

TRANSCRIPTION OF AUDIO RECORDING

FLORIDA SENATE

FISCAL POLICY COMMITTEE MEETING

FLORIDA CHANNEL

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Terri L. Martin, Certified Shorthand Reporter

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

3           CHAIR HUTSON: All right. Members, we're on  
4 our last bill. That is tab 5.

5           Before I get to that, a little bit of  
6 housekeeping I have that either was misplaced or  
7 came in late. But on Senate Bill 210, Kasey Denny  
8 from Palm Beach County was waiving in support on that  
9 bill.

10           Tab 5, CS for SB 254, "Treatments for  
11 Sex Reassignment" by Senator Yarborough.

12           Senator Yarborough, you're recognized to  
13 explain the bill.

14           SENATOR YARBOROUGH: Thank you, Mr. Chairman  
15 and committee. Good morning.

16           Parents have the right and responsibility  
17 to raise their children as they see fit, and  
18 government intervention should be a last resort. I  
19 filed this legislation because I believe as lawmakers  
20 we do have to draw the line when drastic, life-altering  
21 gender dysphoria therapies and surgeries are being  
22 prescribed for young children.

23           Our laws should set appropriate boundaries  
24 that respect the rights and responsibilities of  
25 parents while protecting children from the serious

1 health safety and welfare risks.

2 I also believe our laws should firmly respect  
3 that both parents have a right to be involved in the  
4 upbringing of a child. One parent should not be able  
5 to unilaterally attempt to change the sex of their  
6 child. With the exception of extreme circumstances,  
7 custody arrangements typically honor the rights of  
8 both parents to be involved in major decisions and  
9 events in a child's life. If one parent is attempting  
10 to authorize drastic, life-altering sex reassignment  
11 therapies and surgeries, then, by all means, the other  
12 parent should have the ability to have a court review  
13 the custody agreement.

14 Since I filed this bill, I have listened  
15 to feedback and answered important questions from  
16 those who opposed the bill as well as those who  
17 support it.

18 In order to clear up any misconceptions  
19 about the child custody provisions of the bill, I  
20 proposed a PCS in a Health Policy Committee which  
21 that committee adopted.

22 The bill has three goals: First, to protect  
23 Florida's children from being subjected to  
24 irreversible and life-altering sex reassignment  
25 prescriptions and procedures; second, to require that

1 when adults seek these prescriptions and procedures,  
2 the treatments can be legally provided only after the  
3 patient has been informed of the nature and risks of  
4 the treatment in order to make a prudent decision;  
5 and, third, to protect against the expenditure of  
6 state funds for these sex reassignment treatments.

7           So, first, with regard to protecting  
8 children, the bill has a number of provisions to  
9 protect children from being subjected to the  
10 treatments. The bill amends Florida's child custody  
11 statutes to give courts in the state jurisdiction  
12 to enter, modify, or stay a child custody  
13 determination relating to a child in the state to  
14 protect the child from being subjected to sex  
15 reassignment prescriptions or procedures.

16           Next, the provision provides courts with  
17 discretion to determine whether and how to act to  
18 protect the child. The provision does not require  
19 a court to take any specific action or require a  
20 court to ignore a child custody determination made  
21 by a court of another state.

22           The bill prohibits Florida health care  
23 practitioners from providing these treatments for  
24 children, but makes an exception for children who  
25 were already receiving prescription treatments when

1 this bill would become law. The bill requires that  
2 the continuation of prescription treatment for such  
3 children must be administered by a medical doctor or  
4 osteopathic physician and must be consistent with  
5 emergency rules adopted by the Board of Medicine  
6 and the Board of Osteopathic Medicine. These boards  
7 have spent the past eight months extensively reviewing  
8 research, hearing from medical experts, and listening  
9 to the public on this very issue and are the  
10 appropriate bodies to determine standards of care for  
11 these children who are already receiving the  
12 prescriptions.

13 The bill creates a third-degree felony for  
14 health care practitioners who willfully or actively  
15 participate in violating the prohibition against  
16 providing these treatments to a child.

17 The bill amends existing law relating to  
18 authority for the Department of Health to issue an  
19 emergency order suspending the license of a  
20 practitioner who is arrested for violating certain  
21 crimes. The bill adds the crime of providing these  
22 prescriptions or procedures to a child to that list.

23 And the bill provides that any hospital,  
24 ambulatory surgical center, or physician's office  
25 registered for the provision of office surgery must

1 provide a signed attestation to ACHA or DOH, as  
2 applicable, that they do not offer or provide sex  
3 reassignment treatments for children, except for  
4 those who are already being treated before this bill  
5 would become law, and also do not refer such patients  
6 to other providers for the treatments. A facility's  
7 failure to provide this attestation will lead to  
8 revocation of the facility's license or registration.

9           With regard to protecting adults, if an  
10 adult decides to seek treatment with sex reassignment  
11 prescriptions or procedures, the bill ensures that  
12 only licensed medical doctors and osteopathic  
13 physicians can lawfully provide such treatment. The  
14 physician providing the treatment must take certain  
15 measures to inform the patient of the nature and  
16 risks of the treatment while physically in the same  
17 room as the patient, using forms approved by the  
18 Department of Health. The patient must provide  
19 voluntary written informed consent before treatment  
20 can commence.

21           The bill provides that a health care  
22 practitioner other than a physician who provides  
23 these treatments or a physician who provides the  
24 treatments without obtaining voluntary informed  
25 consent commits a first-degree misdemeanor.

1           Lastly, with regard to protecting state  
2 funds, the bill creates a prohibition against the  
3 expenditure of state funds for these treatments by a  
4 governmental entity or organizations contracted by the  
5 State to manage the provision of Medicaid services or  
6 to manage the state's mental health and substance  
7 abuse providers.

8           Mr. Chair and committee, that is the bill.

9           CHAIR HUTSON: Thank you, Senator Yarborough,  
10 for explaining that bill.

11           Members, if we want to do questions after,  
12 we can take up the amendments first, if that's all  
13 right with you. So let's go ahead -- without  
14 objection, let's take up the first amendment. That's  
15 barcode 212692 by Senator Jones.

16           Senator Jones, you're recognized to explain  
17 the amendment.

18           SENATOR JONES: Thank you so much, Mr. Chair,  
19 and thank you, Senator Yarborough.

20           Members, this amendment, it deletes the  
21 requirement for a physician providing sex reassignment  
22 treatment to be physically in the same room as the  
23 patient when meeting requirements related to informed  
24 consent. So that's practically talking about  
25 telehealth. It deletes the requirement that only

1 an allopathic or osteopathic physician may prescribe,  
2 administer, perform sex reassignment treatments.

3 This portion that I'm doing this amendment  
4 for is to ensure because -- according to the bill  
5 sponsor, he's made mention that it's protecting  
6 children. But based on what's in -- how it's  
7 currently written, this would prevent adults from  
8 being able to get the health treatment that they  
9 would need.

10 So if it's about the children, then, of  
11 course, I think we should leave it at that. But I  
12 think adults are wise enough to make the decision for  
13 themselves, and we shouldn't be taking that type of  
14 treatment away from them, especially if they're  
15 looking to do it through telehealth.

16 That is the amendment, Mr. Chair.

17 CHAIR HUTSON: Thank you.

18 Any questions on the amendment, Members?

19 All right. Seeing none, I've got Aurelie  
20 Colon -- is that correct -- of the National Latina  
21 Institute for Reproductive Justice Florida. She's  
22 waiving in support. Kara Gross with ACLU Florida  
23 is waiving in support. We have one speaker, Jon  
24 Maurer with Equality Florida.

25 You are recognized to speak for the



1 amendment.

2 MR. MAURER: Good morning, Chair and  
3 committee members. My name is Jon Harris Maurer,  
4 and I'm the public policy director for Equality  
5 Florida, and Equality Florida supports this good  
6 amendment.

7 The bill sponsor mentioned that this is  
8 necessary for protecting adults. This is, in fact,  
9 patronizing and insulting to adults who have been in  
10 care for many years. We're not talking about people  
11 who are making an urgent decision. We're not talking  
12 about minors who may struggle with informed consent.  
13 These are adults who have been seeing providers for  
14 potentially decades about surgery, therapies that  
15 they consider to be incredibly [cough].

16 We're talking about limiting their access to  
17 telehealth. We know that telehealth is incredibly  
18 important for a lot of our rural communities where  
19 they have limited access to services. We're talking  
20 about ensuring that these adults can still seek care  
21 from RNs and HRNs who deliver an incredible amount of  
22 gender-affirming care. Again, these are qualified  
23 professionals, and we're talking about adults who  
24 should be able to make these decisions.

25 We know that we've talked a lot in this

1 session about medical freedom, and this is an issue  
2 that we should be preserving that sort of freedom.  
3 We opened this meeting by talking about liberty and  
4 justice for all. We're asking for the liberty for  
5 these adults to be able to continue accessing care in  
6 the way that they have for years. We support the  
7 amendment.

8 CHAIR HUTSON: Thank you very much.

9 Any debate on the amendment?

10 Senator Yarborough, you're recognized in  
11 debate.

12 SENATOR YARBOROUGH: Thank you, Mr. Chair.

13 I appreciate the amendment, Senator Jones,  
14 and we had the opportunity to talk about this in the  
15 other amendment yesterday. This is an unfriendly  
16 amendment. At this time we have a duty to protect  
17 the public and ensure public safety when authorizing  
18 treatments that are inherently dangerous.

19 So similar to how we have addressed treatment  
20 for medical marijuana and abortion, this bill follows  
21 the same approach. It only authorizes physicians to  
22 treat patients for sex reassignment treatment. The  
23 treatments have the potential for life-altering  
24 effects and should be provided by our most highly  
25 educated and trained health care practitioners,

1 as well as being regulated in a heightened manner and  
2 differently than most other medical treatments.

3 So, for that reason I would ask the  
4 committee to oppose the amendment.

5 CHAIR HUTSON: Thank you, Senator Yarborough.  
6 Any other debate?

7 Seeing none, Senator Jones, you're recognized  
8 to close on your amendment, barcode 212692.

9 SENATOR JONES: Thank you so much, Mr. Chair.  
10 Members, just for clarity, this body has --  
11 we have done extensive work on telehealth, and we  
12 have focused on children. But this bill drastically  
13 reduces the essential medical care for transgender  
14 adults. I think Jon made it clear just a few  
15 minutes ago that these treatments pertain to adults  
16 who go to receive this treatment. I think we are  
17 setting a dangerous precedent about government  
18 interference in the personal decision-making for the  
19 adults. And banning telehealth and banning qualified  
20 nursing professionals from being able to administer  
21 this prescribed medical care to the informed  
22 consenting adults, we all, I think, can agree that is  
23 wrong, and it's a large barrier to access for our  
24 transgender community, many who already face massive  
25 disparity in health care and receiving treatment.

1           That is the amendment and my close.

2           Thank you.

3           CHAIR HUTSON: Close on the amendment.

4           All in favor of the amendment, say yea.

5           All opposed, say nay.

6           Show the amendment not adopted.

7           We're now on amendment -- unless there's  
8 objection, which there is not, we will take up the  
9 late-filed amendment, barcode 350064, by Senator Jones.

