ugly language. We have seen truckloads of false and misleading statements stoking fear and hate. These damaging narratives would have us believe the very worst of each other. Look at your neighbors in the chairs next to you, and it doesn't matter what letter is after our name, there is not a single member of this body that I believe wants to harm children and the language used around that is beyond egregious. It's horrific. These lies and misinformation narratives are being repeated over and over and over again in social media circles, shared by e-mail, and text messages. We have seen testimony here in this room, in the Capitol. It's been repeated by elected officials on this microphone here today. I have heard over and over it said today that studies show 80 percent of children just given psychological care revert back. That was broadly debunked. I have studies and studies of studies. I would invite the author to actually cite the reference for that because I have studies that show—National Institute of Health, "Factors Leading to Detransition Among Transgender and Gender Diverse People in the United States." This is peer reviewed research about research by actual scientists. So listening to scientists and medical researchers and people who make their whole life about this instead of listening to politicians loosely use facts, loosely use data, and loosely use stuff that they heard. All of us have some friends that say, "I do my own research," immediately followed by bald-face mistruths.

Members, what we're talking about here is care for kids. We all want our children to have the very best care possible. And although we may disagree on what that looks like and what it is, in a society like ours most often we defer to families as being the ones to have the best interests of their individual children at heart. These are delicate, difficult, individual, and nuanced decisions to be made by families with their faith, with their doctors, with their medical providers, psychologists, psychiatrists, and the professionals that work with care and love to

provide the best care possible for each individual child. We talk about one size doesn't fit all for 254 counties, one size doesn't fit all for 30 million constituents in our state.

Okay, y'all have heard of the American Medical Association. We talked about it a little bit tonight. The American Medical Association has over 271,000 members. This is not a small organization. They were founded in 1847. On their website, they claim they are the only medical association that convenes 190-plus state and specialty medical societies. This is a quote from the American Medical Association: "The AMA opposes the dangerous intrusion of government into the practice of medicine and the criminalization of health care decision-making. Gender-affirming care is medically necessary, evidence-based care by professionals that improves the physical and mental health of transgender and gender diverse people." In 2021, the AMA delivered a letter to the National Governor's Association urging state governors to oppose legislation just like this. The letter cited evidence demonstrating that foregoing gender-affirming care can have tragic consequences for transgender individuals who face increased risk of anxiety, stress, substance abuse, and suicide. The majority of transgender and diverse gender patients reported improved mental health and lower rates of suicide after receipt of gender-affirming care.

The bill and the false rhetoric around it politicizes kids who are often fragile and at a delicate juncture in their life. It's wrong and immoral to take these delicate decisions away from the families. Members, time and again when legislators seek to contravene the experts, especially in complex fields of study, it never ends well and neither will this. Members, our Constitution and our House Rules require us to hold public meetings so that those who wish to be heard can come to their state Capitol and testify before us, before decision-makers. This is the people's house. It's our responsibility to listen to the people. We do a great disservice to the people when we alter our processes to silence the voices of the citizens of our state and that is exactly what happened in the committee hearing for the companion bill to this in the house. In what might be an all-time record, over 3,000 Texans came here to the Capitol and registered a position on the bill—2,917 registered against, 97 registered for. Around 400 people actually registered to testify. We were watching this whole thing from my office. I saw the entire committee hearing. Only a couple of dozen people actually registered to testify for this bill. Do you know how many total were allowed to speak? With over 450 people who registered to testify on this bill either on, for, or against roughly 50 people got to speak. And most of them were cherry picked or preferred testimony—invited testimony.

I'm just going to say it again—trans rights are human rights. When this body seeks to infringe upon the rights and liberties of our citizens, we should at a minimum have the fortitude to face those people and hear them out. I hope you can agree with me when I say, when the government seeks to intrude into our private lives, the government is making an error. It's always wrong. Please vote no on this legislation.

MANUEL: Many of you know that I have done everything possible to stay off of either one of these mics unless it's about legislation, unless I care about this. And I'm not going to cry and I'm not going to make this about me being gay—that's pointless. Because this issue is about transgender people and their families—these children and their families making medical decisions. One of my favorite authors, Virginia Woolf, she says, "Their thoughts are our prison. Their eyes our cage." This legislation is creating a prison and caging these people in them. They are not asking you to stand with them at a parade. They are not asking you to change your religion. They are not asking you to believe what they believe. They are asking you to let them have their parental rights. That's all they're asking.

