

TRANSCRIPTION OF AUDIO RECORDING

FLORIDA HOUSE OF REPRESENTATIVES
HEALTHCARE REGULATION SUBCOMMITTEE MEETING
FLORIDA CHANNEL

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Stenographically Transcribed Audio Recording By:
Terri L. Martin, Certified Shorthand Reporter

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1 Whereupon, the following proceedings were
2 transcribed from an audio recording:

3 CHAIR CLEMONS: Members, next up is HB 1421,
4 "Gender Clinical Interventions" by Chair Fine.

5 Before we begin, I want to lay out a roadmap
6 of -- Representative Dr. Massullo is here, too, to
7 present. I want to present a roadmap and layout of
8 how we will handle this bill.

9 We have approximately 72 or so speaker cards.
10 We'd like to hear from everyone that has traveled to
11 Tallahassee, and we will do our best to make sure
12 that everyone gets the appropriate time.

13 We're going to start out with a minute for
14 each person coming up. If you would just say your
15 name but dispense with some of the other things
16 because you're eating on your time. We would like
17 for you to use all of your minute to tell us why
18 you're for or against this particular piece of
19 legislation.

20 We'll be ending public testimony at an
21 ample time so that the members will have a chance to
22 debate on this bill, and we'll be voting on this
23 bill within two hours of this particular time which
24 will be 2:15-ish.

25 I would ask if the prior speaker has already

1 said some of your points that you go to your next
2 points to make sure that everyone gets something new
3 to debate.

4 And then we will begin. So, Chairman,
5 you -- one or both are welcome to explain your bill.

6 REPRESENTATIVE FINE: Thank you, Mr. Chairman.

7 And I recognize people have a lot to say on
8 this bill and there are other bills, so I'll keep my
9 opening very short.

10 HB 1421 deals with gender clinical
11 interventions. The bill, I would say, falls into four
12 categories of what it will do.

13 First, it will ban the surgery or drugs that
14 are used for the purpose of mutilation and castration
15 for children under the age of 18. Doctors who
16 participate in that moving forward will be -- I'm
17 sorry. I should step back. We have a strike-all, and
18 I'm starting to explain the strike-all. I don't know
19 if you want to skip this and go to the strike-all.

20 CHAIR CLEMONS: Any objections to -- it is
21 a strike-all bill, so if we could just dispense with
22 the other for your time.

23 Chair, would you please explain the
24 strike-all.

25 REPRESENTATIVE FINE: Yes, absolutely.

1 And so it does what I just said. It also
2 says, though, that doctors who engage in this
3 practice will be committing a third-degree felony
4 in the state of Florida.

5 Second, it says that in custody hearings
6 children who are at risk of being taken to do this
7 sort of clinical gender intervention, a court can
8 consider that in order to keep those children with
9 the parent that does not seek to do that to their
10 child.

11 The third -- as it relates to adults, it says
12 that no public funds can be used for these procedures.
13 It says that no health insurance can be used for
14 these procedures. Should you wish to do it as an
15 adult, you'll be paying for it yourself.

16 Third, it says you must have written consent.
17 The doctor must give written consent and provide
18 detailed information before an adult chooses to do
19 this sort of thing.

20 And, fourth, it creates a new cause of
21 action where if someone is unhappy about what has
22 happened, they will have 30 years in the case of
23 someone who is alive, 5 years in the case of someone
24 who has died in order to pursue a cause of action
25 related to any damage that they have received as a

1 result of this.

2 And then, finally, the bill states that
3 birth certificates will reflect biology, and they
4 will state what you were born as based on biology
5 at birth.

6 That, Mr. Chair, is the strike-all
7 amendment.

8 CHAIR CLEMONS: For members' edification
9 and people who are watching on The Florida Channel,
10 this is the strike-all, barcode 692881, so we're all
11 on the same page.

12 Any questions from members regarding this
13 strike-all amendment?

14 Any questions from members?

15 Questions from members?

16 You're recognized, Representative Hunschofsky.

17 REPRESENTATIVE HUNSCHOFSKY: Thank you, Chair
18 Clemons.

19 Representative Fine, I had a question
20 regarding the definition of gender clinical
21 interventions, lines 45 through 47. It means
22 procedures or therapies that alter internal or
23 external physical traits.

24 What is part of those -- what exactly are
25 all the internal or external physical traits that

1 fall under this?

2 CHAIR CLEMONS: Chair Fine.

3 REPRESENTATIVE FINE: I'm going to let the
4 doctor answer.

5 CHAIR CLEMONS: All right. Dr. Massullo,
6 you're recognized.

7 REPRESENTATIVE MASSULLO: Thank you,
8 Rep. Hunschofsky, for that question.

9 Internal changes would be changes to their
10 physiology, such as their hormone balance. External
11 changes would be changes to their anatomy, such as
12 their breasts being removed or their genitals being
13 removed or distorted in some way, shape, or form.

14 CHAIR CLEMONS: Follow-up, Representative
15 Hunschofsky.

16 REPRESENTATIVE HUNSCHOFSKY: Thank you, Chair
17 Clemons.

18 When a woman has breast cancer and has her
19 breasts removed, does that fall under this definition?

20 CHAIR CLEMONS: You're recognized for an
21 answer.

22 REPRESENTATIVE MASSULLO: Thank you,
23 Mr. Chair.

24 If a minor young lady would have breast
25 cancer, that would be a pathologic condition that

1 would be treated, and it would not fall under that
2 definition of gender reassignment.

3 CHAIR CLEMONS: You're welcome to follow up.

4 REPRESENTATIVE HUNSCHOFSKY: Thank you,
5 Mr. Chair.

6 And I'm not a medical doctor, nor am I an
7 attorney, so could you show me where in the amendment
8 it says that a person going through cancer and having
9 their breasts removed in that case would not fall
10 under this legislation?

11 CHAIR CLEMONS: Who's going to handle that
12 one?

13 REPRESENTATIVE FINE: I will.

14 I'm not sure how frequently 13-year-old girls
15 get breast cancer, but if it does happen on a
16 frequent basis, we're happy -- this provision only
17 deals with minors. I don't know how frequently
18 minors get breast cancer. Maybe it happens a lot.
19 That's news to me. But if it does happen, the
20 intention of the bill is not to do that. And
21 also the bill does say that they can be treated.

22 All right. No, no. Somebody hit the light
23 switch.

24 There we go.

25 CHAIR CLEMONS: Please proceed.

1 REPRESENTATIVE FINE: I will simply say if
2 there's an issue with a 13-year-old that gets breast
3 cancer getting treated, we will make sure that the
4 bill moving forward at the next stop addresses that.

5 CHAIR CLEMONS: Follow-up, Representative
6 Hunschofsky.

7 REPRESENTATIVE HUNSCHOFSKY: Thank you,
8 Mr. Chair.

9 So does that mean it's explicitly not
10 covered under this gender clinical intervention?

11 CHAIR CLEMONS: You're recognized.

12 REPRESENTATIVE FINE: Thank you, Mr. Chair.

13 I think it's covered by the definitions of
14 this bill. However, given this pervasive problem of
15 13-year-old breast cancer that you're worried about,
16 we will make sure -- we will take a look as this bill
17 goes through committee that any 13-year-old who gets
18 breast cancer will be able to have that treatment.

19 CHAIR CLEMONS: One more. You're recognized.

20 REPRESENTATIVE HUNSCHOFSKY: Thank you,
21 Mr. Chair.

22 And so it's not also for anybody under the
23 age of 18 covered in this section?

24 CHAIR CLEMONS: You're recognized.

25 REPRESENTATIVE FINE: This section deals

1 with minors. So, I guess, again the pervasive problem
2 of 17-year-olds getting breast cancer, we will also
3 ensure that they are not going to be restricted under
4 this bill.

5 CHAIR CLEMONS: You can have one more, sure.

6 REPRESENTATIVE HUNSCHOFSKY: Thank you.

7 Just a final. It bans the insurance
8 coverage, so would that also ban the insurance
9 coverage for a woman or a person of any age who has
10 breast cancer and would like to have their breasts
11 removed as part of that treatment?

12 CHAIR CLEMONS: You're recognized for an
13 answer.

14 REPRESENTATIVE MASSULLO: Thank you,
15 Mr. Chair.

16 No, that would not preclude them from having
17 their breasts removed or any other medical
18 intervention because it would not be part of the
19 definition of gender change.

20 CHAIR CLEMONS: One more. One more.

21 REPRESENTATIVE HUNSCHOFSKY: Last one.

22 Just because we didn't really show anywhere
23 in the bill that it wouldn't fall under that gender
24 change and because there's another section that
25 mentions that it wouldn't be covered by insurance,

1 will you be addressing those concerns in this bill?

2 CHAIR CLEMONS: Chair Fine, Chair Massullo.

3 REPRESENTATIVE FINE: Yes. Thank you

4 for the question.

5 We will ensure that the concern that you
6 specifically address -- we'll go back. We'll talk
7 to staff. We'll talk to attorneys. If that -- I
8 don't believe it is an issue. But if it is an issue,
9 we will make that amendment at the next committee
10 stop. That's certainly not the intent of the bill.

11 CHAIR CLEMONS: Other questions of the
12 sponsor?

13 Members, other questions of the sponsor?

14 REPRESENTATIVE BELL: Thank you, Mr. Chair.

15 And hopefully this question pertains to your
16 strike-all, what you're talking about. But I had an
17 opportunity to visit our Florida State Prison about
18 two months ago, and the prisoners that evolve in
19 there, they've already started hormone replacements
20 and other types of medications and have had some sex
21 changes on the backs of the taxpayers.

22 Would this stop this? This bill that you're
23 running, would it -- I mean, because they said they
24 were required, I think, by federal and state law that
25 they have to continue to give these hormone drugs

1 to them on the back -- like I said, on our price.

2 CHAIR CLEMONS: Chairman Fine.

3 REPRESENTATIVE FINE: Thank you, Mr. Chair.

4 Yes. Yes, it would, with one exception.

5 Anyone who is on these drugs prior to January 1 of
6 this year would be able to be weaned off them by the
7 end of the year. But no one new could go on and no
8 more surgeries. I mean, again, if the prisoner had
9 their own money to pay for this sort of thing, we're
10 not restricting it. But the taxpayer would not be
11 obligated. You would not be obligated to pay for
12 this sort of service.

13 REPRESENTATIVE BELL: Thank you so much.

14 CHAIR CLEMONS: It's your bill. Follow-up?

15 Representative Tant for a question, you're
16 recognized.

17 REPRESENTATIVE TANT: Thank you, Mr. Chair.

18 Thank you for indulging me on this question,
19 gentlemen.

20 In respect to the prohibition on gender
21 clinical interventions for minors and it says you
22 can't have therapies -- well, therapies that alter
23 internal or external physical traits, my son Jeremy
24 was born with Williams Syndrome. That comes with
25 short stature.

1 So for a male, we were on growth hormone
2 injections from the time he was 13 months old until
3 he was 14 in order to get him tall enough so that he
4 would be able to at least not fall into the four-nine
5 and under. And so I'm wanting to know whether or
6 not -- and at some point we were trying to elongate
7 his growth period to get him a little taller, and so
8 they put him on hormones and puberty blockers to help
9 him have more time to grow.

10 Will this affect that, your bill?

11 CHAIR CLEMONS: Chairman Fine.

12 REPRESENTATIVE FINE: Thank you, Chairman.

13 If you look at lines 55 through 65 of the
14 bill, that language is in there specifically for the
15 kind of issue that you describe.

16 CHAIR CLEMONS: Follow-up, Representative
17 Tant?

18 Other members -- go ahead. You can follow up.

19 Or I can come back to you.

20 Other members have questions?

21 Other members have questions?

22 Representative Skidmore for questions.

23 REPRESENTATIVE SKIDMORE: Thank you,

24 Mr. Chair.

25 Thank you, Rep. Fine and Rep. Massullo.

1 My question is actually on kind of the same
2 lines as Rep. Tant's questions but in regard to birth
3 control. So is this banning birth control for minors
4 in this particular section because it's hormone
5 related?

6 CHAIR CLEMONS: Chairman Fine.

7 REPRESENTATIVE FINE: I mean, birth control
8 is not used to change one's gender, so, no, this has
9 nothing to do with birth control.

10 CHAIR CLEMONS: Follow-up, Representative
11 Skidmore.

12 REPRESENTATIVE SKIDMORE: That's the question.
13 Thank you.

14 CHAIR CLEMONS: Representative Tant, I
15 want to come back to you. Do you have a question
16 of the sponsors?

17 Are there any other members that have
18 questions of the sponsors?

19 All right. Ranking Member Bartleman, you
20 have a question or series. You're recognized.

21 REPRESENTATIVE BARTLEMAN: Thank you, Chair.

22 So from my understanding of the bill, this
23 is to impact children, but there are portions of your
24 bill that impact transgender adults. Correct? Can
25 you -- I'm asking which sections are those, and was

1 that intentional with the adult track in here?