10           Senator Jones, you're recognized to explain  
11 the amendment.

12           SENATOR JONES: Thank you so much, Mr. Chair.

13           Members, this amendment more particularly --  
14 last -- just the day before yesterday, we voted on a  
15 bill that spoke about protecting children. And I went  
16 into detail about the suicide rate of not just  
17 transgender youth, but LGBTQ youth. West Virginia  
18 passed a similar type of legislation in what we are  
19 doing today; matter of fact, basically the same type  
20 of legislation that we're proposing to pass today.

21           As you all know, West Virginia is an  
22 extremely Republican-dominated legislature. But their  
23 bill that they have contains an exemption. It's a  
24 significant exemption that they have in West Virginia  
25 to the medication and therapy ban for young people

1 under the age of 18, but for those who are at risk  
2 of suicide. Their Senate majority leader -- his name  
3 is Dr. Tom Takubo -- he's a physician. And what he  
4 put forth would allow some transgender youth to  
5 continue receiving medical interventions under certain  
6 circumstances, including hormone therapy, if they  
7 experienced severe gender dysphoria.

8 For those who are not clear on gender  
9 dysphoria, by medical professionals it is defined as  
10 a severe psychological distress experienced by those  
11 whose gender identity differs from their sex  
12 assignment at birth.

13 One of the things that Dr. Takubo said  
14 while he was making his speech on the Senate floor,  
15 he said that it referenced 17 peer-reviewed studies  
16 showing a significant decrease in the rates of  
17 suicidal ideation and suicide attempts among youth  
18 with severe gender dysphoria who have access to  
19 medication therapy. And he went on to say: *These*  
20 *kids struggle. They have incredible difficulties.*

21 Knowing that we just passed out of  
22 committee the bill about protecting children, I  
23 think that -- I don't believe anyone on this  
24 committee want to see children do harm to themselves.  
25 And so this amendment protects children, especially

1 children who have been diagnosed with severe gender  
2 dysphoria. But here's the thing. It's by two  
3 medical or mental health practitioners. I'm going  
4 to repeat, two medical or mental health practitioners.

5 In our last committee, one of my colleagues  
6 made the comment that we need to not operate on  
7 hypotheticals, but we need to operate in facts. That  
8 is what was said. Well, here are the facts: 80  
9 percent of the young people who suffer from gender  
10 dysphoria have attempted suicide or have considered  
11 some kind of self-harm to themselves, 80 percent.

12 And so all this amendment is doing is  
13 saying -- we're not changing anything. We're saying  
14 that those young people who experience severe gender  
15 dysphoria, that the doctor -- you need two doctors,  
16 the medical and/or a mental health professional, to  
17 make that decision.

18 And in the amendment, it says: *The minor*  
19 *has been diagnosed with severe gender dysphoria by*  
20 *at least two medical and/or mental health practitioners*  
21 *with certain qualifications. The diagnosing*  
22 *practitioners express in writing that treatment with*  
23 *sex reassignment prescriptions or procedures is*  
24 *medically necessary to treat the minor and limits*  
25 *self-harm or the possibility of self-harm. The minor,*

1     *the minor's parents, other persons charged to make*  
2     *decisions about the minor's care, and the minor's*  
3     *primary physician agree in writing with the treatment.*  
4     *The use of sex reassignment prescriptions is limited*  
5     *to the lowest dosage necessary to treat the minor's*  
6     *psychiatric condition and not for the purpose of*  
7     *sex reassignment.*

8             But I also want to take you on to line 29  
9     of the amendment. It says: *Notwithstanding the*  
10    *subparagraph, sex reassignment prescriptions or*  
11    *procedures -- listen to this part -- may not be*  
12    *provided to the minor if the minor is prepubescent,*  
13    meaning that they have not hit puberty yet.

14            So I want to make it clear that this is  
15    something that we are talking about, children who  
16    are experiencing severe gender dysphoria to prevent  
17    them from doing any harm or committing suicide.

18            And that is the amendment, Mr. Chair.

19            CHAIR HUTSON: Thank you, Senator Jones,  
20    for thoughtfully reading your amendment in full.

21            Do we have any questions on Senator Jones'  
22    amendment?

23            Any questions?

24            Okay. Seeing none, we have Kara Gross with  
25    the ACLU of Florida waiving in support -- I'm sorry --

1 waiving in opposition -- waiving in support of the  
2 amendment -- waiving in support of the amendment.

3 We have Aurelie Colon, National Latina  
4 Institute for Reproductive Justice of Florida,  
5 waiving in support of the amendment.

6 And, last, Jon Harris Maurer with  
7 Equality Florida who will speak in support of the  
8 amendment.

9 You're recognized, sir.

10 MR. MAURER: Thank you, Chair.

11 Committee members, this amendment is about  
12 saving lives. It is very narrowly tailored. We're  
13 talking about young people who are at risk of severe  
14 gender dysphoria and at risk of self-harm who may  
15 already be engaging in self-harm.

16 As a parent -- and I know many of you are  
17 parents -- I can't imagine the State interfering to  
18 tell me what sort of care I could or could not access  
19 if my child were in such a state.

20 Again, we've talked about how incredibly  
21 narrow this is, especially when it requires that at  
22 least two medical professionals or mental health  
23 professionals have diagnosed the minor with severe  
24 gender dysphoria; when they've stated in writing  
25 that such care is necessary to treat the psychiatric



1 condition and prevent self-harm; that the parents  
2 and guardians agree with providing that health care  
3 and that the care is at the lowest possible dosage to  
4 address that severe gender dysphoria; and that, even  
5 in those cases, no care would be prescribed for a  
6 minor who has not yet gone through puberty.

7           Again, this is about ensuring those parental  
8 rights and that parents have these sort of options to  
9 take care of their kids when they are at their most  
10 endangered state.

11           We hope that you'll see that and support  
12 the amendment.

13           Thank you.

14           CHAIR HUTSON: Thank you.

15           Members, I have no other appearance cards  
16 on the amendment.

17           Any debate on the amendment?

18           Senator Berman, on debate.

19           SENATOR BERMAN: Thank you, Mr. Chair.

20           And I think this amendment is really well  
21 drafted, narrowly drafted. I mean, we heard that  
22 it won't apply until someone reaches puberty. The  
23 group that we're talking about is a small -- probably  
24 a pretty small group of people, but it's a group  
25 that needs our help and that we need to show some

1 grace to. We understand these are people who are  
2 in extreme distress, and we have an opportunity here  
3 to make their lives better, allow them to not live in  
4 a situation that could be life-threatening for them.

5 And the fact that this was done in West  
6 Virginia, at a doctor's -- by a legislator who is a  
7 physician, gives it all the more credence. He  
8 obviously understood what was at stake here. And I  
9 think all of us should recognize what's at stake and  
10 support this good amendment.

11 Thank you.

12 CHAIR HUTSON: Thank you.

13 Any other debate on the amendment?

14 Seeing none, Senator Yarborough, you're  
15 recognized in debate -- I'm sorry. Senator Yarborough,  
16 you're recognized in debate on the amendment. It's  
17 not about your amendment, so you're recognized.

18 SENATOR YARBOROUGH: Okay. Thank you.

19 Thank you, Mr. Chairman.

20 So I, again, appreciate the amendment by a  
21 friendly member on this. I would call it unfavorable  
22 at this time or unfriendly.

23 Some of the risks associated with hormone  
24 therapy for children include, if it is related to  
25 males transitioning to female, in addition to a

1 moderate risk of developing many, many conditions,  
2 some of those include breast cancer, coronary artery  
3 disease, cerebrovascular disease, gallstones, elevated  
4 triglycerides, tumors, et cetera, and then also  
5 females seeking to transition to males could develop  
6 severe liver dysfunction, coronary artery disease,  
7 cerebrovascular disease, hypertension, or breast or  
8 uterine cancer. And that's with regard to what  
9 the therapy could lead to for children.

10           Also, there is a lot of ambiguity and  
11 uncertainty out there. We've heard some speak about  
12 it. We've had -- I know the House had a panel  
13 discussion about this subject last month, I believe  
14 it was, with Chloe Cole. And I've done a lot of  
15 research on her story, listened to her speak on  
16 different occasions, and also done some reading on  
17 that. And she has said that she was talked into  
18 going into these treatments, but she wasn't provided  
19 with all of the risks that could come as a result of  
20 that. And now she is facing lifelong, drastic  
21 consequences as a result and is now in her efforts to  
22 detransition because of that. And she, I think, has  
23 just turned 18 -- 17 or 18 years old.

24           And so we need to be very careful with this.  
25 This could leave individuals sterile. It could

1 prevent them from having a family or producing a  
2 family of their own one day. This is very risky,  
3 and that's why we should be all the more careful as  
4 we move forward with this.

5 So I believe it's important to protect all  
6 children from these harmful treatments. I would  
7 encourage every parent whose child is struggling  
8 with depression or considering self-harm to seek  
9 mental health treatment.

10 My last comment, Mr. Chair, would be that --  
11 and I was going to save this for later in my close,  
12 but we do need to be very careful with this because  
13 this can have those lasting impacts on our young  
14 people. And if there are health care practitioners  
15 out there who are saying that the only way that  
16 gender dysphoria can be cured is by doing these types  
17 of surgeries, we ought to be very careful about that  
18 because there are other options out there.

19 Thank you.

20 CHAIR HUTSON: Thank you, Senator Yarborough.

21 Any other debate?

22 Seeing none, now, Senator Jones, you're  
23 recognized to close on your amendment.

24 SENATOR JONES: Thank you so much, Mr. Chair.

25 Members, 17 peer reviews; 17 peer reviews

1 that Dr. Takubo, who's also the majority leader,  
2 spoke of, 17 peer reviews.

3 My colleague just made mention of the panel  
4 that happened in the House. It was a one-sided  
5 discussion in the House that happened, and I also  
6 want to make it clear that it was one case that we're  
7 talking about that my colleague just made mention of.  
8 And the side effects that Senator Yarborough just  
9 made mention of, how many commercials have y'all  
10 seen where if you take this medicine, here are all  
11 the things that come with the risk of taking this  
12 particular drug? Y'all have seen the commercials  
13 before: You take this, it cures this, but this is  
14 what the problem is. It's the same thing. These are  
15 the side effects. It's the same thing. So I don't  
16 want us to confuse that. Right?

17 Let's go back and let's focus on the facts  
18 that we're talking about. We're talking about  
19 protecting children. We're talking about almost  
20 less than 1 percent of children who experience  
21 gender dysphoria, less than 1 percent, but 80 percent  
22 of them have attempted some type of self-harm to  
23 themselves.

24 Now, wherever we stand on this, that's one  
25 thing. But we're talking about we're going to

1 protect children, Well, let's hold up our end of  
2 the bargain and protect children.