I'm an asthmatic child and my parents had to give me medicine that used to make me shake so profusely that it would keep me up at night. And as I got older there was new medicine that didn't make me shake so much at night. Medicine is ever-evolving just as people are ever-evolving. I'm going to read to you what a transgender child's parent sent to me when I asked them about bone scans and I'm going to say this, you've heard facts. And this is the difference—right now in this world that's wrong today. Everybody has someone they go to for their facts. But just as I cannot tell a woman what it is to be a woman and you cannot tell me what it is to be Black, you cannot tell a transgender child or their families what they have to take care of their children with. "Bone scans are standard to ensure that this does not happen. This child," said parents, "they have several monitors to make sure they are not losing bone density. If puberty blockers are being administered that young, it would be for precocious puberty. That wouldn't be used for gender care and no one starts hormones that early." I asked if children are starting this at eight or 10 years old, "the highest risk is when you are on blockers for long periods of time without hormones and awaiting more answers from your physician to give you best practice care protocol."

Imagine someone coming into your home telling you they can raise your child better than you. Imagine at one point—I'm going to invoke this person. He's probably going to go crazy today, but I'm going to do it. Former Representative Jonathan Stickland stood at this mic one day and said, "Members, there's going to be something that every one of you are going to love and be passionate about one day and you don't want someone to take that from you." Well, for these people that's their children. So I don't care if you listen to Fox News or MSNBC. I am asking you to listen to these families. I don't care about me. I don't care about any of you. I care about these children. I care about your children and I care about your children not being told what they can take and what they can watch.

Everybody in here knows I'm a daddy's boy. When I see a father and see him with his children, I will cry. My father stood up for me more times than I can ever think of. A man who raised me in the military, woke me up to make sure I did my homework at 2 a.m., and went through my room to make sure that I wasn't doing drugs. I had a father. These children have parents who are taking them to therapy. They are taking them to doctors. They are not getting all, "Oh my God, my child said I saw a television show and now they think they're a girl."

That is not how this works. I have a step-aunt—even though they are divorced—she was transgender. She is transgender and in her 60s. She transitioned in the late '80s. She's still alive and I guarantee you, any of you, if you want to see a picture of her because I've shown them—she's beautiful. And the reason that people feel sometimes that they have to digress and that they need to go backwards is because of societal pressures telling them that they are not okay.

One thing that I have said and I know is that my God loves me and I'm going to tell you why. My family makes fun of me because I pray over dessert. I thank God for water. I thank God that I can use the restroom because that is a blessing. That is a blessing from my creator. I was raised in a Black Baptist church, but I do not go to anyone's church and ask them to change what they will believe. If you don't believe in same-sex marriage, I'm okay with that. If you don't agree with transgender, that's okay. I'm okay with that. But again remember, do you want someone to come into your home, to your church, to your job, and to your law practice and tell you, "You can't do that because I don't agree with it"?

And I won't say this member, but there's one member in here who I have great respect for and they say all the time, "Why are we letting outside influences influence this body?" We will not send gambling to them. We will not send tax reform to the voters, but we will darn sure tell them what they can and cannot do. We were elected to go through the facts, to listen to each other, and to be diplomatic. This is a body of diplomacy. This is not a third-world country where we talk about each other on social media and call each other pedophiles and perverts and demons and allow it to continue. This is a body that is supposed to put everything aside when we walk through those doors and the Rs and the Ds fall. And many of you know I take a lot of stuff for voting for the things I believe in. And it's not always democratic stuff and you know it. I live in an area where so many people get cancer, but it's the best environment for them and we try to make the best of it and sometimes I can't vote as green as I would like to, but it's always my district first.

I am asking you, I am imploring you to be magnanimous with your vote and to give these families their right to just raise their children so that when they grow up they know that they had a parent who loved them because this is not an easy situation. Everyone in here would do something different. None of us in here would do the same thing. None of us in here like the same foods. And I'm going to end again with one of my favorite authors who I love. Virginia Woolf says, "Every human being has a say in the matter of their prescription. Even the lowest patient has some say. Therefore by she defines her humanity." Let us define our humanity by being humble. Pride comes before the fall. I understand for some of you there is a scorecard and I know it may not work for some people. And if God gives me the breath, if God gives me the whiff then I will cancel every vacation for anyone who needs my help. I don't care if you have an R or a D behind your name, I am asking you to vote for these people's parental rights. I am not asking you to vote for me. I'm not asking you to vote for anything. I am asking you to

just remember that these children love their parents and their parents love them as much as I know you love your children and your families. Thank you for your time.