2 Thank you.

3 CHAIR CLEMONS: You're recognized.

4 REPRESENTATIVE FINE: Thank you, Mr. Chairman.

5 The subject of the bill is gender clinical
6 intervention. It is not gender clinical interventions
7 for children. So the bill does have provisions that
8 relate to children and adults.

9 CHAIR CLEMONS: Follow-up, Representative
10 Bartleman.

11 REPRESENTATIVE BARTLEMAN: Thank you, Chair.

12 What is the State's compelling interest to
13 interfere with adult's freedom to make these sort of
14 informed decisions for themselves?

15 CHAIR CLEMONS: Representative Fine.

16 REPRESENTATIVE FINE: Thank you, Mr. Chair.

17 The State is not interfering with an adult's
18 ability to make this decision.

19 CHAIR CLEMONS: Follow-up, Representative
20 Bartleman.

21 REPRESENTATIVE BARTLEMAN: Thank you, Chair.

22 But it is, because you're limiting their
23 access to health care. So I'm asking why you say it's
24 not.

25 CHAIR CLEMONS: You can attempt that,

1 Dr. Massullo. You're recognized.

2 REPRESENTATIVE MASSULLO: Thank you,
3 Mr. Chair.

4 Rep. Bartleman, we're not limiting their
5 access to health care. We're making sure that they
6 have health care in a safe fashion. The main thing
7 this bill is doing for adults is making sure they
8 have informed consent for these procedures and
9 particular drugs that they're going to be taking,
10 that they have a full understanding of the side
11 effects and what the consequences may be.

12 We're also providing them with a cause of
13 action if those type of consequences and side effects
14 are such that would bring them into a part that they
15 would be dissatisfied or injured in some way, shape,
16 or form with that treatment.

17 The fact that we are not allowing insurance
18 to pay for these type procedures is because we feel
19 that they should be included as a cosmetic-type
20 procedure and not necessarily a procedure that would
21 improve their health.

22 CHAIR CLEMONS: Follow-up, Representative
23 Bartleman.

24 REPRESENTATIVE BARTLEMAN: Thank you, Chair.
25 I guess for a lot of these individuals it

1 impacts their mental health. And we know that LGBTQ
2 have the highest suicide rates in the nation. So I
3 don't look at it as cosmetic. So when it's impacting
4 mental health, I'm asking do you think -- if it's going
5 to impact their mental health and a doctor says, This
6 is what we should be doing, a mental health doctor,
7 this is still going to prohibit the insurance from
8 covering this?

9 CHAIR CLEMONS: Representative Fine, I think
10 there was a question at the end about --

11 REPRESENTATIVE BARTLEMAN: Sorry, sir.

12 REPRESENTATIVE FINE: Again, nothing in this
13 bill will prevent an adult, if they so choose and
14 pay for it, to get these surgeries if they so desire.

15 CHAIR CLEMONS: Ranking member, any more?

16 Yes. Okay. You're recognized, Representative
17 Skidmore, for a question.

18 REPRESENTATIVE SKIDMORE: Thank you,
19 Mr. Chair.

20 On the section of the birth certificates,
21 I know that I was born Kelly Ann Palitano [phonetic].
22 Then I was Kelly Ann Palmer, and then I, you know,
23 got married and I'm Kelly Ann Skidmore. Then I found
24 out that I have a different biological father and
25 I'm Kelly Haims [phonetic]. So I know birth

1 certificates can be changed.

2 And so what is the specific point -- if a
3 person is transgender, why would you prohibit them
4 from having the reflection of that change just like
5 the change in my name? Why would they not be able
6 to change their birth certificate?

7 CHAIR CLEMONS: Chairman Fine.

8 REPRESENTATIVE FINE: Thank you, Mr. Chairman.
9 Your name can be changed. Your biology
10 cannot.

11 CHAIR CLEMONS: Follow-up, Representative
12 Skidmore.

13 REPRESENTATIVE SKIDMORE: Thank you.

14 Well, I think doctors would disagree with
15 you. That's the whole point of transgender surgery,
16 to reflect exactly who you are and who you feel you
17 are but were not born that way. So you can change
18 your biology. That is what is happening. You are
19 reflecting the biology that you feel is your true
20 biology, so your birth certificate would reflect
21 that.

22 CHAIR CLEMONS: Is there a question in
23 there, Representative Skidmore?

24 REPRESENTATIVE SKIDMORE: Yes.

25 REPRESENTATIVE FINE: I can answer.

1 CHAIR CLEMONS: Okay.

2 REPRESENTATIVE FINE: There are no doctors
3 that I'm aware of that believe you can change your
4 biology. There's some doctors that divorce biology
5 from gender. They say they're different. I'm not
6 aware of doctors who believe that you can change your
7 X and Y chromosomes which determine your biology.

8 I will also note that it is unsettled
9 whether you actually -- not all doctors have the
10 perspective that you're sharing. And we in this bill
11 are saying you will be reflected as your biology,
12 which is not changeable. You cannot change your
13 chromosomes.

14 CHAIR CLEMONS: Representative Skidmore.

15 REPRESENTATIVE SKIDMORE: Thank you,
16 Mr. Chair.

17 I'm going to move to a different section.
18 There was a bill, House Bill 241, The Parents'
19 Bill of Rights, that held it's a fundamental right
20 of parents to direct the upbringing, education, and
21 care of their minor children.

22 So how is it, you know, a parent deciding
23 that they -- you know, they are supporting their
24 child in their decision to have their bodies reflect
25 who they believe themselves to be not a parental

1 right?

2 CHAIR CLEMONS: Representative Fine.

3 REPRESENTATIVE FINE: Thank you.

4 There is no parental right to child abuse,
5 and children cannot consent to this because they
6 are of an age where they cannot make these decisions.
7 And so, given that, what we're focused on in this
8 bill are procedures that have irrevocable changes.

9 You'll note that the bill does not prevent
10 psychological treatment. It does not prevent someone
11 who wishes to dress as different than their biology
12 because those are things that you can then go back
13 and say, Well, I changed my mind.

14 But there are guardrails on what parents
15 can do with their children. It's the entire reason
16 we have DCF. So not to say this relates to that, but
17 there are limits on what parents can do in the
18 upbringing of their children.

19 CHAIR CLEMONS: Representative Skidmore,
20 you're recognized.

21 REPRESENTATIVE SKIDMORE: Thank you,
22 Mr. Chair.

23 Where is it defined anywhere that surgical
24 procedures are child abuse?

25 CHAIR CLEMONS: Representative Fine, you're

1 recognized.

2 REPRESENTATIVE FINE: It is not. That is
3 my opinion, and that is what is driving the bill.
4 And so we don't have to define it. We're simply
5 saying in this bill you won't be able to do it.
6 You're asking what my motivation is in answering your
7 question, and I have shared that.

8 CHAIR CLEMONS: One moment.

9 Further answering of Representative
10 Skidmore's question?

11 Okay. Do you have a follow-up, Representative
12 Skidmore?

13 REPRESENTATIVE SKIDMORE: Just a confirmation,
14 Mr. Chair, that that's just your opinion?

15 CHAIR CLEMONS: Representative Massullo,
16 you're recognized.

17 REPRESENTATIVE MASSULLO: Thank you,
18 Mr. Chair.

19 When you look at child abuse, we don't have
20 a list of things for child abuse. If you chopped
21 your son's arm off, that would be considered child
22 abuse. Any reasonable person would recognize that.
23 But I don't know that there's anyplace where it says
24 chopping your son's arm off would be child abuse.

25 We consider these procedures child abuse,

1 and we would like to think that there is a magnitude
2 of evidence to show those facts. So that's why this
3 bill is addressing it in such a fashion as it is.

4 CHAIR CLEMONS: Representative Skidmore.

5 REPRESENTATIVE SKIDMORE: Thank you,
6 Mr. Chair.

7 I'm not an attorney either, as Rep.
8 Hunschofsky said, but how do you suggest that it's a
9 fact --

10 CHAIR CLEMONS: You're recognized.

11 REPRESENTATIVE SKIDMORE: -- if you just
12 said it was your opinion?

13 CHAIR CLEMONS: You're recognized. Neither
14 one of you gentlemen are attorneys, but you're
15 welcome to give your opinions.

16 REPRESENTATIVE FINE: They often think I am,
17 so -- no, that's our opinion. We're sharing our
18 rationale. When we all present bills in this body,
19 our bills are informed by our opinions. This is our
20 opinion. We'll see if it's the opinion of this
21 committee. We'll see if it's the opinion of this
22 legislature.

23 But you've asked part of the reason. There
24 are many other reasons beyond that, including the
25 science, which no one has asked about. But it is

1 our view that doing this to children is child abuse.
2 That's one of the reasons why this bill is written
3 the way it is.

4 CHAIR CLEMONS: Representative Hunschofsky
5 for a question.

6 REPRESENTATIVE HUNSCHOFSKY: Thank you,
7 Mr. Chair.

8 I always say to people, like, our first job
9 here is to do no harm, and then our second job is to
10 solve problems.

11 So what problem is this legislation solving?

12 CHAIR CLEMONS: Representative Fine.

13 REPRESENTATIVE FINE: Thank you.

14 We are trying to do no harm. As science is
15 continuing to show, as we're seeing in Western
16 European countries, these procedures are experimental,
17 particularly as they're being done on children.
18 There's also evidence that they have catastrophic
19 side effects as they move down the road. We do not
20 believe our children should be used as guinea pigs,
21 and that is why we're making this decision. The
22 purpose of this bill is to do no harm.

23 CHAIR CLEMONS: Representative Hunschofsky
24 for a follow-up.

25 REPRESENTATIVE HUNSCHOFSKY: Thank you, Chair.

1 Did the Board of Medicine already ban these
2 procedures for minors?

3 CHAIR CLEMONS: Representative Fine for
4 an answer.

5 REPRESENTATIVE FINE: Thank you.

6 They did. But much as we saw when we dealt
7 with COVID regulations and, for example, school
8 boards who didn't think they had to follow executive
9 orders, it's one thing for it to be an executive
10 order or a decision of the Board of Medicine. It's
11 another thing for it to be a statute in the state
12 of Florida.

13 CHAIR CLEMONS: Follow-up.

14 REPRESENTATIVE HUNSCHOFSKY: Thank you,
15 Mr. Chair.

16 So you think that even though the Board of
17 Medicine said it that we need legislation that might
18 also incorporate unintended consequences, such as
19 women with breast cancer? You still feel this
20 legislation is necessary despite that decision?

21 CHAIR CLEMONS: Representative Fine.

22 And I thought you solved the breast
23 cancer question earlier.

24 REPRESENTATIVE FINE: No, but I would
25 like to answer that question.

1 No. 1, I don't know -- the full committee
2 had a presentation on this issue. We had the chairman
3 of the Board of Medicine come, and he said he thought
4 this bill would be helpful. That's No. 1.

5 And, No. 2, what I'm worried about is the
6 unintended consequences of experimental surgeries
7 like this on children.

8 CHAIR CLEMONS: Another follow-up? Sure.

9 Ranking Member Bartleman, you have another
10 series of questions. You're recognized.

11 REPRESENTATIVE BARTLEMAN: Thank you, Chair.

12 So just now you shared with us that this was
13 about preventing what you think is child abuse, and
14 it needed to be cemented into law because the Board
15 of Education wants an extra step -- I mean, the Board
16 of Medicine. I apologize. However, your bill goes
17 beyond children. You have adults. You're impacting
18 their care. It's not child abuse for an adult to
19 make a decision about their lives and their medical
20 procedures.

21 So why are you taking this additional step
22 if the impetus of your bill is about children?

23 CHAIR CLEMONS: Representative Fine.

24 REPRESENTATIVE FINE: I think we're mixing
25 different issues here. Yes, this bill goes beyond

1 what the Board of Medicine does, and that's because
2 in the judgment of the sponsors this is what the
3 bill should do.

4 The Board of Medicine, I should be clear,
5 they did not ask us to do this. But we did ask the
6 question, when the chairman of the Board of Medicine
7 testified before the committee, did he think
8 legislation related to what they did would be helpful.
9 And they said yes. We did not ask the Board of
10 Medicine about some of these other issues. For
11 example, issues relating to birth certificates or
12 health insurance would not be within their purview
13 anyway.

14 CHAIR CLEMONS: Follow-up. I don't know
15 that he answered the last question.

16 REPRESENTATIVE HUNSCHOFSKY: Yeah, he didn't.
17 Do you want me to rephrase it?

18 CHAIR CLEMONS: Yes, just rephrase it,
19 because he was on the --

20 REPRESENTATIVE HUNSCHOFSKY: So if the
21 impetus is child abuse and children can't make their
22 decisions, do no harm, why in the free state of
23 Florida can't adults make decisions? You're
24 prohibiting them access to their medical coverage.
25 You're prohibiting them access to purchasing any

1 plans. Why are you taking it to the next level if
2 they should be free to make those decisions themselves
3 and they're adults?