3 And that is the amendment.

4 CHAIR HUTSON: Having closed on your  
5 amendment, all in favor of the amendment, say yea.

6 All opposed, say nay.

7 Show the amendment not adopted.

8 I see four hands. We're going to take a  
9 roll call vote on the amendment.

10 Please call the roll on the amendment.  
11 And let me make sure we're in the proper posture.

12 We're on -- we're going to call the roll on  
13 barcode 350064.

14 THE CLERK: Senator Albritton?

15 SENATOR ALBRITTON: No.

16 THE CLERK: Senator Berman?

17 SENATOR BERMAN: Yes.

18 THE CLERK: Senator Boyd?

19 SENATOR BOYD: No.

20 THE CLERK: Senator Burton?

21 SENATOR BURTON: No.

22 THE CLERK: Senator Calatayud?

23 SENATOR CALATAYUD: No.

24 THE CLERK: Senator Collins?

25 SENATOR COLLINS: No.

1 THE CLERK: Senator DiCeglie?  
2 SENATOR DICEGLIE: No.  
3 THE CLERK: Senator Garcia?  
4 Senator Jones?  
5 SENATOR JONES: Yes.  
6 THE CLERK: Senator Mayfield?  
7 SENATOR MAYFIELD: No.  
8 THE CLERK: Senator Osgood?  
9 SENATOR OSGOOD: Yes.  
10 THE CLERK: Senator Rodriguez?  
11 SENATOR RODRIGUEZ: No.  
12 THE CLERK: Senator Simon?  
13 SENATOR SIMON: No.  
14 THE CLERK: Senator Thompson?  
15 SENATOR THOMPSON: Yes.  
16 THE CLERK: Senator Torres?  
17 SENATOR TORRES: Yes.  
18 THE CLERK: Senator Trumbull?  
19 SENATOR TRUMBULL: No.  
20 THE CLERK: Senator Wright?  
21 SENATOR WRIGHT: No.  
22 THE CLERK: Senator Yarborough?  
23 SENATOR YARBOROUGH: No.  
24 THE CLERK: Vice Chair Stewart?  
25 SENATOR STEWART: Yes.

1 THE CLERK: Chair Hutson?

2 CHAIR HUTSON: No.

3 And by your votes barcode 350064 is reported  
4 not favorable.

5 We're now back on the bill. Are there  
6 questions on the bill?

7 Senator Jones, you have questions. I'm  
8 going to open it up. You guys can go back and forth.

9 SENATOR JONES: Thank you so much, Mr. Chair.  
10 I guess I want to start off with, Senator  
11 Yarborough, on the number of cases that has warranted  
12 this particular piece of legislation.

13 SENATOR YARBOROUGH: Thank you, Mr. Chair.  
14 We're okay to go back and forth, Mr. Chair?  
15 Okay. Thank you.

16 Senator Jones, can you clarify your question?

17 SENATOR JONES: Yes. Sorry about that.  
18 Yes.

19 I just want to know, how many cases of  
20 children or youth reassignment have we seen here in  
21 the state of Florida, that you know of?

22 SENATOR YARBOROUGH: Thank you through  
23 the Chair to Senator Jones and the committee.

24 I don't have a total number of those  
25 procedures right in front of me, Senator. I would



1 have to research that to see if we're able to obtain  
2 it and get it back to you.

3 SENATOR JONES: Yes. Thank you so much,  
4 Senator Yarborough.

5 To my understanding, the number is  
6 practically zero.

7 Could you explain the impetus for the  
8 two-year freeze on procedures for proposing amendments  
9 to a comprehensive plan -- oh, sorry. I'm sorry. I'm  
10 reading my -- wrong question. Excuse me, Mr. Chair.

11 Let me go back. Okay. Perfect.

12 Sorry about that, Mr. Chair.

13 I want to look at the medical implications.  
14 Can you talk to us about the medical implications  
15 associated with someone who abruptly stops taking any  
16 medication or don't receive any type of treatment,  
17 Senator Yarborough?

18 SENATOR YARBOROUGH: Thank you through  
19 the Chair to Senator Jones and the committee.

20 I appreciate that. That's a very fair  
21 question, Senator.

22 So in our bill, building off the premise of  
23 what you just asked in your question, we don't call  
24 for the abrupt ending of that. If you have a minor,  
25 for example, who has been receiving these treatments,

1 then we allow the Board of Medicine and the Board  
2 of Osteopathic Medicine to develop rules that would  
3 address any discontinuation. But our bill does not  
4 contemplate an abrupt stop very much for the reasons  
5 I think you're bringing up, because we would not want  
6 to cause, you know, any adverse medical episodes to  
7 occur which we know sometimes can happen if you  
8 abruptly stop medications. So that is not in the  
9 bill.

10 SENATOR JONES: Thank you, Senator Yarborough.

11 Senator Yarborough, are you aware of any  
12 other law that criminally punishes a doctor for  
13 prescribing a legal medication?

14 SENATOR YARBOROUGH: Thank you, Senator.

15 Outside of our abortion standards, I'm not  
16 aware of one.

17 SENATOR JONES: Thank you, Senator Yarborough.

18 My last question is have you spoken to any  
19 parents of young people or parents in general about  
20 their child who probably have experienced some type  
21 of gender dysphoria?

22 SENATOR YARBOROUGH: Through the Chair,  
23 yes, sir.

24 SENATOR JONES: Thank you, Mr. Chair.

25 CHAIR HUTSON: Any other questions on the

1 bill?

2           Senator Berman, I'll open it up so you can  
3 go back and forth.

4           SENATOR BERMAN: Thank you, Mr. Chair.

5           So the bill defines sex reassignment  
6 prescriptions or procedures like puberty blockers  
7 and hormone therapies. That's lines 136 through 175.

8           If a child needs puberty blockers because  
9 they're having an early growth spurt, would they be  
10 able to get the puberty blockers and hormone therapies?

11           SENATOR YARBOROUGH: Thank you through  
12 the Chair to Senator Berman and the committee.

13           If you pick up, Senator Berman, starting on  
14 line 51 on page 6 of the bill, we outline several  
15 exceptions that would allow for continued treatment.  
16 Some of those include: Line 157, external biological  
17 sex characteristics that are unresolvably ambiguous;  
18 159, a disorder of sexual development in which the  
19 physician has determined through genetic or  
20 biochemical testing that the patient does not have a  
21 normal sex chromosome structure, et cetera. And  
22 then it goes on -- those are the main two, but it  
23 goes on to talk about some of those exceptions that  
24 you're asking about.

25           SENATOR BERMAN: Okay. So thank you,

1 Mr. Chair.

2 I know that my daughter -- she probably  
3 wouldn't appreciate me outing this, but it's fine.  
4 She had to -- she took a growth hormone, and one of  
5 the things that was discussed was giving her a puberty  
6 blocker in order to allow her growth spurt to last  
7 for a longer period of time. Thankfully, we didn't  
8 have to do it.

9 But in that situation, would the child be  
10 able to get a puberty blocker so that they could  
11 take -- so that they would be able to complete their  
12 growth hormone treatment?

13 SENATOR YARBOROUGH: Thank you, Mr. Chair.  
14 Through the Chair to Senator Berman and the committee.

15 So, again, referencing on line 152:  
16 *Treatment provided by a physician who in his or her*  
17 *good faith clinical judgment performs procedures or*  
18 *provides therapies to a minor, what you're describing*  
19 *there -- and I don't know all the details -- and*  
20 *that's okay -- of that situation, but if it's in the*  
21 *good faith clinical judgment of the physician, then*  
22 *that is not contemplated to be restricted under our*  
23 *bill, Senator.*

24 SENATOR BERMAN: So then the question becomes  
25 why is it okay for minors with endocrine conditions

1 but not gender dysphoria?

2 SENATOR YARBOROUGH: Thank you through the  
3 Chair to Senator Berman and the committee.

4 So our goal is to protect children, and  
5 outside of these exceptions, I do not believe,  
6 which is why I put the bill in front of you today for  
7 consideration or filed the bill, that any of the  
8 treatments or procedures should happen if you don't  
9 have one of these exceptions, Senator.

10 SENATOR BERMAN: Thank you.

11 Would this legislation prohibit a 17-year-old  
12 from receiving breast implants if it's not for the  
13 purpose of gender dysphoria?

14 SENATOR YARBOROUGH: Thank you through the  
15 Chair to Senator Burton -- no -- Senator Berman.  
16 Excuse me.

17 SENATOR BERMAN: Colleen looked a little  
18 shocked there.

19 SENATOR YARBOROUGH: Sorry.

20 No. The answer is no.

21 SENATOR BERMAN: And so why is it okay to  
22 have breast implants if it's not for gender dysphoria?

23 SENATOR YARBOROUGH: Thank you through  
24 the Chair to Senator Berman.

25 Senator, as I've said before and as I

1 outlined in my opening and I said a minute ago in  
2 response to Senator Jones's amendment, I am not of  
3 the belief that this would be -- that these types of  
4 procedures or treatments are the only remedy for  
5 something like gender dysphoria. That is not to be  
6 taken lightly. That's a serious issue that I know  
7 individuals are facing, but I do not believe that  
8 that is the only option that can be pursued or should  
9 be pursued in a case like that.

10 SENATOR BERMAN: Thank you.

11 So to go back to one of the questions that  
12 Senator Jones asked -- I don't know if we got an exact  
13 answer. So do you have any data on the number of  
14 transgender youth in Florida that have received the  
15 surgical treatments that you're seeking to ban?

16 SENATOR YARBOROUGH: Thank you through the  
17 Chair to Senator Berman.

18 I do not have that data. We can seek to get  
19 that, Senator, but I don't have that in front of me  
20 today.

21 SENATOR BERMAN: Okay. Next question.  
22 Nurses currently provide gender-affirming care to  
23 adults. So now we're in the adult area. But your  
24 bill restricts the sex reassignment prescriptions  
25 or procedures to physicians. That's lines 211

1 through 216.

2 What is the State's compelling interest  
3 now, after decades of practice, for banning nurses  
4 from delivering this health care to adults?

5 SENATOR YARBOROUGH: All right. Thank  
6 you, Senator.

7 I was getting some clarification, actually,  
8 on your last question, and then I'll speak to the --  
9 or on your prior question, and then I'll speak to that.

10 So total in the state for these type of  
11 procedures is 32. That's adults.

12 Are 12 of those minors?

13 12 of those are minors.

14 SENATOR BERMAN: Oh, so it's a total --

15 SENATOR YARBOROUGH: That's the answer  
16 to the previous question.

17 SENATOR BERMAN: Okay. Let's just make  
18 sure we get it correct. So it's a total of 32. And  
19 of those 32, 12 are children. Is that what you're  
20 saying?

21 SENATOR YARBOROUGH: A total of 12 children,  
22 Senator, and then 32 adults. I'm sorry to confuse  
23 on that. So the total --

24 SENATOR BERMAN: So it's 44?

25 SENATOR YARBOROUGH: 44, yes.

1           SENATOR BERMAN: Okay. And then now the  
2 next question about why we're prohibiting nurses,  
3 banning nurses from delivering the health care to  
4 adults.

5           SENATOR YARBOROUGH: Yes, ma'am. Thank  
6 you.

7           And I think you referenced line 211. Is  
8 that correct, Senator?

9           SENATOR BERMAN: Correct, 211 to 216.

10          SENATOR YARBOROUGH: So because we are  
11 taking this so seriously because of the potential  
12 negative effects that can come as a result -- I do  
13 disagree with the characterization that was made  
14 about we are preventing adults from being able to  
15 access it. I know there are the elements about maybe  
16 not as readily available via telehealth or some of  
17 that, but we are not saying that they cannot access  
18 these kinds of treatments or procedures if they  
19 choose to do so. But we are taking it so seriously  
20 that we believe the physicians, the least they can do,  
21 is inform the adults of the risks that are inherent  
22 with these types of treatments. Maybe some of  
23 them already do that. I'm sure there are. But we  
24 need to take this very seriously, and that's why  
25 we're putting in it has to be a physician licensed



1 under these chapters and it has to be in the same  
2 room.