J. JONES: I will rubber stamp what Representative Rosenthal said which is trans rights are human rights. It is hard and it is scary to figure out who you are as a person who is, I don't know, fits into what is "normal" for society, whatever that means. But I am telling you as a member of the LGBTQ community, I know for a fact that trans people are treated way worse than gay people. And I know I was so afraid of coming out even though everyone sees this strong person. I was in the closet for years because I was afraid of judgment. But nobody tried to regulate what medicine I can take or what medicine I can give to my child because I'm a parent. And I know that people don't choose to be ostracized. People don't choose to be different when you know everybody looks down on you. So when a child figures out who they are we should support them.

As a former athlete, I've had a ton of surgeries. Surgeries are not fun, but sometimes they are necessary. No one chooses to take hormones and be different or get surgeries because it's a fad. It's not so easy to know what's male and female despite what people said. And I didn't understand that until I had a friend who was intersex. And what she explained to me is that her grandmother was intersex and she was born intersex. She had both sexual organs, or at least the doctors thought so, so they let her parents choose. They chose wrong and it caused her a lot of problems. She was just like my client that I spoke about earlier who got in the girl line even though people thought that she was a boy.

When you are a parent, there's no book on how to parent. You could have three different kids and three different things work with them. So you've got to figure out the parenting style that works best for that child. And as parents, we want to be really good parents. We want to support our children. If our children come to us and they want to be something or there's something that we don't want for them to be like maybe I'm a lawyer and I want my child to be a lawyer. No. We should let our children be whatever it is they are and we should support them. I believe it's absolutely offensive of government to tell a parent how to parent their children. And yes, we're talking about parental rights, but we're also talking about children's rights as well. Who are we to tell these children that they don't know who they are? It's just not right.

I sit on the Public Health Committee and I was there for that March 27 hearing. We knew in advance that the odds were stacked against us. We knew the committee was going to end at 12 midnight. We also knew that there was an overwhelming number of people who came to speak against the bill. But it was just really curious how if you just looked at who testified that you actually thought that there were just as many for as against people. We created a fiction although government is supposed to represent everyone. I also find it curious that we're disregarding U.S. science when in Texas we think Texas is its own country. We don't listen to anybody else and we surely don't listen to people across the pond or overseas. But now we're clinging to science in other countries very far away.

I'm Black, if you can't tell, for 57 years. And in my community we tend to be not real understanding of LGBTQ people. But I learned about the unique challenges of transgender people when I was a city council member in Houston and I had an openly trans woman working in my office. And I know when I met Josephine she didn't have money to be able to afford surgery. She was suicidal because everyone was telling her she was a man when she was a woman. And they tried to force her to go to a certain restroom and it was just horrible. They just found reasons to pick on her. And what I hadn't figured out is why—in the LGBTQ community generally, and in the trans community, specifically—why we worry about what they're doing when they're in their homes by themselves with whoever it is they want to be. We don't micromanage heterosexuals. Why are we micromanaging or trying to micromanage people in the LGBTQ community, especially trans people? We should be kind. We should be tolerant. God doesn't make everybody the same.

It's also interesting to me—I practice law and there's three standards. There's a preponderance, there's clear and convincing, and there's beyond a reasonable doubt. So in order to lock somebody up, it's got to be beyond a reasonable doubt. In order to take a child away from their parent, it's clear and convincing. It's more than just a preponderance because this state and this nation recognize how important it is for parents to have a right to be parents to their children. So I'm just trying to figure out why we are just so adamant about interfering with a parent-child relationship. I don't understand that. If any of you in here are parents, and I know a lot of you are, I want for you to try to walk in the shoes of a parent who has a transgender child. Your child comes home and tells you something—because everybody wants a straight kid and they want them to be tall and handsome and have a good job—and they're not what you want for them to be. Are you going to terrorize your child to make them be who you want them to be or are you going to try to figure out how to be the best support for your child and are you going to advocate for your child? So yes, it's about parental rights, but it's also about children's rights.

And I'll end on this. I think you judge a society not how we treat the best of us. We judge a society by how we treat the least, the last, and the lost of us. And transgender people in this country and across the world are treated horribly. They're murdered at a higher rate because we don't believe in their humanity. They are people just like we are people. They bleed just like we bleed and they deserve our love and our support and our tolerance. So I'm speaking against this bill because it's the right thing to do and I'm going to have the courage to vote for children to determine who they are and for parents to be as supportive of their children as they can. Just because they are trans does not mean that they are not entitled to all the rights and appurtenances that U.S. citizens deserve. I'm urging you to please vote against this bill. Thank you.

[**CSSB 14**, as amended, was passed to third reading by Record No. 1686.]