4 So you're arguing children, but at the same
5 time you've now slipped in here that, by the way,
6 we're going to impact all adults from making any
7 medical decisions about themselves when it comes to
8 this.

9 CHAIR CLEMONS: Chairman Fine --

10 REPRESENTATIVE BARTLEMAN: Thank you.

11 CHAIR CLEMONS: -- you're recognized.

12 REPRESENTATIVE FINE: Thank you, Mr. Chairman.

13 First, I reject the presumption that we've
14 slipped anything in. The bill is very clear as to
15 what it does. We're not restricting an adult's
16 decision to make whatever decision that they want.
17 We're also protecting people's rights to not have to
18 pay for things that we believe are elective.

19 CHAIR CLEMONS: Other members have questions?

20 Representative Skidmore, you're recognized.

21 REPRESENTATIVE SKIDMORE: Thank you,
22 Mr. Chair.

23 Representative Fine, do you know that knee
24 replacements are elective surgery --

25 REPRESENTATIVE FINE: I'm going to --

1 REPRESENTATIVE SKIDMORE: -- that they're
2 elective?

3 CHAIR CLEMONS: Chair Massullo, you're
4 recognized.

5 REPRESENTATIVE MASSULLO: Thank you,
6 Mr. Chair.

7 Yes, knee replacements are elective surgery
8 because of the medical condition that precipitates
9 the fact that you need your knee replaced. So they're
10 elective only to the point where you're deciding the
11 time that they'll be done. But most of the time
12 people that have knee replacement, they have a knee
13 replacement because their knee needs replaced. It's
14 worn out. There's cartilage damage. There could be
15 bone damage. There's some medical condition that
16 actually determines the fact that you need your knee
17 replaced.

18 What these procedures are we believe aren't
19 necessary. We believe these individuals have issues
20 that are more psychologically driven that need therapy,
21 but the therapy doesn't have to have interventions
22 that have irreversible side effects and --

23 CHAIR CLEMONS: Representative Skidmore.

24 I'm sorry. I apologize.

25 REPRESENTATIVE MASSULLO: And getting back

1 to Rep. Bartleman's question also, the parts of this
2 bill does not reflect adults at all. As I mentioned
3 earlier, it empowers them with more informed consent.
4 The only thing it does is it limits insurance
5 companies from paying for these procedures which
6 we believe are more cosmetic oriented.

7 CHAIR CLEMONS: Representative Skidmore for
8 a follow-up, and then we'll go to Representative
9 Hunschofsky.

10 REPRESENTATIVE SKIDMORE: Thank you,
11 Mr. Chair.

12 So I have rheumatoid arthritis. I've had it
13 most of my life, since I was a small child. I needed
14 a knee replacement. It was elective surgery. My
15 insurance company at the time covered that elective
16 surgery, but it was still elective. I chose to do it.
17 I didn't have to do it. I could have done something
18 else. And that's what made it elective.

19 How are you suggesting, then, an adult
20 person -- understanding that you've got a problem with
21 the kids -- an adult person making a decision to have
22 a surgery that they feel is in their best health care
23 interests, just like I did? It is -- are you telling
24 us that it is your opinion that they should not be
25 entitled to that elective surgery?

1 CHAIR CLEMONS: You're recognized.

2 REPRESENTATIVE MASSULLO: Thank you,
3 Mr. Chair.

4 Rep. Skidmore, we're not mixing these types
5 of elective surgeries. The elective surgery that you
6 elected to do was because of your health condition.
7 If you would have elected to enlarge your legs to make
8 you taller, that would be an elective surgery that
9 I wouldn't want insurance companies to pay for,
10 because you were doing that more for cosmetic reasons.
11 And that is the elective-type procedures that
12 Representative Fine and myself would like to have
13 not covered through insurance.

14 CHAIR CLEMONS: One more. There's a
15 philosophical difference here, so one more question,
16 and then Representative Hunschofsky.

17 REPRESENTATIVE SKIDMORE: Thank you.

18 So, to be clear, transgender surgery is
19 cosmetic, in your opinion?

20 CHAIR CLEMONS: You're recognized.

21 REPRESENTATIVE FINE: My belief is that
22 surgery is intended to attempt to defy your biology
23 and is cosmetic, yes.

24 CHAIR CLEMONS: Representative Hunschofsky
25 for a question.

1 REPRESENTATIVE HUNSCHOFSKY: Thank you,
2 Mr. Chair.

3 And just to go back to the coverage, the
4 health insurance coverage regarding -- it says on
5 lines 151 through 153 -- and it has nothing to do with
6 youth or not youth -- *Coverage of certain treatment.*
7 *A health insurance policy may not provide coverage*
8 *for gender clinical interventions as defined in the*
9 *previous section.*

10 So will that mean that penile implants will
11 also no longer qualify to be covered by health
12 insurance under this bill?

13 CHAIR CLEMONS: Representative Fine.

14 REPRESENTATIVE FINE: Yeah. Chair Massullo
15 and I have never had to deal with that in our own
16 lives, so I'm not -- I don't know that health
17 insurance would cover that right now, but it's
18 something that we're certainly willing to look into.

19 CHAIR CLEMONS: Follow-up, Representative
20 Hunschofsky.

21 All right. Other members have questions?

22 And I would remind everyone we're on barcode
23 692881. This is the strike-all amendment.

24 Are there any other member questions?

25 One more question. The ranking member has

1 one more question. You're recognized.

2 REPRESENTATIVE BARTLEMAN: Thank you, Chair.

3 I believe that mental health, physical
4 health -- practitioners that I go to look at the
5 whole patient. Not only have you restricted their
6 access to their health insurance or purchasing a plan,
7 this bill also limits their ability to get telehealth.
8 Why is that in here?

9 If you're saying that this is about kids;
10 this is about people -- and I am different because
11 I think you look at the whole patient, not just
12 the physical, but the mental -- why limit telehealth
13 then? Why take it all the way?

14 CHAIR CLEMONS: Representative Fine.

15 REPRESENTATIVE FINE: Sure. We believe --

16 Thank you, Mr. Chairman.

17 We believe, given the seriousness of the
18 procedure, it should be done with a doctor in person.
19 Again, that is our belief.

20 CHAIR CLEMONS: Representative Tant for
21 a question. You're recognized.

22 REPRESENTATIVE TANT: Thank you, Mr. Chair.

23 One of the things -- I'm not a parent of a
24 child who has struggled with this, but I cannot
25 imagine what it would be like to have a child in

1 your family who couldn't stand their own bodies to
2 the point that their mental health was affected and
3 suicide be on the brink.

4 In the bill we are restricting parental
5 rights for a child -- for a parent to be able to make
6 a decision to pursue the best care -- best mental and
7 physical health options for the child.

8 How does -- why are we doing that? What is
9 the concern you have with that? And why do we feel
10 like we need to do this?

11 CHAIR CLEMONS: Representative Fine.

12 REPRESENTATIVE FINE: Thank you.

13 That's a great question. Thank you for
14 the question.

15 I think of the story of Chloe Cole whose
16 parents were told when she was 13 years old they
17 could either have a dead daughter or a live boy.
18 So with that sort of threat being made by doctors,
19 they went and they authorized puberty blockers. And
20 at the age of 16, they had -- her breasts were
21 removed. As she testified before our committee, she
22 very quickly came to regret that. It has had
23 life-altering effects on her life.

24 I read a story just yesterday about a girl
25 also who had the same exact statements made to her

1 parents: You can have a live boy or a dead daughter.
2 They removed her breasts when she was 13 years old.
3 She now regrets it, and she has sued.

4 That is the kind of mutilation that this
5 bill seeks to stop.

6 CHAIR CLEMONS: Follow-up, Representative
7 Tant.

8 REPRESENTATIVE TANT: Thank you.

9 How many families -- what is your estimate
10 of how many people are facing this right now that
11 we're trying to cure?

12 CHAIR CLEMONS: Representative Fine, if you
13 can have an answer or share with us.

14 REPRESENTATIVE FINE: Thank you.

15 I'm not entirely sure what the question is.
16 But if the question relates to how frequently is this
17 happening, it's interesting, many of the practitioners
18 who are so proud of this, this -- what they refer to
19 erroneously as gender-affirming care, they're very
20 proud of it. Yet when it comes to sort of providing
21 information about the numbers, all the sudden they're
22 not all that happy to do it.

23 But we do have one example, just to give
24 you a sense. There is one doctor in Miami Beach --
25 or Miami. I don't know where in Miami -- who I

1 invited to testify before my committee. She markets
2 her services to girls on TikTok under the -- I'll
3 call it -- tradename Dr. Teetus Deletus. That is her
4 name, not mine. We invited her to come and explain
5 to our committee why this is so great. She's willing
6 to talk about why it's so great on TikTok to kids.
7 Why not come and talk to adults in the legislature?
8 She declined that invitation.

9 But she alone did 13 of these breast removals
10 on children last year in Florida, one doctor.

11 CHAIR CLEMONS: Follow-up, Representative
12 Tant.

13 No more.

14 Representative Hunschofsky.

15 REPRESENTATIVE HUNSCHOFSKY: Thank you,
16 Mr. Chair.

17 And just to follow along those lines, do you
18 know of any studies that could tell you what the
19 percentage of regret is that you mentioned?

20 CHAIR CLEMONS: Representative Fine or
21 Dr. Massullo, you're recognized, either.

22 REPRESENTATIVE MASSULLO: Thank you.

23 Thank you for that question.

24 In the most recent studies, it shows almost
25 80 percent of these children that do not have any

1 intervention change their minds by the time they get
2 to adulthood. That's an important fact to realize.

3 Also, some of the more recent studies from
4 the countries that had these procedures initiated
5 even before the United States have shown marked side
6 effects with bone development, particularly in men.
7 Also, we're seeing neural problems with increased
8 pressure in the brain which leads to a condition
9 called pseudotumor cerebri.

10 So there are irreversible factors that were
11 not taken into consideration when these procedures
12 and these therapies were initially initiated. There's
13 studies in Sweden that we could send you that shows
14 the movement now is to concentrate more on affirming
15 psychological care and not doing these surgical
16 and medical interventions worldwide, particularly
17 in Europe where they started the treatment.

18 REPRESENTATIVE FINE: I would --

19 CHAIR CLEMONS: Chair Fine.

20 REPRESENTATIVE FINE: If it's okay, I would
21 just add this movement, if you want to call it that,
22 really sort of got moving in Europe under something
23 called the Dutch Protocol. It sort of took off --
24 you would argue, I think those that disagree with
25 this bill, they were ahead of the curve with the

1 United States. They are now moving backwards.
2 Finland is saying, No, we're going back. This was
3 not good. Sweden is saying, Nope, this isn't good.
4 We're going backward. The U.K. just closed their
5 largest facility that dealt with this for many of
6 the same issues, because they've said that the
7 research is not good, and much of what is out there,
8 there's no longitudinal study. There's no long-term
9 studies. Many of the studies that have been relied
10 upon have not been constructed accurately.

11 What you have is you have an ideology that
12 is pushing medical treatments on children. And,
13 again, we're seeing in the countries that were doing
14 this years ago, they're now going, Okay, this was
15 a mistake. We're going to pull it back.

16 We're going to in Florida make sure we never
17 get to the place that those countries are now.

18 CHAIR CLEMONS: Representative Hunschofsky
19 for another one.

20 REPRESENTATIVE HUNSCHOFISKY: Thank you,
21 Mr. Chair.

22 And the only reason I was asking it -- and I
23 would love to -- if you could send me a link to the
24 study that you're citing, I'd appreciate it. Because
25 the study I saw was a review of 27 studies involving

1 almost 8,000 teens and adults who had had transgender
2 surgeries, mostly in Europe, the U.S., and Canada.
3 And 1 percent on average expressed regret, which is
4 kind of in conflict with the study that you're
5 referring to.

6 Would you be able to provide more information
7 on that study?

8 CHAIR CLEMONS: Representative Massullo.

9 REPRESENTATIVE MASSULLO: Thank you,
10 Mr. Chair.

11 In that study what was determined by several
12 investigators, they have a lot of selection bias, and
13 that was a very short-term study. Some of the more
14 recent studies that are longer term are showing
15 those individuals do have more regret. And when
16 you compare the amount of depression and suicidal
17 ideations with those individuals, they're actually
18 showing greater than the individuals that had no care.

19 And, yes, we'll be able to send those all
20 to you. I'm sure our aides are listening right now.

21 CHAIR CLEMONS: Representative Bartleman, one
22 question.

23 REPRESENTATIVE BARTLEMAN: Thank you, Chair.

24 Once again, you're citing studies in Europe
25 that have to do with children, and I want to point

1 out that there are studies for adults that are over
2 18 -- as Representative Hunschofsky spoke of, you can
3 get a penile implant if you're over 18. You can get
4 a knee replacement. I can -- you talked about Chloe.
5 I can give you a list of names -- Ben, Jen -- tons of
6 them where people are very happy.