3 And I mentioned this in previous committee  
4 too, it is for the pharmaceuticals, but if they are  
5 continuing to take a treatment that they're already  
6 taking, they don't have to do an informed consent  
7 every refill that they pursue. It would only be if  
8 there's a new prescription that's prescribed following  
9 that.

10 SENATOR BERMAN: So if you're saying --  
11 I understand that when people who say they have to  
12 drive for hours to get their medicine because they  
13 don't have access to somebody who can give it, you  
14 know, and they've been getting it from nurses -- so  
15 you're saying in that situation they will not be able  
16 to get their medicine? They're going to have to find  
17 someone else who will give them their medicine?

18 SENATOR YARBOROUGH: Through the Chair to  
19 Senator Berman.

20 What we're saying again, Senator, is that  
21 we're taking this very serious. And under the  
22 provisions of the bill, it would have to be that they  
23 are in the same room as the physician for this to be  
24 prescribed.

25 SENATOR BERMAN: Okay. Thank you.

1           And final question. So, you know, I have a  
2 concern that this is going to impact doctors who want  
3 to come to our state and our ability to attract and  
4 retain top talent and possibly even our economy.

5           Can you address that issue?

6           SENATOR YARBOROUGH: Thank you. Through  
7 the Chair.

8           Senator, can I just ask do you mean overall  
9 or just as it relates to minors or adults or --

10          SENATOR BERMAN: No, I think overall. I  
11 mean, I think it has a chilling effect when we pass  
12 laws like this that hurt certain communities. So  
13 I think it's an overall effect. I just want to hear  
14 your response to that.

15          SENATOR YARBOROUGH: Sure. Yes, ma'am.  
16 Thank you. I appreciate the clarification.

17          So I believe we need to send a signal as a  
18 state that we are kid friendly and that we are putting  
19 parents in charge of their children's health care and  
20 that when it comes to things that could be  
21 drastic, life-altering surgeries and treatments  
22 for children, that we as lawmakers, as a legislature,  
23 as a state, take it very seriously with regard to  
24 these elements that can have serious, serious  
25 long-term consequences for children.

1           That's the message that I want to send,  
2           which is why I filed this bill.

3           SENATOR BERMAN: But you do recognize that  
4           you're not just referring to children, we're also  
5           affecting adults in this bill?

6           SENATOR YARBOROUGH: Senator, thank you.  
7           I'm sorry. No, I was just going to say, Yes, ma'am,  
8           I understand the breadth of the impact. Yes, ma'am.

9           SENATOR BERMAN: Okay. Thank you.

10          CHAIR HUTSON: Any other questions?

11          Senator Stewart. And I'll open the floor so  
12          you can go back and forth.

13          SENATOR STEWART: Thank you very much.

14          I just have a couple of questions.

15          The effective date -- I've read through the  
16          whole bill -- it's mentioned many times, July 1, 2023.

17          Can you confirm that?

18          SENATOR YARBOROUGH: Thank you, Mr. Chair.

19          Line 317: *This act shall take effect upon*  
20          *becoming law.*

21          SENATOR STEWART: Oh.

22          SENATOR YARBOROUGH: So that would be if we  
23          pass it, then when the Governor signs it, it goes into  
24          effect.

25          SENATOR STEWART: Okay. Yeah, I missed that.

1           And then I wanted to ask, many may have  
2 entered into with their physician or a center into a  
3 treatment plan. Now, if they've not yet been given a  
4 medication but it's part of their treatment plan,  
5 how does this bill affect those arrangements?

6           SENATOR YARBOROUGH: Thank you. Through  
7 the Chair to Senator Stewart and the committee.

8           Could you clarify whether you mean adults or  
9 children? Because we do make a distinction on that.

10          SENATOR STEWART: Children or adults.  
11 You know, they enter into some type of plan. I'm  
12 assuming adults would be excluded but --

13          SENATOR YARBOROUGH: Thank you, Senator.

14          So, again, speaking a little bit to what we  
15 mentioned before, on page 6, picking up at line 151,  
16 we have some exceptions. So if there is treatment  
17 that was already -- there's some exceptions for  
18 continued treatment for what was already being  
19 provided for a minor who was born with certain  
20 conditions.

21          And then also our bill does not contemplate  
22 a hard stop to the treatments to where it could result  
23 in a critical, you know, severe medical episode. So  
24 that's something we were very, very careful to make  
25 sure our bill would not stop right away. And even

1 the Board of Medicine rule that they adopted said  
2 that if there were already minors who were already  
3 receiving treatments, this rule that went into effect  
4 last week, that they could continue to do so.

5 So ultimately it is the goal to have these  
6 discontinued for minors, but we're going to allow the  
7 boards to make the determination as to when that  
8 would be appropriate.

9 SENATOR STEWART: One -- just let me  
10 reclarify what I just heard.

11 So if there has been a treatment plan,  
12 because they had visited their doctor or they had  
13 visited a clinic, and that plan includes medication,  
14 but not right away, but there is a plan in place to  
15 begin all that, this bill would not affect those  
16 agreements -- a plan to proceed?

17 SENATOR YARBOROUGH: I appreciate the  
18 question, Senator.

19 So it would affect if they are not already  
20 on the drug or on the treatment as of the effective  
21 date of the bill becoming law. Then even if there  
22 was a treatment plan that had been developed, they  
23 cannot then start the treatment. Just because the  
24 plan is in place, if they were not already on the  
25 drug, then they cannot then start the drug as of the

1 effective date of the bill.

2 SENATOR STEWART: Thank you. That  
3 answered that question.

4 SENATOR YARBOROUGH: Yes, ma'am.

5 CHAIR HUTSON: Any other questions?

6 Okay. Seeing none, we're on comment.

7 I have Jorge Chamizo, Do No Harm Medicine,  
8 waiving in support; Aurelie Colon with the National  
9 Latina Institute of Reproductive Justice Florida  
10 waiving in opposition; Annie Filkowski with the  
11 Florida Alliance of Planned Parenthood Affiliates  
12 waiving in opposition; Barney Bishop with the  
13 Florida Smart Justice waiving in support; and then  
14 Yenisbel Vilorio with the State Innovation Exchange  
15 Action waiving against.

16 Now I have the speaker cards that are  
17 coming up.

18 Jackson Oberlink with Florida Rising.

19 And you're recognized.

20 MR. OBERLINK: Good morning.

21 Thank you.

22 I just wanted to get up here today -- I don't  
23 have anything prepared. I'm here representing  
24 Florida Rising to oppose this bill because this is  
25 so personally vial and disgusting to me.

1           Some of my closest friends and family members  
2 are part of the trans community. I, myself, am a  
3 member of the LGBT community. My best friend, Caleb,  
4 is a trans man. And when he was 11, he got into his  
5 parents' bed late at night, and he was crying, and he  
6 told them: I love you both so much. I don't  
7 want to kill myself. I'm a man.

8           And his parents -- his dad, a Roman  
9 Catholic -- you know, didn't know what trans was.  
10 They didn't know what to do, but they listened to him.  
11 And so they took him to doctors. They took him to  
12 professionals, and they worked together to make a  
13 plan to help him, to save his life. And Caleb  
14 medically transitioned.

15           Caleb is now a 21-year old college student  
16 at Florida State University. He's about to graduate  
17 with a bachelor's of science in environmental science.  
18 He's an amazing advocate for environmental issues.  
19 He's the vice president of the FSU Environmental  
20 Service program. He does cleanups every weekend.  
21 You know, he's the president of the FSU Surfrider  
22 Club, fighting for ocean advocacy, just truly amazing  
23 things.

24           And some of you today voted against an  
25 amendment by Senator Jones -- thank you very much for

1 that good amendment -- that could save people's lives,  
2 kids like him. And so you get up here and you pass  
3 bills like this, and some of you still want to  
4 consider yourselves allies to the queer community.  
5 Don't bother showing up at Pride. Don't bother  
6 considering yourself an ally. You are killing trans  
7 kids.

8 And this isn't coming from out of nowhere.  
9 This is, like, a purposeful effort happening across  
10 the country funded by far right Christian fascist  
11 billionaires, like the Betsy DeVos family, that this  
12 is not some altruistic reason that you have for  
13 passing this bill.

14 So --

15 CHAIR HUTSON: You need to stick to the bill.

16 MR. OBERLINK: Yes. Thank you.

17 Please vote against this bill. This is  
18 terrible. You are killing trans kids.

19 Thank you.

20 CHAIR HUTSON: Thank you.

21 Julie Framingham, you may speak. You  
22 are recognized.

23 MS. FRAMINGHAM: Good morning.

24 Yes, my name is Julie Framingham, and I'm  
25 coming here to urge you to pass this bill. I



1 completely support it. I'm the parent of an adult  
2 biological male who has been identifying as  
3 transgender for the last six years. He's 28 years  
4 old now. He was diagnosed a number of years ago with  
5 several mental health disorders, including anxiety,  
6 depression, borderline personality disorder. He was  
7 online. He saw an outlet online and discovered the  
8 transgender community. And he was given this  
9 affirmation-only kind of approach, which meant that  
10 he had been in therapy with a very good therapist here  
11 in Florida, a licensed therapist who had diagnosed his  
12 conditions. He dropped out of therapy because he  
13 believed that, you know, having the wrong sex hormones  
14 and the affirmation-only counseling was all he needed.

15 I can tell you that after he began taking the  
16 wrong sex hormones that his depression and anxiety  
17 worsened to the extent that he dropped out of college.  
18 He never finished his degree. He spent many years  
19 kind of floundering in minimum wage jobs. There were  
20 brief periods where he was off of the prescriptions  
21 simply because he did not have insurance and did not  
22 have a car and could not get easily to a doctor, so  
23 there were months at a time where he lapsed. He was  
24 always better after being off the estrogen and the  
25 other drugs. He would stabilize a bit, and then, you

1 know, it -- I can tell you that if I had known he was  
2 having such severe problems -- I suspected he was  
3 depressed when he was a minor in high school, but I  
4 did not know how severely disordered he was.

5 And knowing that there are valid and  
6 long-tested psychological treatments such as  
7 dialectical behavioral therapy, which is the gold  
8 standard for conditions like borderline personality  
9 disorder -- there are many successful treatments that  
10 have been used and that are things that he could have  
11 benefitted from. But instead he chose not to. I  
12 couldn't control that because he was over 18 at that  
13 point.

14 But the affirmation-only approach, I mean,  
15 it only pushes one way, and that's in favor of the  
16 drugs and the surgeries.

17 You know, I can't -- I mean, I can tell you  
18 that -- I mean, we have a relationship with our son.  
19 I love my son. He was a wonderful son. And I really  
20 miss him. We have a relationship. I still love him,  
21 but it's always like the elephant in the room while  
22 we pretend that he's not wearing women's clothes --  
23 and I'm not a big gender stereotype kind of person.  
24 I mean, I don't wear dresses. I don't have long hair.  
25 I don't carry a purse. I don't care about stereotypes,

1 but I do care that people know who they are. I don't  
2 have a problem with the gays and lesbians. That's  
3 fine. You know, they know who they are. But we're  
4 talking about a psychological condition where people  
5 are told that they cannot be helped other than with  
6 this affirmation approach. And they are living, you  
7 know, a situation where it's not real.

8 So I would ask you to please pass this bill.  
9 I think it will do more good than harm. I am  
10 connected to many, many families here in Florida who  
11 have the same situation.

12 CHAIR HUTSON: Thank you.

13 MS. FRAMINGHAM: And they're afraid to speak  
14 because they're afraid that they will lose their jobs.

15 CHAIR HUTSON: Thank you very much.

16 MS. FRAMINGHAM: Thank you.

17 CHAIR HUTSON: Appreciate you coming up.

18 Robert Framingham next.

19 MR. FRAMINGHAM: Good morning.

20 I'm the father of that son, and I just note  
21 that the transgender train is just rushing down the  
22 tracks. Somebody needs to put the brakes on. This  
23 bill will do that, I think. It's certainly a step in  
24 the right direction. I support it 100 percent.

25 CHAIR HUTSON: Thank you.

1 MR. FRAMINGHAM: Thank you.

2 CHAIR HUTSON: Reverend Dr. Russell Meyer.  
3 Following him, we'll have Renee on deck.  
4 You're recognized.

5 REVEREND MEYER: Thank you, Mr. Chair,  
6 Senators.

7 I'm a pastor of the Evangelical Lutheran  
8 Church in America, and this past week our presiding  
9 bishop issued a statement on caring for trans people.  
10 I'd like to share a portion of that with you:

11 *As we approach March 31, many people are*  
12 *preparing to recognize Transgender Day of Visibility,*  
13 *an international day to celebrate the contributions of*  
14 *transgender people and raise awareness about the*  
15 *deadly injustices they face.*

16 *As bishop of this church, I am concerned that*  
17 *the rights of transgender and nonbinary Americans*  
18 *have been targeted all over this nation. We may have*  
19 *differing opinions on matters related to sexual*  
20 *orientation and gender identity, but we must always*  
21 *uphold the dignity and humanity of everyone. These*  
22 *disagreements do not allow us to accept actions that*  
23 *dehumanize, discriminate against, or objectify any*  
24 *individual or group.*

25 *We must stand together, Dear Church,*

1 *faithfully advocating for the full humanity and*  
2 *dignity of all people. Let us recognize and*  
3 *affirm the humanity of our transgender and nonbinary*  
4 *siblings. Let us advocate for their dignity. Let us*  
5 *continue to be guided by God's love and compassion*  
6 *as we seek justice and equality for everyone.*

7           We said the Pledge of Allegiance of justice  
8 and equality for everyone. What this bill does is  
9 say a certain kind of person really doesn't exist.

10           I have advanced degrees in religious  
11 doctrine, and I'm telling you this bill is religious  
12 doctrine in disguise. What this bill says is there  
13 are really only two kinds of people, and we're going  
14 to force people into those two settings, when across  
15 human history, in culture after culture, there has  
16 been a wide spread of different expressions of human  
17 being.

18           We're not just our chromosomes, and we're not  
19 just two kinds of chromosome matches. There's  
20 diversity in chromosomal life. Some of it doesn't  
21 last very long. And there's diversity across the  
22 human specter in our endocrine and hormonal systems.  
23 And there are a few number of people in our society  
24 for which the two do not match up nicely. And people  
25 struggle with that, in our churches, our families,

1 with transgender children, that they are prayerfully  
2 and faithfully trying to seek what's right for their  
3 child. This bill would deny them their rights. They  
4 are actively engaged in conversations of saying, We  
5 have to leave Florida before the State takes away our  
6 children the way the State used to take away children  
7 from Indian families in the Great Plains.

8 We must respect people for who they are and  
9 how they are made, and families who are struggling  
10 with these issues need the support of professionals  
11 who have some understanding of it. This is trying to  
12 force people into square holes when they're not  
13 square pegs.

14 I plead with you not to go down this path of  
15 signaling out probably the smallest demographic in  
16 our country in order to look like you're doing  
17 something good. This is religious doctrine in  
18 disguise, and it religiously punishes people who  
19 don't agree.

20 I ask you listen to this call for God's love  
21 for all humanity and let parents work with their  
22 doctors to do what they believe is right for their  
23 child.

24 Thank you.

25 CHAIR HUTSON: Thank you.

1           Next we have Renee, then Ryan Kennedy is  
2 on deck.

3           You are recognized.

4           RENEE [Last name unknown]: Thank you, Chair.

5           I just want to recognize the previous  
6 statement, the sentiment, and I deeply appreciate it.

7           I find this discussion today very troubling  
8 and very distracting to my personal life. I'm a  
9 PhD candidate at the Institute of Technology. I'm a  
10 data scientist, entrepreneur, and community builder.  
11 And I employ people here in Florida. I pay taxes here  
12 in Florida. I own a home here in Florida. I've been  
13 here for almost 10 years now.

14           And being transgender should be the least  
15 interesting thing about me. Unfortunately, my very  
16 existence becomes politicized. So I'm not at work  
17 today. I'm not doing what I'm supposed to be doing,  
18 what I love, which is working in Blockchain and  
19 teaching people about a new financial money system  
20 that can unlock a whole new way of living.

21           This bill is not about protecting kids. It's  
22 about protecting the fear of cis people suddenly  
23 becoming trans. That doesn't happen. Trans people  
24 have always been trans. They realize they're trans.  
25 Your child is not going to magically become trans

1 just because they have a transgender friend.

2 This bill is not about parental rights. It  
3 might be about the parental rights of conservative  
4 Christians or bigots or people who would go to great  
5 lengths to abuse their children just to keep them from  
6 being who they want to be.

7 This bill terrifies me because I grew up  
8 with incredibly religious, abusive, conservative  
9 parents who haven't talked to me for well over a year.  
10 I've had a very difficult year financially,  
11 emotionally. Despite that, it has been the best  
12 choice of my life. And I'm sad I can't call them and  
13 tell them and let them know when I accomplish things  
14 because they have chosen to make their decisions  
15 based on religious doctrine only.

16 I want to quote one of the Senators -- and I  
17 won't call out any names, but there's a key word here  
18 that's really important. He said that he believes  
19 that there is no better treatment for gender dysphoria.

20 First, to my knowledge, most of you are not  
21 medical care providers, nor have you had any formal  
22 medical training.

23 Second, belief; we're talking about beliefs  
24 today. We're not talking about science. We're not  
25 talking about equality for all. We're talking about



1 beliefs. A minority, mind you, a minority of people  
2 in this country are far right-wing radical Christians.  
3 Despite that, somehow you are governing the narrative  
4 of our society, and you are no longer allowing this  
5 society to flourish. You're not allowing me to  
6 flourish.

7 I strongly oppose this bill. I encourage  
8 you to be introspective. I encourage you to realize  
9 that your beliefs should not be how we craft  
10 legislation in what is supposed to be a free state  
11 where integrity and humanity is for everyone.

12 Please oppose this bill.

13 Thank you.

14 CHAIR HUTSON: Thank you.

15 Next I have Ryan Kennedy, Florida Citizens  
16 Alliance. You are recognized. And on deck is  
17 Michael Barrett.

18 MR. KENNEDY: Thank you, Chair. Thank you,  
19 Committee.

20 My name is Ryan Kennedy, Florida Citizens  
21 Alliance, a group of over 250,000 supporters across  
22 the state of Florida. Two-thirds of them are  
23 parents.

24 We rise in strong support of this bill today.  
25 We believe that care and compassion towards children

1 should always be used as a first and foremost  
2 approach. A lot of these treatments are very high  
3 with side effects. The long-term side effects of  
4 them are really high.

5 In Europe and a lot of different countries  
6 right now they are banning these treatments, the  
7 transgender surgeries and the treatments in general.  
8 And a lot of these are secular nations, more secular  
9 than the United States is. And they've decided to go  
10 that route because of the studies done and what they  
11 have seen in their nations because of the long-term  
12 side effects.

13 We believe that in our country it's utmost  
14 important that the government protects their citizens.  
15 And for this reason we ask you to vote yes on the bill.

16 CHAIR HUTSON: Thank you.

17 We've got Michael Barrett up with the Florida  
18 Conference of Catholic Bishops. And following him is  
19 Jon Harris Maurer.

20 MR. BARRETT: Thank you, Chair and  
21 Members of the Committee.

22 Michael Barrett with the Florida Conference  
23 of Catholic Bishops. We encourage you to vote yes on  
24 SB 254.

25 We deeply sympathize with anyone who

1 experiences gender dysphoria and recognize that it  
2 can be intensely difficult. Therefore, it is  
3 important to recognize that so-called gender-affirming  
4 protocols lack long-term evidence of their efficacy  
5 and result in irreversible physical damage to the  
6 patient.

7 Furthermore, there is significant evidence  
8 that avoiding chemical or surgical interventions will  
9 result in desistance in favor of biological sex for  
10 most minors by the time they go through puberty.

11 Finally, no medical intervention can truly  
12 realign a person's sex, which is an immutable  
13 characteristic of each person.

14 Medical care should promote the flourishing  
15 of the human person. Gender-affirming protocols fail  
16 to do this because they fail to alleviate the problem  
17 they seek to solve and because they cause damage to  
18 the patient's body. Therefore, these protocols  
19 should be prohibited.

20 Thank you, Senator Yarborough, for this good  
21 bill. Please vote yes on SB 254. Thank you.

22 CHAIR HUTSON: Thank you.

23 Jon Harris Maurer is up, and then John  
24 Labriola is up after that.

25 MR. MAURER: Thank you, Chair and Committee

1 Members.

2 Equality Florida fundamentally opposes Senate  
3 Bill 254. This bill parlays misunderstanding and fear  
4 about this healthcare into a manufactured moral panic  
5 for political points. In doing so, it tramples  
6 parental rights, medical freedom, and sound science.

7 Let's be clear, leading national health  
8 organizations, like the American Academy of  
9 Pediatrics, the American Medical Association, the  
10 American Psychological Association, support  
11 gender-affirming care for transgender children and  
12 certainly adults.

13 The government should never participate  
14 in taking custody away from a parent who's relying on  
15 this sort of widely accepted science to find care for  
16 their child.

17 Relatedly, the State should not be  
18 imprisoning health care providers for providing  
19 potentially life-saving health care that millions of  
20 practitioners and professional associations support.  
21 This care has existed for decades.

22 And when we talk about side effects, we have  
23 to realize that these are the same therapies that  
24 are being prescribed for nontransgender children  
25 broadly, and yet those are not under attack today.

1           Earlier we voted down, unfortunately, an  
2 amendment on the basis of talking about and invoking  
3 some of those side effects, and yet that was an  
4 amendment aimed at prohibiting suicide. How can we  
5 balance that against those sort of alleged side  
6 effects?

7           The State of Florida shouldn't be interfering  
8 with these sort of personal medical decisions,  
9 including for adults, as you already discussed.

10           We ask you to vote down this bill.

11           CHAIR HUTSON: Thank you.

12           John Labriola is up, and then Kara Gross is  
13 on deck.

14           You're recognized.

15           MR. LABRIOLA: Good morning.

16           My name is John Labriola. I'm here on  
17 behalf of the Christian Family Coalition. And we  
18 attended the committee hearing in the House on this  
19 particular bill where there was an excellent  
20 presentation regarding the red herring of suicide  
21 which you hear over and over again from the other side.

22           The over 15-year study that was conducted,  
23 which is in Sweden, which is the most comprehensive  
24 study that's been conducted in this area, actually  
25 showed that people who had undergone transgender

1 surgery were 20 times as likely to commit suicide as  
2 their comparable peers.