7 So my question is --

8 CHAIR CLEMONS: Questions, questions.

9 REPRESENTATIVE BARTLEMAN: Thank you, sir.
10 I'm going to do it.

11 So my question is everything you're saying --
12 I get you're protecting children; you think it's
13 child abuse. Why are you stopping adults from getting
14 insurance -- using insurance --

15 CHAIR CLEMONS: Representative Bartleman,
16 you've asked that question twice.

17 REPRESENTATIVE BARTLEMAN: Sorry.

18 CHAIR CLEMONS: And we do want to hear what
19 you have to say. Save that for debate, because we're
20 going to have plenty of time for all the members to
21 debate.

22 Are there other questions, questions of
23 the sponsors?

24 Questions of the sponsors?

25 Okay. Ladies and gentlemen, we are on the

1 strike-all amendment currently, and it is a strike-all
2 amendment, barcode 692881. We have some other
3 amendments. The first amendment to the amendment is
4 barcode 333093 and barcode 047519. Both of those
5 amendments have been withdrawn.

6 We do have a third amendment to the
7 amendment, barcode 853805, by Representative Skidmore.

8 And, Representative Skidmore, you're
9 recognized to explain your amendment.

10 REPRESENTATIVE SKIDMORE: Thank you,
11 Mr. Chair.

12 In the strike-all, there's new language in
13 regard to those who are currently receiving care, and
14 it extends that care only until December 2023. My
15 amendment deletes that line and allows those who are
16 currently under care since January of 2023 to
17 continue being able to receive their care.

18 CHAIR CLEMONS: You're recognized for an
19 answer, gentlemen.

20 REPRESENTATIVE FINE: I think she presented
21 her amendment.

22 CHAIR CLEMONS: Oops, she's not asking that
23 question.

24 Representative Skidmore, having explained her
25 amendment to the amendment, are there any questions

1 by the members to Representative Skidmore?

2 Yes, you're recognized.

3 REPRESENTATIVE BELL: Thank you, Mr. Chair.

4 Representative, is this a friendly amendment?

5 CHAIR CLEMONS: Representative Fine.

6 REPRESENTATIVE SKIDMORE: I don't think
7 it's appropriate for me to say.

8 CHAIR CLEMONS: Representative Fine.

9 REPRESENTATIVE FINE: No, it is not,
10 obviously, a friendly member, but their definition
11 for the people here of friendly amendment is an
12 amendment we would like to see added to the bill.
13 It is not.

14 The reason we have put in the weaning-off
15 period to the end of the year is to account for the
16 fact that we recognize that, you know, just sort of
17 going, boom, cold turkey with a lot of things isn't
18 a good decision. But we do not support this amendment.

19 CHAIR CLEMONS: Any questions of
20 Representative Skidmore on her amendment to the
21 amendment?

22 Any Representative Skidmore questions?

23 Any public testimony on the amendment to
24 the amendment?

25 Will Larkins, you would like to speak.

1 Please come up. You have one minute.

2 Come on up.

3 The clock is ticking, sir.

4 Ma'am, welcome.

5 MR. LARKINS: I'm sorry.

6 CHAIR CLEMONS: Just start over. I'll
7 start your clock all over.

8 MR. LARKINS: Thank you so much.

9 Hi. My name is Will Larkins. I'm an
10 18-year old senior at Winter Park High School and the
11 cofounder and president of my school's Queer Student
12 Union.

13 I encounter kids every day under the age of
14 18 who have been on gender-affirming health care for
15 a lot of their lives, and that health care has saved
16 their lives. By taking that away and by forcing
17 them to detransition, something that this amendment
18 would take out of the bill, you will kill them. I'm
19 telling you right now, look me in the eyes and know
20 that you will kill them if you pass this bill and if
21 you don't pass this amendment.

22 They -- when you're trans, you rely on being
23 able to be who you are. When you're born in the
24 wrong body, it is hell. That is how every trans
25 person I know has described it.

1 There's really no reason to do this. There's
2 really no reason to not let people change their
3 gender on their birth certificate and live their
4 lives as who they are.

5 I'm going to tell you once again, as
6 someone who encounters transgender minors on a
7 day-to-day basis, you will kill them if you force
8 them to detransition.

9 CHAIR CLEMONS: Thank you for being here
10 today.

11 MR. LARKINS: Have a beautiful day, y'all.

12 CHAIR CLEMONS: Is there any other public
13 testimony on the amendment to the amendment?

14 All right. We'll open the floor.

15 Oh, you have testimony on the amendment
16 to the amendment?

17 All right. Please come forward and hand
18 the sergeant your speaking card, please.

19 You're recognized.

20 Thank you. No, you're recognized. Yeah.

21 MR. BEATTY [phonetic]: Can we get a
22 clarification before the clock starts?

23 CHAIR CLEMONS: Clarification on what? This
24 is the amendment to the amendment?

25 MR. BEATTY: Yes, because that's --

1 CHAIR CLEMONS: This is Representative
2 Skidmore's amendment to the strike-all.

3 MR. BEATTY: That's what I was trying to get
4 to.

5 CHAIR CLEMONS: Perfect. And you would like
6 to speak to this amendment?

7 MR. BEATTY: The amendment that I asked to
8 speak to was the one that was the strike-all
9 amendment, which now --

10 CHAIR CLEMONS: It has already passed.

11 MR. BEATTY: So that's why I'm asking for
12 clarification. The strike-all now becomes --

13 CHAIR CLEMONS: You'll still have a chance.

14 MR. BEATTY: Please, sir.

15 CHAIR CLEMONS: You'll still have a
16 chance.

17 MR. BEATTY: Please, sir.

18 CHAIR CLEMONS: Yes, sir. Just let this
19 one go.

20 MR. BEATTY: Yes. And that's what I'm
21 trying to do, but for the rest of us, so we understand
22 in laymen's terms --

23 CHAIR CLEMONS: No, no. Time out.

24 MR. BEATTY: Yes.

25 CHAIR CLEMONS: You haven't lost the ability

1 to speak.

2 MR. BEATTY: Right.

3 CHAIR CLEMONS: We're going to take care of
4 Representative Skidmore's amendment. And then you'll
5 have a public testimony opportunity at a later time
6 for what's on the floor. Okay.

7 You haven't lost anything. Okay. We'll
8 call you back up. You'll be the first one.

9 MR. BEATTY: And I'm not trying to drag this
10 out, but I think other people, too, would like to
11 know so we're not confused. I think the last
12 individual was confused on what they were
13 speaking to. Okay? And I --

14 CHAIR CLEMONS: We're not confused now. And
15 I will announce -- okay. If you will have a seat,
16 I'll call you when it's your turn.

17 MR. BEATTY: Thank you, sir.

18 CHAIR CLEMONS: And I promise you you'll
19 have full time.

20 Are there any members that would like to ask
21 Representative Skidmore questions on her amendment
22 to the amendment?

23 Are we past that?

24 How about debate?

25 Anybody like to throw in some debate on

1 Representative Skidmore's amendment to the amendment?

2 Ranking Member Bartleman, you're recognized
3 for debate on the amendment to the amendment.

4 REPRESENTATIVE BARTLEMAN: I would just like
5 to comment that we know this bill is going to pass
6 today. It's going to pass in the House. However,
7 there are individuals out there who have been
8 receiving care for three or four years. They have
9 been living their lives a certain way, living their
10 lives as to who they are.

11 To force them now -- to force them to stop
12 taking it -- I know you're giving -- you said, Well,
13 you have until December to get off -- I'm telling you
14 this will do more harm than good. You're going to
15 prevent anyone from this date forward, from the
16 signature of this bill, from getting care. They're
17 not going to be able to get the hormones. They're not
18 going to be able to have the surgery. But if you're
19 currently in the middle of this treatment, to take it
20 away is just -- I can't imagine doing that to someone.

21 And even the Board of Health, who is
22 appointed by the Governor, grandfathered these
23 individuals in. There's like -- we have to have a
24 sense of humanity. You can't abruptly take away care
25 from everybody who's in it, especially three or four

1 years, if they started the puberty blockers at
2 11.

3 So I am asking everyone, you know that this
4 bill is going to pass, but to abruptly stop the care
5 of people who have been living their lives three or
6 four years is just horrific and will impact them.

7 And I have to tell you, I've spoken to
8 parents, and it is just as difficult for the parents
9 to know. I am friends with parents whose children
10 have transitioned, and it is very hard, because there
11 was a name and there was a child born. But they know
12 they have the right to make the best decision.

13 If you heard Jazz Jennings' mother speak,
14 that she knew that if she didn't make the decision
15 she needed to for her daughter that her daughter
16 would not be here today.

17 So these are people who have already had
18 this right. You're abruptly taking it away. You're
19 going against what the Board of Medicine put in
20 place. You're taking it even a step further.

21 So I am just asking you to please
22 grandfather these people in, please.

23 CHAIR CLEMONS: Further debate?

24 Further debate on Representative Skidmore's
25 amendment to the amendment? We're talking about

1 barcode 853805.

2 If there's no further debate, Representative
3 Skidmore, you're welcome to close on barcode 853805.

4 REPRESENTATIVE SKIDMORE: Thank you,
5 Mr. Chair.

6 I was a member of the committee that heard
7 the panel discussion. And while compelling, the
8 testimony -- it wasn't testimony. The panel
9 discussion by one panel member was one detransitioned
10 person, one.

11 What this bill will do is force every person
12 who is currently receiving care to detransition, to
13 become someone they are not, someone that they do not
14 see themselves as being for the rest of their life.
15 They have made this decision with their parents, with
16 their doctor to become who they believe themselves to
17 be. And they should be allowed -- despite your
18 cruelty to take this opportunity away from any person
19 in the future, those children should be allowed to
20 continue their care.

21 This amendment simply lets those folks who
22 have been receiving care since the beginning of this
23 year to become who they believe themselves to be with
24 the support and resources of their families to help
25 them through it.

1 The decisions, the parental rights, the
2 freedom, the things that we pretend to hold dear in
3 this legislature, I want those people, those children
4 and those families to be able to hold them dear too.

5 This amendment allows people who are
6 currently in treatment to continue their treatment,
7 and that's all it does.

8 And I would urge and appreciate your support.

9 CHAIR CLEMONS: Representative Skidmore,
10 having closed on her amendment to the amendment,
11 all those in favor of said amendment, please say
12 aye.

13 All those opposed, say no.

14 Members, by your vote I show the amendment
15 does not pass.

16 We are back on the main amendment, and we
17 have public testimony on the main amendment.

18 Now, everybody follow me. This is the main
19 strike-all amendment that was not amended.

20 Wendell, you're here representing yourself.
21 I promised you, Wendell, that you would have your
22 chance. Please come up. Share with us your
23 testimony.

24 Keep it brief. I've got one here for you
25 for this one.

1 Welcome.

2 MR. BEATTY: Representatives, Wendell Beatty,
3 Sergeant retired, 28 years combat veteran.

4 You know, gender dysphoria is real, and
5 WPATH's standard of care is a treatment plan for
6 people like me that have transgender gender
7 dysphoria.

8 You know, we talk about not allowing youth
9 to take care of themselves. I found out when I was
10 8; okay. When I was 10, my mom found out. She didn't
11 say a thing. My dad didn't say a thing. I had to
12 figure it out on my own; okay. Luckily, there were
13 distilleries and breweries around to help me stay
14 alive until the point where I got to speak to a
15 therapist.

16 You know, the Florida Constitution would be
17 a lot simpler to amend by the people if we would go
18 to Article I, Section 2, Basic Rights, and just say
19 everything is okay for everybody except transgenders.

20 I oppose this bill, and I hope y'all will too.

21 CHAIR CLEMONS: Any other public testimony
22 on the strike-all amendment?

23 Any other public testimony?

24 Any other members of the public that would
25 like to testify on the strike-all amendment?

1 Okay. Seeing none, Members, debate?

2 Debate on the strike-all?

3 Debate on the strike-all?

4 Seeing no debate on the strike-all,

5 Representative Fine or Representative Massullo, you're
6 welcome to close on your strike-all.

7 REPRESENTATIVE FINE: We'll waive closing.

8 We'll speak when we close on the bill.

9 CHAIR CLEMONS: Having waived close on the
10 strike-all, Sabrina, please call the roll of the
11 members.

12 THE CLERK: Representatives Abbott?

13 REPRESENTATIVE ABBOTT: Yes.

14 THE CLERK: Anderson?

15 REPRESENTATIVE ANDERSON: Yes.

16 THE CLERK: Baker?

17 REPRESENTATIVE BAKER: Yes.

18 THE CLERK: Bartleman?

19 REPRESENTATIVE BARTLEMAN: No.

20 THE CLERK: Bell?

21 REPRESENTATIVE BELL: Yes.

22 THE CLERK: Black?

23 REPRESENTATIVE BLACK: Yes.

24 THE CLERK: Borrero?

25 REPRESENTATIVE BORRERO: Yes.

1 THE CLERK: Chaney?
2 Franklin?
3 REPRESENTATIVE FRANKLIN: No.
4 THE CLERK: Hunschofsky?
5 REPRESENTATIVE HUNSCHOFSKY: No.
6 THE CLERK: Persons-Mulicka?
7 REPRESENTATIVE PERSONS-MULICKA: Yes.
8 THE CLERK: Rudman?
9 REPRESENTATIVE RUDMAN: Yes.
10 THE CLERK: Salzman?
11 REPRESENTATIVE SALZMAN: Yes.
12 THE CLERK: Skidmore?
13 REPRESENTATIVE SKIDMORE: No.
14 THE CLERK: Snyder?
15 REPRESENTATIVE SNYDER: Yes.
16 THE CLERK: Tant?
17 REPRESENTATIVE TANT: No.
18 THE CLERK: Tant?
19 REPRESENTATIVE TANT: No.
20 THE CLERK: Trabulsy?
21 REPRESENTATIVE TRABULSY: Yes.
22 THE CLERK: Chair Clemons?
23 CHAIR CLEMONS: Yes.
24 12 yeas and five nays.
25 CHAIR CLEMONS: Members, by your vote the

1 strike-all amendment passes.

2 Now we will have public testimony on the
3 bill.

4 Okay. Public testimony on the bill, and we
5 have quite a lot of members of the public that would
6 like to speak on this bill.

7 David Poole, you're recognized.

8 I want to keep them to about 60 seconds.

9 After that, we would ask Jonathan Webber to
10 come up.

11 David Poole, are you here?

12 David Poole, going once?

13 Okay. Waives in opposition.

14 Jonathan Webber.

15 And on deck is Renee.

16 Mr. Webber, welcome. Keep it to about a
17 minute.

18 MR. WEBBER: Appreciate it. Thank you.

19 My name is Jonathan Webber. I represent the
20 SPLC Action Fund. I do urge you to vote no on this
21 health care ban.

22 There is no credible evidence to dispute
23 the overall safety and efficacy of medical care for
24 transgender youth. Conversely, leading medical
25 organizations like the American Academy of Pediatrics,

1 American Psychological Association, the American
2 Medical Association, the Endocrine Society, and
3 dozens of other organizations representing thousands
4 of doctors and medical professionals support
5 gender-affirming care. This care saves lives by
6 reducing the mental and physical consequences of
7 untreated gender dysphoria.

8 This purposeful prohibition of a family's
9 access to widely accepted and proven effective medical
10 treatment is dangerous. Moreover, charging doctors
11 with a third-degree felony for doing what they are
12 trained and recommended to do to save lives is a
13 massive overreach of state government.

14 Make no mistake. This health care ban will
15 harm young people, question the custody of parents
16 desperate for care for their child, expand government
17 into the private lives of Florida citizens.

18 Please vote no.

19 Thank you.

20 CHAIR CLEMONS: Thank you for being here.

21 Renee, you're up.

22 And, Olivia, you're on deck.

23 You're recognized.

24 RENEE [no last name]: Thank you, Chair.

25 Look, I realize you do not care about

1 transgender people, so I'm not going to sit here and
2 talk about my personal story, because many of you have
3 demonstrated time and time again you don't care about
4 empathy.

5 So let's talk facts for a second. There's a
6 lot of misinformation that was disputed. I'm a
7 psychologist, a master's degree and a P.D. candidate.
8 And I can tell you unequivocally that less than
9 1 percent of trans people detransition. The majority
10 of them feel great when they do, and it saves their
11 lives.

12 Let's talk about two points on why this
13 is unconstitutional. I want to bring your attention
14 to section 1, lines 7 through 15, and section 4, lines
15 41 through 65.

16 Section 1 violates the Full Faith and Credit
17 Clause of the U.S. Constitution, Article IV, section 1,
18 which requires each state to recognize public acts,
19 records, and judicial proceedings of every other
20 state. By allowing a court in one state to disregard
21 a custody determination in another state, this
22 provision is unconstitutional.

23 Section 4 prohibits certain, quote, "gender
24 clinical interventions for minors and imposes
25 restrictions on physicians who perform such

1 interventions." This is unconstitutional because it
2 restricts the fundamental right to privacy and bodily
3 autonomy --

4 CHAIR CLEMONS: Let's bring it in for a
5 landing, please.

6 RENEE: Yes, sir.

7 -- as recognized by the *Planned Parenthood*
8 *v. Casey*, 1992. The Supreme Court has also
9 recognized --

10 CHAIR CLEMONS: Your time has ended.

11 RENEE: -- that individuals have the right
12 to make decisions about their bodies --

13 CHAIR CLEMONS: Olivia, you're next.

14 Thank you for being here.

15 Olivia.

16 Michael Barrett, you're after Olivia. If
17 you would stand up on the side and get ready to come
18 up if you would, please, Michael.

19 Olivia, welcome.

20 MS. SULLEN [phonetic]: Hi. My name is
21 Olivia Sullen.

22 I'm here as an ally and a proud big sister to
23 an incredible gender nonconforming boy. I'm also here
24 because no one is allowed to be mean to my brother
25 but me. And you're all being bullies if you pass this

1 bill. You are being children's first bullies, and you
2 are not allowing them to get treatment that is
3 lifesaving. You know this. If you vote against
4 this, you're voting against these kids' lives.

5 And so the Trevor Project estimates at least
6 one LGBTQ youth between the ages of 13 and 24 attempts
7 suicide every 45 seconds in the U.S. I would like to
8 take the rest of my time for you to think about that
9 life that will be considered to be taken in this time.

10 [Pause.]

11 CHAIR CLEMONS: Thank you.

12 Michael, you're next, with Maxx on deck.

13 Michael representing the Florida Conference
14 of Catholic Bishops.

15 MR. BARRETT: Thank you, Chair and Members of
16 the Committee.

17 Michael Barrett with the Florida Conference
18 of Catholic Bishops.

19 We deeply sympathize with anyone who
20 experiences gender dysphoria and recognize that it can
21 be intensely difficult. Therefore, it is important to
22 recognize that so-called gender-affirming protocols
23 lack long-term evidence of their efficacy and result
24 in irreversible physical damage to the patient.

25 Furthermore, there is significant evidence

1 that avoiding chemical or surgical interventions will
2 result in desistance in favor of biological sex for
3 most minors by the time they go through puberty.

4 Finally, no medical intervention can truly
5 realign a person's sex, which is an immutable
6 characteristic of each person. Medical care should
7 promote the flourishing of a human person.
8 Gender-affirming protocols fail to do this because
9 they fail to alleviate the problem they seek to
10 solve and because they cause damage to the patient's
11 body. Therefore, these protocols should be
12 prohibited.

13 Thank you, Representative Fine, for bringing
14 this good bill.

15 Please vote yes on HB 1421.

16 Thank you.

17 CHAIR CLEMONS: Thanks for being here.

18 Maxx. Maxx, you're up.

19 And, Sierra, please, you're on deck.

20 Welcome, Maxx.

21 MR. FENNING: Good afternoon.

22 My name is Maxx Fenning, and I'm the founder
23 and president of PRISM, a youth-led LGBT nonprofit in
24 South Florida.

25 I'm sure this tireless work to strip people

1 of their rights every chance you get is so exhausting.
2 Trust me, it is for us too. So I hope that we wake
3 you up today.

4 I hope you can look up from your phones when
5 hundreds of people come up to you crying, begging to
6 be seen as human beings, to be heard. I hope you
7 look them in their teary, puffy, beet-red eyes when
8 you tell them that you know better about their lives
9 than they do; when you pretend the science is on your
10 side when you know full well it is anything but; when
11 you pretend that your hands are tied behind your back
12 by the GOP zip ties and duct tape; while you drown in
13 two feet of water and pretend to be lost at sea so
14 you can look good in front of your melting wax figure
15 of a governor that will ride a ghost --

16 CHAIR CLEMONS: Sir.

17 MR. FENNING: -- circling the White House
18 and never be permitted --

19 CHAIR CLEMONS: Thank you.

20 Your time is up.

21 MR. FENNING: I hope you have the audacity.
22 You give us one minute to beg for mercy. If you're
23 going to be a murderer, then act like it.

24 CHAIR CLEMONS: Thank you for being here.

25 MR. FENNING: And if you won't --

1 CHAIR CLEMONS: Sierra, you're next.

2 MR. FENNING: Thank you for your time.

3 CHAIR CLEMONS: And, Will, you're on deck.

4 And, Kevin, you're after Will.

5 MS. BUSH RESTER: So I'm just going to jump
6 right in. When my brother was 7, we found out that
7 he had a genetic order called NF1 which was causing
8 a tumor to push on the puberty gland in his brain,
9 causing him to go through puberty and put his life at
10 risk at 7 years old. Luckily, my parents were able
11 to utilize puberty blockers, a therapy that this bill
12 would ban, to save my brother's life.

13 What makes my brother's case any more
14 medically lifesaving and helpful than hormone care
15 for trans youth? Because, unlike the opinion-based
16 language in this bill suggests, gender-affirming care
17 is medically necessary and lifesaving as well.

18 See, I actually mean it when I say I believe
19 in parental rights, and like many other parents, I
20 will do anything I can to protect my child or the
21 children in my community. So I'll tell you right now
22 that if y'all dare to come to my home or to the homes
23 of my neighbors to kidnap our children for utilizing
24 the same treatment my brother got, I'll need you to
25 remember that Florida has a "stand your ground" law

1 for a reason.

2 CHAIR CLEMONS: Thank you for being here.

3 Welcome back.

4 MR. LARKINS: Hi. Thank you for having

5 me back.

6 My name is Will Larkins. I'm an 18-year-old

7 senior from Winter Park High School.

8 This is complete government overreach. I

9 want to remind you all that we have other problems.

10 My English teacher is homeless and works two jobs

11 because we don't allocate enough money to the school

12 system.

13 And, once again, I'm letting you guys know

14 right now, I hope you can sleep well knowing that you

15 are killing kids, that by passing this law, which

16 I know you will because you don't care what your

17 constituents have to say, you are killing trans kids,

18 and you're destroying the lives of their families.

19 I have nothing else to say but that. Think

20 about it, every 45 seconds, like Olivia said.

21 CHAIR CLEMONS: Thank you for being here,

22 Will.

23 Kevin, you're next.

24 And Joe Saunders from Equality Florida,

25 you're next.

1 Kevin.

2 And, Joe, can you queue up, please?

3 Kevin?

4 All right. Kevin is not here. We'll
5 give you Kevin's time. Come on up.

6 Welcome, Joe.

7 After Joe will be Jon Harris.

8 MR. SAUNDERS: Good morning, Mr. Chair
9 and Members.

10 My name is Joe Saunders. I'm the senior
11 political director for Equality Florida, also a former
12 Member, served in the House from -- a while ago.

13 CHAIR CLEMONS: Welcome back.

14 MR. SAUNDERS: You know, there's clearly
15 something happening in conservative movements in
16 America today. As of today there are over 400 bills
17 introduced in conservative legislatures that work
18 to restrict the rights and freedoms of LGBTQ
19 Americans. Most of them are centered on transgender
20 Americans.

21 But with this strike-all today, I'm here to
22 make sure that you know and that the public knows that
23 this legislation is the most extreme attack on
24 transgender Americans that is filed in legislatures
25 today: government forced detransitions of young

1 people; the sweeping way in which it bans private
2 insurers, as we've heard, from offering health care
3 to people who need it; the way that it requires local
4 governments to ban health care and also to ban
5 contractors of local governments from providing
6 health care. Think about how many providers, how
7 many business are in contracts with the cities
8 and counties that you represent in your
9 districts. This is sweeping; it is extreme, and
10 we need adults in the room to say enough is enough.
11 This cannot be who the state of Florida is.

12 Thank you.

13 CHAIR CLEMONS: Thank you for being here, Joe.
14 Jon Harris, followed by Paul.

15 Good afternoon.

16 MR. MAURER: Good afternoon, Chair and
17 Committee Members.

18 Jon Harris Maurer, the public policy director
19 for Equality Florida.

20 HB 1421 deeply infringes on parental rights
21 and medical freedom, and it is a direct attack on the
22 existence of transgender Floridians, both minors and
23 adults.

24 This bill overrides parents' rights to seek
25 health care for their children, potentially lifesaving

1 health care accessed with the guidance of medical
2 professionals. Leading national health organizations
3 like the American Academy of Pediatrics, the American
4 Psychological Association, and the American Medical
5 Association support gender-affirming care for
6 transgender children.

7 But this is State-forced detransition. In a
8 matter of months, parents whose kids have been
9 successfully in care, who are thriving in care perhaps
10 for years, will be forced to terminate that care.