3 So clearly this is a lifesaving measure  
4 that you all are considering here. It's not going to  
5 kill kids. It's going to preserve them from deep  
6 harm that will lead to suicide if they undergo these  
7 radical and barbaric surgeries.

8 Sweden was the very first nation to authorize  
9 legalized transgender treatments for people, and  
10 they've come out in favor of doing exactly what this  
11 body is looking to do right now, and that is to ban  
12 these treatments on minors. If Sweden is doing that,  
13 I mean, this is a no-brainer that Florida should  
14 definitely do it as well.

15 The House bill is a little bit stronger in  
16 terms of the tapering off of treatments. We would  
17 ask you to look -- consider that in the final bill,  
18 because the harm that would be caused in these  
19 children who continue these treatments for the  
20 rest of their lives, potentially, could be devastating.

21 So thank you. And, again, please vote  
22 yes on this.

23 CHAIR HUTSON: Thank you.

24 Kara Gross is up. Following her will be  
25 Aaron DiPietro.

1 MS. GROSS: Good morning, Chair Hutson  
2 and Members of the Committee.

3 I'm Kara Gross, the legislative director and  
4 senior policy counsel for the ACLU of Florida, and  
5 the ACLU of Florida opposes this bill.

6 SB 254 is dangerous, cruel, and inhumane.  
7 It is designed to inflict harm on individuals  
8 experiencing gender dysphoria and prevent them from  
9 accessing the health care they need. It is an extreme  
10 example of government overreach into private medical  
11 decisions.

12 The Governor and members of the legislature  
13 like to tout parental rights, but this bill takes  
14 away the right of parents to provide lifesaving care  
15 to their children. Parents and not politicians  
16 know what is best for their own children, and they  
17 should feel free to access the health care they need  
18 in consultation with their medical providers without  
19 governmental interference.

20 The bill will drastically threaten the lives  
21 of trans children in Florida, and it will criminalize  
22 health care providers who provide medically safe and  
23 appropriate standards of care.

24 Under this bill parents of trans children  
25 will face a grim choice, either move their families

1 out of Florida to seek evidence-based, medically  
2 necessary care for their children or stay in Florida  
3 and risk their children's well-being. All Floridians  
4 should have the freedom to access the medical care  
5 they need to survive. These are the most basic of  
6 human rights.

7           And I just want to be clear that the bill  
8 sponsor and others keep talking about protecting  
9 minors, and gender-affirming prescription medications  
10 we're talking about, prescription medications, they do  
11 not harm minors. Forcing minors to have children  
12 against their will harms minors.

13           We also talk a lot about the long-term  
14 consequences of these prescription medications. And  
15 many people here have discussed today that these  
16 prescription medications are allowed and okay and  
17 approved if there is an endocrinology issue with the  
18 child or for other reasons, but they are not approved  
19 if the intent has to do with gender dysphoria.

20           So the same exact medication that is approved  
21 for some is not allowed for others under this bill.  
22 And I ask you why is that? If this is about  
23 protecting children, we are allowing doctors to  
24 prescribe some medications -- the same medication  
25 to some people, but not others. So why is it okay to



1 protect -- how is that protecting children? If we  
2 are -- if this medication is so dangerous, why are  
3 we allowing it to be used for children that are not  
4 suffering from gender dysphoria?

5 Thank you. I urge you to vote no on this  
6 bill.

7 CHAIR HUTSON: Thank you.

8 Aaron DiPietro is next. On deck will be  
9 Jude Spiegel.

10 You are recognized.

11 MR. DIPIETRO: Thank you, Chair.

12 Aaron DiPietro with the Florida Family Policy  
13 Council. We are in strong support of SB 254.

14 Currently -- so the reason why we are here  
15 at this point -- gender dysphoria has been an issue  
16 that has been, you know, around for quite some time,  
17 and we definitely are sympathetic and compassionate  
18 with those that are struggling with. However,  
19 recently, within the last, really, five to ten  
20 years -- and researchers from both the left and right  
21 have pointed out this phenomenon -- we have had a  
22 rise not in traditional gender dysphoria cases, but  
23 in cases caused by social contagia, particularly  
24 among young teenage girls in which they are on social  
25 media seeing the idea of gender, you know, transition

1 as being something that is hip, that is cool. And it  
2 is taking advantage of many of these young girls at a  
3 time where they're going through tremendous changes  
4 in their life through puberty, and there's a lot of,  
5 you know, confusion that is going on with them.

6 So we've seen that as being a factor in terms  
7 of the rise in these cases here. So many of these  
8 cases are not actually real gender dysphoria cases.  
9 They are cases of social media contagia and social  
10 media influences.

11 We firmly support this bill because we  
12 believe that every child deserves a natural childhood,  
13 one that allows them to experience puberty and other  
14 natural changes that shape who they will become.

15 We believe that children should be taught to  
16 embrace and love their bodies, not to hate and then  
17 despise themselves and feel that the only way that  
18 they can be able to love themselves is to harm  
19 themselves and cut off body parts and subject  
20 themselves to harmful sterilization and castration  
21 methods.

22 We believe that children are not able to  
23 comprehend and fully appreciate the risks and life  
24 implications, including permanent sterility, that  
25 results from the use of puberty blockers, cross-sex

1 hormones, and drastic surgical procedures.

2 We must protect children and parents from  
3 being pressured by ideologically and financially  
4 motivated gender clinics into agreeing to these  
5 harmful experimental treatments. We have seen time  
6 and time again in Europe, many of the nations that  
7 have preceded us in these types of treatments, that  
8 they are drastically cutting back because of the data  
9 that is showing the harmful side effects and long-term  
10 implications of these types of treatments.

11 And also I would point out that in this  
12 committee, even though there's been the appeal to  
13 many medical organizations for their support of these  
14 types of treatments, that none of these organizations  
15 came here to testify today.

16 And I would point out as well, one standard  
17 that has been brought up is the WPATH standards  
18 internationally. The issue is -- and WPATH admits  
19 within those statements and the procedures, the  
20 guidelines, that they are guidelines and not standards  
21 of care. We do not have any standards of care from  
22 WPATH to go on. And that is a high standard. For the  
23 lawyers in the room, standards of care is one of the  
24 highest levels. It's almost like the strict scrutiny  
25 of the medical community. It is evidence based.

1           So we encourage this committee to support  
2 this good bill, and we thank Senator Yarborough for  
3 bringing this forward.

4           Thank you so much.

5           CHAIR HUTSON: Stay right there. We have  
6 got one question.

7           Senator Jones, I'm going to open it up so  
8 you can go back and forth and don't have to go through  
9 me.

10          SENATOR JONES: Thank you, Chair.

11          Thank you so much for your presentation.

12          How many of those researchers have you read  
13 yourself?

14          MR. DIPIETRO: A good number. And I've also  
15 read studies that have kind of referenced some of  
16 those.

17          SENATOR JONES: How many of them were peer  
18 reviewed?

19          MR. DIPIETRO: A good number. And I'd be  
20 happy to get some of those for you as well.

21          SENATOR JONES: How many cases in  
22 Florida are you speaking of?

23          MR. DIPIETRO: In terms of in the state  
24 of Florida?

25          SENATOR JONES: Yeah. Because you made

1 mention of that you -- based on the research, there's  
2 been an uptick in Florida. How many?

3 MR. DIPIETRO: In Florida -- I know a lot of  
4 the research more nationally, but I can look into  
5 that.

6 SENATOR JONES: How many in Florida?

7 MR. DIPIETRO: In terms of Florida, I  
8 would be happy to look into those.

9 SENATOR JONES: Yeah. The number is zero.  
10 How many since 2018?

11 MR. DIPIETRO: Based off which cases?

12 SENATOR JONES: Based off what you just  
13 made mention of in your testimony, how many in  
14 Florida, as far as you are concerned, since 2018  
15 have received this type of care?

16 MR. DIPIETRO: I believe that those  
17 numbers were mentioned by Senator Yarborough, but  
18 I'd be happy -- so I would definitely defer to  
19 him.

20 SENATOR JONES: Less than 143.

21 MR. DIPIETRO: Okay.

22 SENATOR JONES: And you made mention of,  
23 as far as social media is concerned -- my last  
24 question, Chair.

25 You said social media has influenced

1 this uptick that we're speaking of. Does the  
2 research speak about social media?

3 MR. DIPIETRO: Some of the research has.  
4 I would point to, actually, liberal researcher  
5 Abigail Shrier's work on that.

6 SENATOR JONES: Liberal research. Okay.

7 My last final question to you is you  
8 made mention of Europe and a lot of this research  
9 that happened. What is the one exception that  
10 many of these researchers that you're speaking of  
11 as far as puberty blockers -- what is one exception  
12 that they have made mention of where these  
13 individuals should receive treatment?

14 MR. DIPIETRO: I'm not aware of that,  
15 but I'd be happy to --

16 SENATOR JONES: Absolutely. All the  
17 peer reviews, the exception is where youth need  
18 to receive this type of treatment is for youth  
19 under extreme conditions who have gender  
20 dysphoria.

21 Thank you so much.

22 MR. DIPIETRO: Thank you.

23 CHAIR HUTSON: Thank you very much.

24 All right. Jude Spiegel, and following  
25 would be Maxx Fenning.

1           You are recognized.

2           MR. SPIEGEL: Hi, I'm Jude Spiegel, and I  
3 really don't want to be here, like, I had to take  
4 time out of my life, drive four hours and end up here.

5           I just want to know, why are you afraid of  
6 transgender joy and happiness? I am a transgender  
7 parent of two gender nonconforming children, one who  
8 does happen to claim to be the gender opposite of the  
9 one assigned at birth. It has nothing to do with me.  
10 He has no idea what transgender is, just own choices.  
11 And I'm here because I have the right to decide  
12 what medical care my children receive.

13           I grew up suicidal and confused, knowing  
14 society believed who I am is wrong. I've never  
15 identified solely as a woman from childhood onward.  
16 Before social media, I knew I was not a girl. I do  
17 not want this for other children. I do not want any  
18 child to do what I did to myself.

19           I do not want to have to flee my home state  
20 of 28 years, but you're forcing my family out. You  
21 took away Medicaid coverage for 9,000 transgender  
22 people in the state of Florida, including me. Is  
23 that not enough? And now you want to ban insurance  
24 from covering gender-affirming care completely. And  
25 I receive my care via telehealth because I'm a busy,

1 working parent. We have told you time and time again  
2 that these actions will kill people, and you've shown  
3 that you don't care if we live or die. You're not  
4 protecting me or my family. Message received?

5 Our blood is on your hands.

6 And I just want to say that I love my  
7 children, Morgan and Hazel, and I'm here for you guys  
8 above all else.

9 Trans rights are human rights, and you've  
10 proved that you don't see us as human.

11 Thank you.

12 CHAIR HUTSON: Maxx Fenning is up, followed  
13 by Nick Carey.

14 MR. FENNING: Good morning.

15 My name is Maxx Fenning, and I'm the founder  
16 and president of PRISM, a youth-led nonprofit that  
17 works to expand access to LGBTQ-inclusive education  
18 and sexual health resources for young people in  
19 South Florida.

20 My question to you all is why. You've heard  
21 what this will do. You already knew what this would  
22 do. So why do you feel the need to attack our  
23 community in every facet of life and at every avenue  
24 and every single chance you get? Haven't you done  
25 enough? Why?