11 Its provisions also enable courts to change
12 custody agreements against a supportive parent,
13 depriving that parent of custody, treating them like
14 a child abuser simply for seeking care for their
15 child who is struggling.

16 This is also wildly overbroad, as previously
17 discussed. The ban on gender clinical interventions,
18 in fact, is in no way tied to gender dysphoria or
19 addressing gender transition. So when the bill
20 addresses, quote, "any other surgical procedures that
21 alter primary or secondary sexual characteristics,"
22 that includes breast augmentations and vasectomies.

23 CHAIR CLEMONS: Please wrap it up, please.

24 MR. MAURER: So those would no longer be
25 covered by insurance. When it addresses puberty

1 blockers, those would no longer be available to any
2 minors and, again, not covered by insurance.

3 Equality Florida fundamentally opposes this
4 bill and asks that you do the same.

5 CHAIR CLEMONS: Dr. Paul Ahrens, you're
6 recognized.

7 Letitia Harmon, you're up next.

8 Welcome, Dr. Ahrens.

9 DR. AHRENS: Good afternoon, Mr. Chairman and
10 Members.

11 My name is Paul Ahrens. I have a 40-year
12 career as a physician, 25 of which were with Florida
13 Public Health. I'm a constituent of Representative
14 Franklin.

15 Despite compelling testimony from individuals
16 and medical professionals about the life-affirming,
17 lifesaving benefits of gender dysphoria care, the
18 result of the hearing so far has been denial of
19 Medicaid reimbursement for essential gender
20 dysphoria services and rules by medical boards
21 prohibiting standard and vital care.

22 Why won't the powers that be listen to the
23 people? I think it's time to reexamine motivation.

24 In this and other states, officials have
25 apparently decided this is an easy way to harvest

1 votes to maintain a super majority against a
2 beleaguered powerless minority. In my book, that's
3 called bullying. This is a shameful bill based on
4 fringe theories and personal opinions rife with
5 cruelty and bullying.

6 The good news is that you can regain the
7 moral high ground and stop this here and now
8 today. Please, please vote down this awful bill.

9 CHAIR CLEMONS: Thank you for being here.
10 Letitia, you're up.

11 And, Wendell Beatty, you're on deck, please.
12 Welcome.

13 MS. HARMON: Letitia Harmon. I'm the policy
14 and research director for Florida Rising.

15 I'm here in opposition to this bill because
16 LGBTQ youth are four times more likely to attempt
17 suicide than their peers. Attacking our trans youth,
18 especially youth of color, is endangering lives.
19 Providing gender-affirming care is literally saving
20 lives.

21 One in four of transgender youth of color
22 attempted suicide in the past year. These are
23 children that we're talking about here. And if you
24 had the opportunity to save a child's life by
25 providing the necessary health care, by providing

1 them the therapy that they need -- these are children
2 who would rather commit suicide than go through life
3 without receiving the kind of affirming care that this
4 legislation bans. And if you could save a child's
5 life, why would you not do that?

6 Why would you not say, We see you; we honor
7 you; we see that you need to speak to someone to
8 figure this out. And there are ways to help you grow
9 and become fully who you are, and it may very well
10 change your entire perspective on life, so much so
11 that you want to continue living.

12 You could save a child's life by doing that.
13 And we urge you to do that, to stand with our youth,
14 to say: We see you; we honor your dignity; we
15 will provide you with health care. We will vote
16 no on this bill.

17 Thank you.

18 CHAIR CLEMONS: Thank you for being
19 here.

20 Wendell, one more bite at the apple.

21 Welcome back.

22 MR. BEATTY: Thank you, Mr. Chair.

23 Still Wendell Beatty, still gender dysphoric,
24 and still a veteran.

25 But WPATH works, so I guess good things are

1 worth repeating. Okay. It's a standard of care for
2 transgender people recognized by medical professionals
3 around the world. Please heed it. It saves lives.
4 This bill won't. It will be FUBAR upon delivery or
5 voted into law. Okay. And Florida is a free state,
6 and free states don't create refugees, which is
7 another thing this bill is starting to create.

8 Please oppose it. Please vote no.

9 CHAIR CLEMONS: Thank you again for
10 being here, Wendell. Thank you for your service.

11 Ryan Kennedy, you're up.

12 And, Patti Sullivan, you're after Ryan.

13 Welcome. And please keep it to about a
14 minute, please.

15 MR. KENNEDY: Thank you, Chair.

16 My name is Ryan Kennedy with the Florida
17 Citizens Alliance. We raise in strong support of this
18 bill today, and we thank the sponsor for bringing
19 it forward.

20 We believe that protecting children is a
21 strong, strong priority. It should be for any
22 government, any state, at the federal level.
23 Protecting children should be at the forefront, and
24 this is what this does, because these treatments are
25 experimental. They are dangerous, and they have a

1 lot of long-term side effects, as we have seen. And
2 even in Europe these gender clinics are closing down
3 that have done these procedures because they see the
4 side effects that it's causing in their children.

5 Why would we do the same in Florida by
6 allowing this to continue? This is why we should
7 support this bill. Vote yes.

8 Thank you.

9 CHAIR CLEMONS: Thank you for being here.

10 Patti Sullivan, you're up.

11 And, January Littlejohn, you're on deck.

12 Welcome.

13 MS. SULLIVAN: Thank you.

14 Patti Sullivan with Parental Rights of
15 Florida.

16 As many have already said and as the
17 representatives mentioned, Western European nations
18 are about ten years ahead of us with these studies.
19 And I've looked at many of these studies, and some of
20 them actually -- one of them out of Sweden argues
21 that medical transition is not the best option given
22 that medical transition suicide rate is actually 19
23 times higher than the normal average.

24 Also, WPATH itself is not a medical
25 association. Anyone can be a member of WPATH,

1 and you don't have to be a physician to do so. And
2 they, themselves, actually say in their writing that
3 they are not a standard of care, that they are
4 guidelines, recommended guidelines.

5 And so I would just ask you to vote and
6 support this. Many researchers have made it clear
7 that this is damaging to children, not only their
8 bodies, but in many other ways as well.

9 And the final point would just be that
10 puberty blockers, cross-sex hormones -- the puberty
11 blockers actually cause bone density loss in
12 children if they go through these puberty blockers
13 when they're minors. There are a lot of studies that
14 show the harm that happens to these children by taking
15 these drugs.

16 CHAIR CLEMONS: Thank you for being here.

17 MS. SULLIVAN: Thank you very much.

18 CHAIR CLEMONS: January Littlejohn, followed
19 by Aaron DiPietro.

20 Welcome.

21 MS. LITTLEJOHN: Thank you.

22 I am a mom and a licensed mental health
23 counselor in Florida.

24 Our daughter became confused about her sex
25 in 2020 after three of her friends claimed transgender

1 identities as well. We did not socially or medically
2 transition her. Instead, we worked with a licensed
3 counselor to help our daughter explore and resolve
4 co-occurring issues, including low self-esteem and
5 anxiety. We followed the path of watchful waiting,
6 and our daughter has desisted.

7 When a child is in distress or ill for any
8 reason, we look to doctors, and we trust them to give
9 us all treatment options available. I have spoken
10 to many parents in Florida, and that is not what is
11 occurring. They are not being told about watchful
12 waiting and that the majority of these children will
13 resolve their distress without intervention.

14 What parents are being told by doctors,
15 oftentimes in front of the child, is that affirmation
16 and medicalization is their only treatment option to
17 avoid the impending suicide of their child.

18 Suicide is told to parents as if it is a
19 guaranteed outcome versus a risk factor. And as a
20 mental health provider, I can tell you that there
21 are ethical ways of treating suicidal ideation.

22 CHAIR CLEMONS: Ms. Littlejohn, I've kept
23 everybody else within time. Please conclude.

24 MS. LITTLEJOHN: Yes, sir.

25 Making irreversible changes to children's

1 bodies before they can consent is not one of them.

2 I support this bill.

3 CHAIR CLEMONS: Thank you for being here.

4 Mr. DiPietro, followed by Ryan Kennedy.

5 Welcome.

6 MR. DIPIETRO: Thank you, Chair.

7 My name is Aaron DiPietro with the Florida
8 Family Policy Council, and we are in strong support
9 of HB 1421 and appreciate the support of the sponsors
10 very much.

11 So this bill helps kids struggling to embrace
12 their biological sex by protecting them from harmful
13 drugs and procedures. We should not be teaching
14 children who are struggling with their identity to
15 despise and hate their own bodies and feel that the
16 only way to be able to love themselves is to do harm
17 to their own physical bodies.

18 Giving children puberty blockers, cross-sex
19 hormones, and transgender surgeries violates the
20 first duty of medicine, to do no harm. A child who
21 identifies as the opposite sex deserves compassion
22 and mental health care. They should never be
23 chemically and surgically castrated or sterilized.

24 The pharmaceutical industry is pushing these
25 harmful experimental treatments on children to line

1 their own pockets. The transgender surgery market
2 is expected to reach nearly \$1 billion by 2024. We
3 must protect children and parents from being pressured
4 by ideologically and financially motivated gender
5 clinics into agreeing to these harmful experimental
6 treatments.

7 CHAIR CLEMONS: Please bring it in together.

8 MR. DIPIETRO: The proposal ensures
9 Florida's children receive help, not harm; treatment,
10 not transition; and protection, not politics.

11 We encourage you to support the bill.

12 Thank you.

13 CHAIR CLEMONS: Thank you for being here.

14 Julie Framingham, followed by Robert
15 Framingham, from New Port Richey.

16 Are you here?

17 After the Framinghams, it will be John
18 Labriola.

19 Welcome.

20 MS. FRAMINGHAM: Thank you.

21 I'm the mother of a 28-year old man who has
22 been identifying as transgender for the past six
23 years. While there are undoubtedly various
24 contributing factors responsible for the increase in
25 all the young adults who are experiencing this, I ask

1 that this committee support this bill.

2 I can tell you that my own son was diagnosed
3 by a Florida licensed therapist with borderline
4 personality disorder which was the root cause of his
5 severe depression and anxiety and his hatred for
6 himself. He has not gotten better with hormone
7 treatment. He has resisted therapy because he thinks
8 that the hormones are going to solve his problem.
9 He also wishes to get surgery.

10 And I can just tell you that it's really
11 difficult to see him the way that he is where he has
12 really kind of wasted six years of his life. He
13 dropped out of school because of his depression.
14 He's a very smart young man, and he's really
15 harmed his future by what he's doing.

16 So thank you very much.

17 CHAIR CLEMONS: Thank you for being here.

18 Mr. Framingham.

19 And after him, John Labriola.

20 Welcome.

21 MR. FRAMINGHAM: Mr. Chairman and Committee
22 Members, I strongly affirm this bill. I am very much
23 in favor of it.

24 My wife just spoke to you about my son, so I
25 am the father of a young man who dresses in female

1 clothes. And he has some serious mental disabilities,
2 and they're not getting better by his transitioning.
3 He's been transitioning for six years now.

4 And when he was young, he loathed himself.
5 He allowed his teeth to rot under his braces until
6 every tooth in his mouth has now got a root canal.
7 He has one implanted tooth. I paid \$160,000 copay
8 to keep his teeth going so that he would have teeth
9 in his head.

10 Now, clearly, there's a disconnect between
11 what he thinks he wants to be and should be and how
12 to live and what his body -- what he sees his body
13 as. But he wants to take -- to have surgery to
14 correct that disconnect. And I really think that a
15 mental health program would help him a whole lot.
16 And I think that this bill will -- by accenting mental
17 health will do wonders, will save children and --

18 CHAIR CLEMONS: Thank you.

19 MR. FRAMINGHAM: -- I think that one
20 thing should be --

21 CHAIR CLEMONS: Your time.

22 MR. FRAMINGHAM: All right. Thank you.

23 Thank you.

24 CHAIR CLEMONS: Thank you so much for coming
25 from New Port Richey.

1 Thank you.

2 Anthony -- sorry -- John Labriola.

3 MR. LABRIOLA: Good afternoon, Committee
4 Members.

5 The alarming rise in the sexual mutilation or
6 chemical castration of minors is easily the most
7 horrifying consequence of the LGBTQ movements's
8 increasingly aggressive indoctrination and grooming of
9 children. And that's what this is.

10 Treating a mental disorder with surgery is
11 not good science. It is malpractice. And it's an
12 agenda driven by ideology, not science, as has
13 been mentioned several times before.

14 Gender ideologues don't care about children's
15 health, and they're willing to sacrifice them and their
16 health and their lives on the altar of their perverted
17 agenda while unethical pharmaceutical companies and
18 gender clinics are getting rich off of these horrific
19 treatments.

20 Contrary to what's been said over and over
21 again by the LGBTQ ideologues in this room, passing
22 this bill will reduce the suicide rate and will be
23 an act -- major affirming act of saving people's
24 lives, saving children's lives.

25 So thank you.

1 CHAIR CLEMONS: Thank you for being here.
2 Anthony Verdugo. I believe that's correct.
3 Welcome, Anthony.

4 After that is Armando Pamar [phonetic].
5 Welcome.

6 MR. VERDUGO: Good afternoon, Mr. Chair and
7 Vice Chair, Members of the Committee.

8 I'm Anthony Verdugo, executive director of
9 Christian Family Coalition Florida, and we rise in
10 support of this bill, of HB 1421.

11 Look, children are beautiful as they are,
12 and they can have happiness and find happiness in
13 their own body. That's the message that we need to
14 send out.

15 All of you here who are supporting this bill
16 are heroes. Thank you for the work that you do.
17 You're extending mercy through legislation. We know
18 what happens when children are submitted to genital
19 mutilation. Depression, anxiety, and suicide results.

20 Sweden, who has conducted the most thorough
21 studies, shows that 20 percent of these individuals
22 eventually commit suicide.

23 So thank you for what you're doing, for
24 extending mercy and compassion to parents and children
25 all across the state.

1 Thank you, Representative Fine, for
2 presenting this great bill.

3 Please vote yes.

4 CHAIR CLEMONS: Thank you for being here.

5 Armando Pamar. Welcome, Armando. You're
6 recognized.

7 MR. PAMAR: Yes. Thank you, sir.

8 My support for the bill comes from my work
9 experience. I have been for over 14 years working as
10 a mental health technician. I've been at Memorial
11 Hospital and at Florida State Hospital. I have been
12 seeing some dealing with these issues, not necessarily
13 for an operation, but for their confusion when they
14 first come out. After that, they are suicidal. I
15 have had that at the Florida hospital.

16 And I will support this bill a hundred
17 percent.

18 CHAIR CLEMONS: Thank you, Mr. Pamar.

19 Are there any members of the public who have
20 not already spoken that would like to speak on this
21 bill?

22 Any members of the public who have not
23 already spoken?

24 Seeing none, then, Members, we are going to
25 move into debate.

1 We are now open for debate on the bill.

2 Who would be first?

3 Representative Anderson, you'll be
4 first. You're recognized.

5 REPRESENTATIVE ANDERSON: Thank you,
6 Mr. Chair.

7 And thank you, Chairmen -- and I say that as
8 a plural -- for working on this legislation.

9 I am one of the members that sit on Chairman
10 Fine's Healthcare Committee. I know some others here
11 are as well. And I remember a few weeks ago when we
12 had that panel presentation, and I'm reminded of that
13 during this conversation today, and I remember the
14 feelings that we all had on that committee. I don't
15 think there was a dry eye on that committee that
16 day.

17 And I remember leaving that room wondering
18 what is it that we can do to solve this. And we heard
19 from experts from all over the country on this subject.
20 I believe we actually had some subject matter experts
21 that were from Europe as well, so I can say throughout
22 the world.

23 And I'm thankful that you gentlemen are
24 working on this and finding a solution to this
25 problem. I know how hard it is to work on this. I

1 know how important it is. And I would challenge any
2 of the members of this committee here that if you're
3 questioning why we need this type of legislation, go
4 back and watch the footage from that panel discussion
5 in that Healthcare Committee.

6 So I will be up on this bill. And I thank
7 you for bringing this legislation.

8 CHAIR CLEMONS: All right. Ranking Member
9 Bartleman, you're recognized for debate.

10 REPRESENTATIVE BARTLEMAN: Thank you, Chair.

11 That panel did not include the hundreds and
12 thousands of success stories. That panel did not
13 include people who were happy about their transition.
14 That panel did not include other doctors who would
15 speak to the benefits.

16 Everyone who spoke today was speaking about
17 children. And everyone supports parental rights,
18 but I really feel that we only support those parental
19 rights that align with the philosophy of the majority
20 of this House.

21 There are many parents who want the right to
22 make decisions for their children that they feel are
23 in the best interests of their children, not in this
24 bill, but in another bill. If you want to talk about
25 doing something less invasive to help your child

1 with their dysmorphia, let them try pronouns. We're
2 not even going to allow that in this state. That's
3 not a medical intervention. That's in an education
4 bill.

5 This bill also attacks adults, and that's a
6 big problem I have. Because if this is really a free
7 Florida, when you reach the age of 18, you should
8 be allowed to make medical decisions for yourself,
9 and those decisions should be made holistically, not
10 just about your physical health, but your mental
11 health. And this bill is denying health insurance
12 coverage that is currently in place for these
13 individuals. So now you're taking away an option
14 for someone, and so I do not agree with that at all.

15 And the hardest pill for me to swallow with
16 this bill is the inhumanity of not grandfathering
17 individuals in who have been receiving care for four
18 or five years. It is inhumane and devastating to do
19 that to somebody.

20 Now, in my Florida, we love everyone. We
21 accept everyone. And as someone who loves someone,
22 loves multiple people who have transitioned and who
23 are currently transitioning, I'm going to leave you
24 with what they told me: *I am scared. I am scared --*
25 *this is an adult. I am scared. This is so harmful*

1 to me, and I am incredibly scared about my safety and
2 the safety of my peers.

3 We are vilifying a group of individuals.
4 If this is about kids and the adults in this room
5 think this is the best decision for children, then be
6 transparent and just make this bill about children.
7 But it's not. It's going a step further and
8 infringing on the rights of adult Floridians and their
9 access to care by denying them health insurance
10 coverage.

11 So if the bill was -- it's just -- if it's
12 about kids, keep it there. But it's not. And mark
13 my words, there will be more to come. And you're
14 vilifying one group of individuals. They already have
15 the highest suicide rates. And it's hard for them to
16 come up and share their stories, and they do not feel
17 heard.

18 So I am asking you before we get to the vote
19 on the floor, which is going to pass, to consider the
20 grandfather clause. Please speak to people who are in
21 this who are dealing with this now and their families
22 are dealing with it, and please listen to the adults
23 who have success stories and are happy with their
24 lives and don't take it that extra step. Let those
25 adults live their free lives in the free state of

1 Florida.

2 Thank you.

3 CHAIR CLEMONS: Representative Hunschofsky
4 for debate.

5 REPRESENTATIVE HUNSCHOFSKY: Thank you,
6 Mr. Chair.

7 There's so much to unpack here. Let me start
8 by saying thank you to everybody who came out today
9 to speak, and thank you to all the people who reached
10 out to me privately.

11 We've heard a lot about feelings and opinions
12 on things. I went directly to the bill, to sections
13 of the bill in my questioning I have problems with,
14 mainly that section, lines 45 to 47 that says
15 "procedures or therapies that alter internal or
16 external physical traits." And that was the
17 definition for gender clinical interventions. And
18 that covered -- this bill also covers health insurance
19 for adults. So it could include not allowing health
20 insurance to cover a mastectomy for a grown woman,
21 and that is specifically in the amendment. That is
22 not my feelings, but literally something that is
23 very unclear here.

24 External physical traits aren't defined
25 either. So does that mean when a child is in an

1 accident and a limb needs to be removed that that
2 can't be done, that a scar can't be fixed?

3 There are a lot of questions, in my opinion,
4 from a technical perspective in what is written in
5 this bill that I hope will get clarified at some
6 point.

7 My personal concern and feeling with this is
8 that we are so intent on judging a certain group of
9 people that we -- we're not clear and very broad in
10 many of the definitions in here.

11 Additionally, adding the statute of
12 limitations, which right now I believe under medical
13 malpractice in a civil action can't exceed a 7-year
14 period, we're now extending it to 30 years here.

15 So that if somebody had a breast augmentation or, as I
16 mentioned earlier, a penile implant, they could now go
17 back and it would be 30 years because those are not
18 clear in the gender clinical intervention definition.

19 We talk about parental rights. We talk about
20 freedom. We talk about respecting veterans.

21 And, Wendell, I just want to thank you for
22 your service.

23 My personal concern in a lot of the dialogue
24 that is associated with this is we only care about
25 parental rights when we agree with the choice the

1 parent makes. We only support veterans when we agree
2 with the choices that the veterans make. We only
3 support freedom when we agree with the choices that
4 the people make.

5 And this type of discussion keeps coming up
6 over and over again. I have several friends whose
7 children have transitioned, and they're doing great.
8 They're living successful lives, and they did what was
9 best for them.

10 As a mother, I keep going back to how we're
11 talking about human beings. And I don't know where
12 we end up when we continue to talk about human beings
13 like they're not here, like their experiences don't
14 count and don't matter.

15 When I talk to my kids, I let them know that
16 what their life has been like isn't like what
17 everybody's life has been like and that we all as
18 citizens, as just decent human beings have an
19 obligation to not only tell our stories, but to hear
20 other people's stories, and that at least when we are
21 talking about someone else's experience, that we do
22 so with the utmost care, compassion, and respect.
23 Because if we believe in God or someone, whoever
24 else, then the very least we can do when discussing
25 matters about human beings is to do so with the utmost

1 respect and compassion.

2 I will be down on this bill today for a lot
3 of reasons and very specifically for the technical
4 reasons that I believe the language is very general,
5 is not specific enough, is now changing civil statutes
6 of limitations for things like a nose job, that it is
7 denying insurance to things that it wouldn't have
8 before. And I hope that at the very least as we go
9 forward that when we are talking about other human
10 beings and their experiences that we do so with
11 respect and compassion.

12 Thank you.

13 CHAIR CLEMONS: Representative Black in
14 debate. You're recognized.

15 REPRESENTATIVE BLACK: Thank you,
16 Mr. Chairman.

17 Thank you, Representatives, for bringing
18 this good bill.

19 I want to thank you for your courage and for
20 offering a simple, common sense, and very
21 forward-looking piece of legislation, for recognizing
22 an essential truth, and that is that these children
23 are actually victims, once called patients, because
24 we allowed ideology to masquerade as medicine.
25 Thank you for putting a stop to it. Thanks for making

1 sure that Florida does not have to repeat the
2 tragedies that have been undergone in Europe.

3 I thank you. I look forward to cosponsoring
4 this legislation. I encourage all of my colleagues
5 to vote yes.

6 CHAIR CLEMONS: Vice Chair Borrero, you're
7 recognized in debate.

8 REPRESENTATIVE BORRERO: Thank you, Chairman.

9 Members, you've heard in this committee from
10 the other side talk about how somehow if we pass this
11 bill we are going to kill people. Nothing could be
12 further from the truth. In fact, what this bill
13 actually does, it saves lives.

14 I wonder why the other side hasn't talked
15 about the people that this bill -- that gender
16 transition actually kills. In fact, you've heard
17 the term "deadnaming," because that is exactly what
18 happens when someone transitions to another gender.
19 That child, that son, that daughter, that brother,
20 that sister that you once knew is no more. That
21 person no longer exists. He changes his gender and
22 is no more.

23 This bill, what it actually does is it saves
24 lives. It saves them. It doesn't kill them. And it
25 recognizes who they are in the eyes of God.

1 Members, I encourage all of you to support
2 this very good bill and to save lives.

3 CHAIR CLEMONS: Representative Rudman in
4 debate. You're recognized.

5 REPRESENTATIVE RUDMAN: Thank you, Mr. Chair.

6 Representative Fine, Dr. Massullo, I just
7 wanted to lend my voice in support of your bill. I
8 also wanted to dispel a few rumors here today.

9 We've heard that, you know, some of us must
10 feel like these lives don't matter or that somehow
11 we don't hear them or, even worse, that we don't
12 care. Well, let me tell you, as a family doctor, I
13 have at least three patients that I'm aware of who we
14 currently see for gender dysphoria.

15 Now, these patients know when they make the
16 appointment, they know when they see me that I am not
17 going to prescribe off-label hormones for their usage.
18 They know they're not getting testosterone; they're
19 not getting estrogen from me. They know they are not
20 getting a referral to a surgeon.

21 What they do get from me, they get my most
22 valuable commodity. They get my time. We sit and we
23 talk about the issues they're struggling with. We'll
24 talk as long as it takes, and my staff will be the
25 first to tell you that.

1 So this argument that somehow we don't hear
2 them or we don't want to see them or we don't even
3 care about them, that is patently untrue.

4 And so I just wanted to let you be aware of
5 that because we're hearing kind of the other side of
6 the story, and I can tell you from experience that
7 that is not true. We care deeply for these patients.

8 And because I do care deeply for these
9 patients, I'm up on your bill.

10 CHAIR CLEMONS: Are there other members who
11 would like to debate this bill?

12 Other members like to debate this bill?

13 Representative Skidmore, you're recognized
14 for debate.

15 REPRESENTATIVE SKIDMORE: Thank you,
16 Mr. Chair.

17 You know, it's hard. It's really hard to
18 make these decisions for people when I really think
19 they should be able to make these decisions for
20 themselves. And we philosophically just disagree.