1 I know you will come on that mic after 100  
2 people have almost unanimously told you to stop this.  
3 You'll arrive at your bully pulpit and spew your  
4 toxic diatribes and feigned sympathies that tell us  
5 that we are wrong, that the media is blowing this  
6 out of proportion, that there's simply a lot of  
7 emotion in this room, even though the facts, not  
8 feelings, show that gender-affirming care is  
9 lifesaving care, with consensus from every major  
10 medical association in the United States, even though  
11 the authors of almost every study cited in the  
12 Florida Department of Health's request of the Board of  
13 Medicine made a similar decision last year, came out  
14 publicly to state that their research was  
15 misrepresented to justify denying this care to people  
16 for political gain.

17 Even with all of that, you will tell us that  
18 we are wrong. Don't treat us like children. Don't  
19 treat us like the children you take away from us.  
20 Don't treat us like the children you deny health care  
21 for. Don't treat us like the children you are  
22 hell-bent on driving 6 feet under as you place the  
23 bottom of your dress shoes and heels on their necks.  
24 Don't treat us like children when you have forced us  
25 to grow up way too fast just so we can fight for our

1 right to exist. You took our childhoods away from us  
2 already.

3 I said it in the House yesterday, and I will  
4 say it again and again and again. If you're going to  
5 be a murderer, then act like it. And if you won't,  
6 then I urge you to vote no.

7 Thank you for your time.

8 CHAIR HUTSON: Thank you.

9 Nick Carey, and then followed by Sierra  
10 Bush Rester.

11 You're recognized.

12 MR. CAREY: And now these three remain:  
13 faith, hope, and love, but the greatest of these is  
14 love.

15 Who are you showing love to in this? I  
16 believe God doesn't make mistakes. Just as he created  
17 me as a cis gender man, he created these fine people  
18 over there to be who they are. And who are you to  
19 deny them who they are? God calls us to love our  
20 neighbors and protect our neighbors. And I ask you,  
21 who are you protecting? Because it's only your  
22 snowflake feelings.

23 This is the epitome of you trying to force  
24 your woke opinions on these fine residents and  
25 citizens. How dare you. How dare you use faith.

1 How dare you.

2 That's all I have to say.

3 CHAIR HUTSON: Thank you very much.

4 Sierra Bush -- is it Rester? Okay.

5 You're recognized.

6 MS. BUSH RESTER: I wasn't here for the  
7 beginning of the meeting. Is there any limit to time?

8 CHAIR HUTSON: No, ma'am. You can go as  
9 long as you need to.

10 MS. BUSH RESTER: Okay. Thank you.

11 I had a long and short version, so --

12 CHAIR HUTSON: I mean, hopefully, you don't  
13 go, like, ten minutes, but --

14 MS. BUSH RESTER: No. It will be --

15 CHAIR HUTSON: -- a couple of minutes is  
16 fine.

17 MS. BUSH RESTER: Yeah. Okay.

18 So banning hormone therapy and hormone  
19 blockers from minors not only takes away lifesaving  
20 and necessary medical treatment for trans youth, but  
21 it also puts the medically fragile and children with  
22 genetic disorders at significant health risk.

23 My family carries the genetic disorder  
24 called NF1 that causes noncancerous tumors to grow on  
25 the nerves. When my brother was 7, we found out that

1 one of those tumors was pushing on the puberty gland  
2 in his brain. Fortunately for my brother, this was  
3 15 years ago, which meant my parents were able to  
4 utilize hormone blockers, a therapy this bill would  
5 ban, to save my brother's life.

6           You might say, Well, this bill wouldn't stop  
7 medical procedures like that, not when it's medically  
8 necessary. But I challenge that because  
9 gender-affirming care for trans youth is just as  
10 medically necessary and lifesaving as the hormone  
11 blockers my little brother got.

12           NF1 has a 50 percent hereditary rate, and I  
13 am a carrier. If it turns out that my son has NF and  
14 I need to get the same lifesaving treatment that my  
15 brother got, I will, regardless of the legal  
16 consequences. And I'll tell you right now, if y'all  
17 dare come to my home or to the homes of my neighbors  
18 to kidnap my children, the children of my community  
19 from the parents who seek to utilize the same  
20 treatment that saved my brother's life, I would ask  
21 you to remember that Florida has a stand your ground  
22 law for a reason.

23           CHAIR HUTSON: Thank you.

24           Members, that's all the appearance cards  
25 that I have.

1           We are now on debate on the bill. Any  
2 members wish to debate?

3           Senator Berman in debate.

4           SENATOR BERMAN: Thank you, Mr. Speaker.

5           This is a really troubling bill that we're  
6 hearing today, so I kind of want to divide it into  
7 two parts. I want to talk first about the adults  
8 and then about the children.

9           So for adults, we're banning telehealth,  
10 which is something we have adopted in this  
11 legislature through so many other forums, and we've  
12 seen the benefits of it. So I don't understand why  
13 we're singling out this particular group, although I  
14 guess that's part of the basis for that. And we're  
15 also banning qualified nurse professionals from  
16 administering prescribed medical care to informed,  
17 consenting adults.

18           So I just can't understand in the, quote,  
19 free state of Florida why we are stopping people from  
20 doing things that have been going on for years.

21           So on the adult side, I think it's extremely  
22 hypocritical what we're doing to the transgender  
23 adults here in our state.

24           And then I want to talk about the children.  
25 So we asked the question how many children are

I

1 affected? And the answer was 12. We are spending  
2 hours and hours of our taxpayer money to talk about  
3 this issue for 12 children. I just don't understand  
4 why we can't let people -- parents make the  
5 decisions that they want to make with their children  
6 and instead we're going to spend so much time and  
7 effort on that.

8 Puberty blockers are used for many other  
9 things. You heard one example about tumors. They're  
10 used for precocious puberty. They're used for growth  
11 issues. If they're going to be used for these other  
12 issues, there's not -- obviously there's not a  
13 medical contravention about them, so why are we  
14 saying they can't be used for these children?

15 And, you know, I asked the question about  
16 breast implants. A 17-year-old can get breast  
17 implants, but we're not going to allow the situation  
18 if the person has gender dysphoria. It's just crazy  
19 to me that we're doing this.

20 And, you know, we've heard some testimony  
21 about social contagia. I don't -- you know, one of  
22 the things I think we need to recognize is we're not  
23 talking about giving any child any kind of treatment  
24 until after puberty. Nothing happens until we get  
25 to puberty. So this is not going to be a social

1 contagia.

2           You know, look at the people who came to  
3 testify here today. This is a very difficult decision.  
4 People don't just wake up and say, Okay, today I'm  
5 going to be transgender. It is gut-wrenching. You  
6 know, we've heard from some of the people who  
7 testified. I know some people who have made the  
8 decision. It is not something that is done because  
9 it's, quote, trendy. And we see the numbers. I mean,  
10 you're talking about 12 children. You're not talking  
11 about, you know, some kind of mass decision-making.  
12 And I find that very disingenuous.

13           And I just really want to say that it's  
14 important for -- you know, we've seen that leading  
15 or national health organizations support  
16 gender-affirming care. We can all agree that the  
17 State of Florida should not be making medical  
18 decisions for us, nor should they stand between  
19 parents, medical providers, and trans youth.

20           I question our sense of decency, and I think  
21 that we need to vote no on this bill because this  
22 really is going to harm our transgender community,  
23 and it sends a message to the rest of the country  
24 that Florida is not open for freedom unless it's the  
25 freedom that is being top down from the government.

1 Thank you.

2 CHAIR HUTSON: Any other debate?

3 Senator Thompson.

4 SENATOR THOMPSON: Thank you, Mr. Chair.

5 Senators, on June 12 of 2016, I represented  
6 the community where the Pulse Nightclub shooting  
7 occurred. And there were 49 people who were killed  
8 at the Pulse Nightclub and 51 who were wounded and  
9 had to be taken to the hospital. And I attended a  
10 lot of vigils after that shooting. I participated in  
11 marches after that shooting because of the pain of  
12 seeing the lives of these individuals snuffed out  
13 because they didn't fit someone's notion of what was  
14 acceptable in the community.

15 And what we're doing here today is a very  
16 serious kind of thing. We're saying that if you don't  
17 fit our notion of what's acceptable, then you are not  
18 desired; you can't be who you are.

19 One of the vigils that I attended was in a  
20 church, and there was a young Black woman there who  
21 was in tears. I went to comfort her, and she said,  
22 I'm crying because it feels so good to be allowed in  
23 a church. And I asked her what she meant, and she  
24 said when she came out and told people who she really  
25 was, she was expelled from her church. And you would



1 think the church is the place you go for love and  
2 acceptance. She was expelled from her church.

3 She was put out of her home by her parents  
4 because she didn't fit someone's notion of what is  
5 desirable and what is acceptable.

6 So we're stigmatizing people here today  
7 because they don't fit our notion of what's acceptable.

8 And what this comes down to for me is that  
9 government should not be making medical decisions for  
10 individuals. I am aware of a time when government  
11 systematically sterilized Black women because the  
12 government didn't think that they should reproduce.  
13 That was the government that did that.

14 And I'm aware of the Tuskegee experiment  
15 where Black men who had syphilis were allowed to have  
16 that disease progress so that the government could  
17 observe what happened in the last stages of syphilis.  
18 That was the government.

19 And here we are today as elected officials  
20 saying the government should make decisions regarding  
21 what happens to youth, what happens to adults, whether  
22 parents should continue to embrace their children if  
23 their children don't fit our notion.

24 And so this is wrong. And I don't know what  
25 happened to the idea that the government that governs

1 best is the government that governs least. What  
2 happened to that? That's what I've been hearing people  
3 say that they want government -- the government that  
4 governs less, limited government. Well, here we are  
5 today going against people who are trained and who  
6 have said that affirming care is needed. And those  
7 organizations include the American Academy of  
8 Pediatrics, the American Psychological Association,  
9 the American Psychiatric Association, the Pediatric  
10 Endocrinology Society, and the American Medical  
11 Association. And we don't have medical training,  
12 and these individuals, these organizations, these  
13 associations have supported gender-affirming care.  
14 And as the government, we're saying no.

15 And I think that this is overreach. I think  
16 that this stigmatizes people in our community and  
17 makes it acceptable then for people to act in ways to  
18 eliminate them. And so I'm asking that we be the  
19 government that governs least and vote no on this  
20 bill.

21 Thank you, Mr. Chair.

22 CHAIR HUTSON: Senator Stewart in debate.

23 SENATOR STEWART: Thank you, Chair.

24 You can't take gay out of gay, and you can't  
25 take trans out of trans. We are who we are, and they

1 are who they are. And I think the need for medical  
2 care is the same for trans as it is necessary for  
3 cancer patients.

4 And I think that -- I know that we all  
5 disagree on many things when we come up here, but my  
6 opinion is we should leave people alone to do what it  
7 is that is necessary for them and their mental and  
8 their physical well-being.

9 CHAIR HUTSON: Any further debate?

10 Senator Torres in debate.

11 SENATOR TORRES: Thank you, Mr. Chair.

12 And as many of you know, the last session  
13 transgender came up. I'm a great -- I'm a grandfather  
14 to a transgender granddaughter. I hear this and I  
15 wonder why are we doing this again? Why are we going  
16 after children?