21 I know that Representative Fine and
22 Representative Massullo think they're doing a good
23 thing here. And everyone who votes yes on this bill
24 thinks they're doing a good thing here. And those of
25 us and my colleagues who have spoken before me who

1 oppose this bill oppose it because we think you're
2 doing a bad thing. We both think we're helping
3 people. We both think we're saving lives. And so
4 who's right and who's wrong?

5 I find it interesting when we think about
6 the panel discussion and that there wasn't a dry eye
7 in the room because one person talked about her
8 detransition. But who was crying for everyone else
9 who came up here today, who begged you to listen to
10 them and hear their story and how they felt saved by
11 their treatment, by their gender-affirming care?

12 So we're picking the winner and we're picking
13 the loser based on who actually emotionally spoke to
14 us or made us cry. And we need to get out of
15 everybody's business. These are health care
16 decisions, just like abortion. These are personal
17 health care decisions. And I don't know why all my
18 conservative friends want to get in everybody's
19 business. I really thought we were about less
20 government, fewer taxes. Apparently that script is
21 flipped. We want to tell everybody what they can
22 and cannot do and who they can and cannot love and
23 how to plan for families and what books to read and
24 what classes to take and so many things where
25 government doesn't belong.

1 This is a very personal decision. We want
2 to empower families. Let's empower families. Let's
3 let them make the best decisions for their children
4 with their doctors, doctors, who do this work.
5 Instead, we're going to criminalize physicians, which
6 it shocks me that physicians are supporting. We're
7 going to criminalize doctors for doing the care that
8 they've been trained to give.

9 These are decisions that government doesn't
10 belong in.

11 I'm not changing anybody's mind, I understand
12 that. But I want you to think about why Chloe made
13 you cry but Wendell didn't, and look inside your heart
14 and figure out why that is.

15 CHAIR CLEMONS: Any further Member wish
16 to debate?

17 Any further Member wish to debate?

18 You're welcome to debate.

19 REPRESENTATIVE BELL: Thank you, Mr. Chair.

20 I wasn't going to debate, but after hearing
21 both sides, I feel like I just need to say something.

22 As a parent, a mother of two daughters that
23 never came to me and wanted a sex change, their
24 friends never wanted a sex change, I never have lived
25 in that world of sex changes, but I do sympathize

1 with the ones that do want it. However, you should
2 not be making a decision for your child under the
3 age of 18 to change them.

4 And I applaud both Chairs here for the guts
5 to do this. Three years ago I was sitting -- actually
6 it was over in the Senate, and we listened to people
7 that paraded their children up in front of us, an
8 8-year-old child that they did -- mutilated him. It
9 was a little boy, changed him into a little girl, and
10 he wished that he could be a boy again.

11 There was a woman that her father had three
12 boys and -- I'm sorry -- three daughters, and she was
13 the fourth daughter. And he changed -- started
14 giving her male hormones when she was 6 months old
15 and changed her into a man. She did not want that.
16 Now she has hair on her chest, hair on her face.
17 She was changed. And she said that she would like to
18 be a woman again, but her life has been
19 destroyed.

20 If somebody wants to change their sex, let
21 them do it when they're 18 years old, but don't do it
22 on the backs of the taxpayers. I don't feel like I
23 should pay for anybody to have a sex change, period.
24 But we are sympathetic. And for the other side to sit
25 here and call us -- you know, we have no heart for

1 these people, we do have hearts. But a colleague
2 told me earlier -- said, you know, we're not trying to
3 hurt them; we're trying to help them.

4 So I thank you for allowing me to speak.
5 I hope this bill passes.

6 Thank you again to the sponsors. I thank
7 you for your courage because this should have been
8 done three years ago and we're just now doing it.

9 Thank you.

10 CHAIR CLEMONS: Any further Members wish
11 to debate?

12 Seeing no further debate, Members, you're
13 welcome to close on your bill.

14 You're recognized, Representative Massullo.

15 REPRESENTATIVE MASSULLO: Thank you,
16 Mr. Chair.

17 Members, you have a very difficult job,
18 particularly when we have issues like this that are
19 hard. They bring out a lot of emotions, and we're
20 just people. We're human beings. And those emotions
21 often lead us sometimes to extremes, to thinking about
22 bullying and falsehoods and trying to get to a point
23 where really we're trying to make a subject into
24 something that makes us feel better.

25 But our primary role as legislators, as

1 lawmakers of Florida, or any state, is to protect our
2 citizens. And no matter what opinions we have, we
3 have to work hard to strive to get to the truth. And
4 I want to just leave you with three truths:

5 No. 1, since I started walking these halls
6 in 2016 by the grace of the individuals that felt to
7 put their trust in me to come up here and help make
8 laws and represent them, the number of individual
9 minors with gender dysphoria has tripled, tripled.
10 We don't see that in just about any other field of
11 medicine regarding pathology. These individuals, as
12 you've heard from testimony, have comorbidities,
13 psychological issues, issues with their experiences
14 and their environment that we need to take into
15 consideration. That's one truth.

16 The second truth is there's no such thing as
17 someone being able to change their sex. They may be
18 able to change the way their body works, their
19 physiology. They may be able to change their
20 appearance. But they are born either one sex or
21 another, or some individuals are born intersex that
22 have a chromosome or other type of genetic anomaly.
23 This bill doesn't deal with those individuals. It
24 doesn't deal with the individuals that Representative
25 Tant basically explained. This deals with individuals

1 that have a sense that they don't belong to the sex
2 that they actually were born to have.

3 And we do vary in our basic psychology
4 oftentimes. And, Representative Skidmore, I agree
5 with you. Sometimes we have different opinions on
6 what's right and what's wrong. That's what makes our
7 government so collaborative. That's what makes us
8 get to decisions that actually make sense. But I have
9 to disagree with you because there are truths, and in
10 medical care we are to do no harm.

11 And the third truth I want to leave you all
12 with are these procedures, these treatments do much
13 more harm than good. And for us to continue those
14 would be disgraceful as a state, and as a person in
15 the medical profession, I would not be able to live
16 with myself and allow those to continue to occur.

17 Chair Fine.

18 REPRESENTATIVE FINE: Thank you. Thank you,
19 Dr. Massullo. It's an honor to work with you on this
20 bill.

21 Ranking Member Skidmore said that we can't
22 change minds, and maybe we can't, but I can assure
23 you of this: God blessed me with the ability to talk,
24 and I'll never stop using it to do right.

25 Representative Hunschofsky, you pointed out

1 lines 45 to 47 of the bill, and you said you worried
2 about things like breast surgeries for adults and
3 things like that. I just want to remind people, you
4 have to read the whole section. And if you go through
5 48 to 53, it does make it clear this is about sex
6 reassignment and puberty blocking.

7 That said, we will make sure the concern that
8 you have is addressed, because that's certainly not
9 our intent.

10 Representative Bartleman, this bill does not
11 affect an adult's ability to make the decision that
12 they want to make. We're not doing that. They can
13 do it. What it says is that a 13-year-old or a
14 14-year-old or a 16-year-old should be an adult before
15 they make those decisions. We are not -- yes, we're
16 saying that other people don't have to pay for it.
17 I think that is a pretty reasonable statement to make.
18 We're not restricting their ability to do whatever
19 they want to their bodies as an adult.

20 I don't think the folks who speak in
21 opposition of this bill are villains. I think they're
22 victims. And I think what we've heard in this debate
23 and what will continue here is the weaponization of
24 two things. The first weaponization is the fake
25 science. We heard this with COVID, right, the science

1 has established. Now, I believe in the vaccine,
2 got them all. COVID almost killed me. But we were
3 told the science said if you get the vaccine, you
4 won't catch it. Remember? Wasn't true. It did keep
5 you from dying, but they said you wouldn't catch it,
6 and that was not true. They said the science
7 establishes we should keep all of the schools closed.
8 Children's lives are going to be changed forever
9 because they were kept out of school for so long.

10 And in this instance we get told the science
11 has established because there's some group -- and
12 it's been mentioned -- called WPATH that's gotten all
13 of these groups to agree. Well, I want you to know
14 what they all agreed.

15 You were probably all horrified when
16 Representative Bell talked about a child being given
17 these things when they were 6 years old or 3 years old
18 or 6 months old. I bet all of you thought no one
19 would ever do that. I bet the people who oppose this
20 bill said that's insane.

21 Well, this so-called scientific group, they
22 made a choice in their last set of recommendations.
23 They deleted the minimum age recommendations for all
24 of it. They're not even willing to say this shouldn't
25 happen to a 1-year-old or a 2-year-old. The

1 weaponization of science. The science is not in
2 agreement on this. We talked about Finland. We
3 talked about Sweden. We talked about the U.K. It is
4 not established.

5 But I think there's also a weaponization of
6 another word, a weaponization of the word "care." It
7 is not health care to cut someone's body parts off.
8 That is not care. And it is not care to give someone
9 drugs to stop the natural-occurring process of
10 puberty, which we now know from the studies have
11 effect on their bone density and, think about it,
12 their brains that are developing. That is what the
13 science shows. This is not care. They are not
14 villains; they are victims.

15 But we also know that most of the people who
16 this happens to have comorbidities. Chloe Cole --
17 and there are many like this -- she had autism, but
18 they didn't deal with that. They told her parents,
19 You can have a dead daughter or a live boy.

20 You know who loses in this bill? Dr. Teetus
21 Deletus, who's figured out a way in her plastic
22 surgery business -- most plastic surgeries in her
23 business you do have to pay for out of pocket. And I
24 had a plastic surgeon come to me and say, Why do
25 people like this? Because they figured out a way to

1 get to the holy grail, insurance; someone else pays.

2 You know who else loses? Somebody that I
3 hear my colleagues often have issues with, Big Pharma,
4 \$12,000 a year to help with this. They're not
5 villains; they are victims.

6 I know a thing or two about being bullied.
7 I'm not going to talk about it today, but we do this
8 bill to protect children. We do this bill to protect
9 a girl who when she was 13 years old -- think about
10 what you wanted when you were 13 years old -- and who
11 doctors -- and, by the way, what is generally
12 considered one of the better hospitals in this country,
13 told her parents, Dead daughter, live boy. They put
14 her on these drugs at 13, and at 16 they cut her
15 breasts off. And we heard her here.

16 But her story isn't even the worst.
17 Yesterday I read about Layla Jane. They put her on
18 these drugs at 11 years old. They cut her breasts
19 off at 13. This is not care. This is an abomination.

20 You have the chance today to make sure
21 this doesn't happen in Florida.

22 With that, I ask for your favorable support.

23 CHAIR CLEMONS: Representatives Fine and
24 Massullo having closed on House Bill 1421, Sabrina,
25 please call the roll.

1 THE CLERK: Representatives Abbott?

2 REPRESENTATIVE ABBOTT: Yes.

3 THE CLERK: Anderson?

4 REPRESENTATIVE ANDERSON: Yes.

5 THE CLERK: Baker?

6 REPRESENTATIVE BAKER: Yes.

7 THE CLERK: Bartleman?

8 REPRESENTATIVE BARTLEMAN: No.

9 THE CLERK: Bell?

10 REPRESENTATIVE BELL: Yes.

11 THE CLERK: Black?

12 REPRESENTATIVE BLACK: Yes.

13 THE CLERK: Borrero?

14 REPRESENTATIVE BORRERO: Yes.

15 THE CLERK: Chaney?

16 Franklin?

17 REPRESENTATIVE FRANKLIN: No.

18 THE CLERK: Hunschofsky?

19 REPRESENTATIVE HUNSCHOFSKY: No.

20 THE CLERK: Persons-Mulicka?

21 REPRESENTATIVE PERSONS-MULICKA: Yes.

22 THE CLERK: Rudman?

23 REPRESENTATIVE RUDMAN: Yes.

24 THE CLERK: Salzman?

25 REPRESENTATIVE SALZMAN: Yes.

1 THE CLERK: Skidmore?

2 REPRESENTATIVE SKIDMORE: No.

3 THE CLERK: Snyder?

4 REPRESENTATIVE SNYDER: Yes.

5 THE CLERK: Tant?

6 REPRESENTATIVE TANT: No.

7 THE CLERK: Trabulsy?

8 REPRESENTATIVE TRABULSY: Yes.

9 THE CLERK: Chair Clemons?

10 CHAIR CLEMONS: Yes.

11 THE CLERK: 12 yeas and 5 nays.

12 CHAIR CLEMONS: Members, by your vote please

13 show this --

14 THE SECRETARY: I'm sorry. 12 yeas and

15 5 nays.

16 CHAIR CLEMONS: Members, by 12 yeas, 5 nays

17 please show that HB 1067 [sic] passes.

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CERTIFICATE OF REPORTER

STATE OF IOWA)
COUNTY OF WARREN)

I, Terri L. Martin, Certified Shorthand Reporter, certify that I was authorized to and did stenographically transcribe the foregoing audio recording to the best of my ability and that the transcript is a complete record of my stenographic notes.

Dated this 25th of August, 2023.

/s/ Terri L. Martin
Terri L. Martin, CSR, RPR, CRR