17 You know, when you see a child grow in the  
18 stages and develop, you support that child. You give  
19 that love to that child 100 percent. And does my  
20 love change because the child is transgender? Not one  
21 bit. It grows more. Why? Because you want to show  
22 support. You want to encourage that child, what they  
23 dream of, what they want to do, give them that hope,  
24 that energy to continue with their life, because you  
25 don't know how far they can take this.

1           This bill is too broad, denying medicines.  
2 Transgender comes in different colors. It goes in  
3 every family across our state. I have a friend of  
4 mine, we went through the academy in the police  
5 department in New York. I've known him over 35 years.  
6 Real conservative, nice guy, real conservative. He  
7 never figured that his family -- he would face a  
8 transgender child. Today -- today that transgender  
9 child is helping him take care of his wife, and  
10 he's so proud of his transgender child -- grandchild  
11 coming to help him in time of need.

12           You see, you don't know. You sit here today,  
13 Senators. You don't know what is in store for you  
14 tomorrow or a year from now or five years from now  
15 when you do have grandchildren or, like myself, have a  
16 great grandchild. You show the support all the time  
17 because that's how you feel. They're part of your  
18 blood. And that's the same way these families feel  
19 out here. They want to show support, not take away.

20           We say parents are in charge. They're not,  
21 not according to this. We're taking away. You can't  
22 do that. You cannot do that. These children are  
23 going to grow up. They're going to be citizens here  
24 in the state. They're going to be professionals in  
25 this state. They're going to have their own families

1 in this state. And what we do today is going to  
2 reflect on them.

3 Are we putting fear on those who are harmless  
4 because they have a different lifestyle, because they  
5 want to live differently? We can't do this. We can't  
6 continue doing this.

7 All I can say is that I know in my family,  
8 we see my granddaughter grow up and study and progress.  
9 My daughter came here when she was in the House and  
10 spoke about this. And you know my daughter. She is  
11 Representative Amy Mercado. And this is something  
12 that I'm not ashamed to say. I'm proud of my family.  
13 I'm proud of what we stand for, because we never know  
14 what's in store for anybody, and we encourage you to  
15 support us for these children.

16 So I ask you, Senators, you can stop this  
17 bill today by voting no.

18 Thank you, Mr. Chair.

19 CHAIR HUTSON: Thank you, Senator Torres.

20 Any other debate?

21 Seeing none, Senator Yarborough, you're  
22 recognized to close on your bill.

23 SENATOR YARBOROUGH: Thank you, Mr. Chairman.  
24 Thank you to the senators who debated on the bill and  
25 also to the members of the public who came, and some

1 came from great distances, as we usually have with a  
2 lot of bills we take up, especially bills like this  
3 that rightfully get a lot of attention. So thank  
4 you for your time and patience. You had to wait  
5 quite a bit, and I know the House is taking up issues  
6 as well. So I thank you for that.

7 I did want to address a few points, Mr. Chair,  
8 before I get into the close that I had kind of  
9 prewritten, but there were some comments that were  
10 made both by members of the public and by some  
11 colleagues that I just want to make sure we have the  
12 right understanding about what the bill does, what it  
13 doesn't do, and all of that just to clear that for  
14 the record and for moving forward.

15 So one of the points that I do need to go  
16 back to is when we had the discussion among us during  
17 questions, I do want to clarify the point on the  
18 numbers that I gave you as far as what had taken  
19 place in Florida. That was based on what was covered  
20 under Medicaid before the rule went into effect to  
21 say that that was not allowed to be covered under  
22 Medicaid, both for adults and for minors.

23 So those numbers that I mentioned were  
24 under Medicaid. We don't have any way of knowing  
25 what's happening out there in the commercial market,

1 so it could be a much higher number. I would imagine  
2 that it probably is, but I don't know for sure. So I  
3 don't really know a way that we can get that. But as  
4 far as our Medicaid coverage, the numbers I mentioned  
5 earlier for adults and children was last year based on  
6 Medicaid numbers. So I wanted to make that point and  
7 clear up the record.

8 Another comment was made -- this was by a  
9 member of the public -- that there's no exceptions,  
10 you know, to what parents can do and work out with the  
11 doctors of the children. I think in response to two  
12 senators during questions, I outlined in the bill we  
13 have written in there plainly that if there are issues  
14 that minors are experiencing and if a health care  
15 practitioner in their good faith clinical judgment  
16 says that the minor should continue on that, that  
17 is an exception in the bill.

18 So that statement was not correct, and that  
19 is in the bill. It's written plainly in the bill.

20 Another statement was made that we're not  
21 medical doctors. We heard that with some other debate  
22 we've had on other issues this week in different  
23 spaces. So one of the great things about the  
24 legislature is that we're a citizen legislature, and  
25 all of us sitting up here would not be sitting up

1 here if the Constitution that governs our state didn't  
2 allow us to sit up here. The House would not be  
3 seated. The Governor and all the Cabinet members  
4 would not be seated.

5 We meet the criteria to sit here as senators  
6 and as legislators, and we don't have to have any  
7 certain degree to do it. And that's the great part,  
8 because that means anybody who meets the criteria to  
9 be a registered voter and be of a certain age can run  
10 for these offices and serve here.

11 So I'm not coming hard against that, but I  
12 just want to make sure we understand. We deal with  
13 so many issues here in the legislature. This one  
14 touches into medical and into legal. But we have  
15 agriculture, which I'm not an expert in. We have  
16 other issues, education. We have transportation and  
17 economic development. We're not experts in every  
18 field, so we do have experts that give us a lot of  
19 input, but then we have to divide all of that input  
20 and make the best decision that we believe best serves  
21 the constituents in our districts and in our state.

22 So we don't have to possess a certain degree  
23 just to sit here. That doesn't mean we take the  
24 issues lightly. I don't take lightly what we're  
25 doing in front of us today, but I will push back some



1 on that notion that we're not experts and, you know,  
2 we shouldn't be doing this. This is what we were  
3 elected to do, and all of these different policies  
4 come before us, budgetary and policywise.

5 As far as the projection toward us about we  
6 shouldn't govern by beliefs, well, the way that laws  
7 go into effect, it all has to be member driven. You  
8 have to have a House member and you have to have a  
9 senator to introduce a bill, and that's the only way  
10 that a law can get in, or it can come through a  
11 committee, but those are made up of members too.  
12 That's the only way laws can come into existence, at  
13 least in our state. I don't know of any other  
14 state that does it different. But if you don't have  
15 it member driven -- and as a side note, every member  
16 has their own set of beliefs -- then you have no laws.  
17 So we can't change the current law, nor can we add new  
18 laws or repeal or do anything else if we don't have  
19 that come through members.

20 Again, all of us are qualified to sit here,  
21 just as anyone else who fits that criteria under our  
22 state Constitution.

23 So I would be concerned if someone said they  
24 had no beliefs, and that doesn't mean it has to be  
25 religious. You can have very strong beliefs that

1 aren't informed by religion. But all of us have  
2 a belief system of some sort, religious or not.

3 Another item that was mentioned was that  
4 we're not allowing for those who are struggling with  
5 gender dysphoria, if there are youth who are  
6 struggling with gender dysphoria, to receive the  
7 treatments. Well, I disagree with that, because there  
8 can be an intersection between some youth who may fit  
9 the criteria that we just talked about in the  
10 exceptions. Some of them may be struggling with  
11 gender dysphoria.

12 So they're not exclusive to the point of it's  
13 only this or this. There can be some who are  
14 struggling with it that then are able, under the  
15 exceptions we've laid out in the bill, to continue to  
16 receive treatments. They're not necessarily exclusive.

17 So those are most of the points. The only --  
18 those are points for most of the speakers.

19 The only other thing I would mention -- and I  
20 appreciate the debate from my colleagues. I mentioned  
21 in committee earlier this week, I think it was in  
22 Health Policy earlier this week on another bill --  
23 maybe education -- Senator Thompson, you mentioned as  
24 far as those that don't fit the notion and they may  
25 not be desirable. It reminds me of a quote that I

1 mentioned -- and I'm just speaking for me. But your  
2 comment reminded me of this. So earlier this week I  
3 said a quote. I think it was Morgan Freeman. Again,  
4 I may be mistaken. My research shows it's Morgan  
5 Freeman, the actor, who said: *Just because I*  
6 *disagree with you on something doesn't mean that I*  
7 *hate you. It means I disagree with you.*

8 That's true for me. And you may disagree  
9 with even making that statement. It wasn't mine, so  
10 I'm not laying claim to it. There are those who do  
11 hate if they disagree. But just because you disagree  
12 with somebody doesn't mean you hate them or that you  
13 have a hate. It doesn't mean we should hate.

14 So I reject that. I don't think just because  
15 I put this in front of the Senate to consider that  
16 that means I hate anybody. I can fiercely disagree.  
17 I believe this is right or I wouldn't have filed it,  
18 I can tell you that. But that doesn't mean I hate  
19 anybody just because I disagree with them.

20 So I agree with what he said. It doesn't  
21 mean that we hate each other. It just means we  
22 disagree. So I want everyone to know, and kind of  
23 dovetailing off that, it's been mentioned about those  
24 who may take their lives or fear for their lives that  
25 are struggling with this. So I want everyone to know

1 that your life has value. And I also do reject the  
2 notion that an individual's worth and dignity is  
3 limited to whatever preference they may choose related  
4 to the topic before us today.

5 Every single person was created with  
6 extraordinary worth, incredible value, and has a  
7 unique purpose. And this has been true about you  
8 since before you were born, and you can't change it.  
9 Procedures and other efforts like this can't fill the  
10 deepest needs in a human heart. The world wouldn't  
11 be the same without you, and harming yourself is  
12 never the answer. And that's true for adults and  
13 child alike.

14 The legislation does not impact the ability  
15 of adults in the state to make a decision to pursue  
16 any treatment or surgery related to sex reassignment.

17 As we've discussed, the bill is consistent  
18 with the Florida Board of Medicine and the Board of  
19 Osteopathic Medicine's rules to restrict sex  
20 reassignment prescriptions and procedures for  
21 children. The board spent the past eight months  
22 considering medical research, listening to experts,  
23 and hearing from the public. They determined the  
24 treatments to be harmful for minors, and the Board of  
25 Medicine's rule, again, went into effect banning

1 treatment for minors last Thursday, March 16. The  
2 bill before us codifies this rule.

3 And then, additionally, as reported in the  
4 *New York Times* in October 2022, England's National  
5 Health Service proposed restricting use of the drugs  
6 for gender-dysphoric children to research settings.  
7 Sweden was mentioned earlier, but also Finland has  
8 placed limits on treatment, concerned not just with  
9 the risk of puberty blockers but the steep rise  
10 in young patients.

11 Adult patients fully informed by their  
12 physician of the nature and risks of sex reassignment  
13 prescriptions and procedures can make a decision about  
14 these treatments for themselves. And many here today  
15 have indicated they've made that decision.

16 Members, the fact remains, when it comes  
17 to children these treatments are experimental. As I  
18 said in my opening remarks, I believe as lawmakers we  
19 have to draw the line when there are drastic,  
20 life-altering procedures that could be given to  
21 children and take place. So we have to protect our  
22 very young children.

23 So we need to let kids be kids. Our laws  
24 need to reflect that. We need to set appropriate  
25 boundaries.

1           And, lastly, I do agree with this sentiment,  
2           too, that government should not be making medical  
3           decisions for individuals. We had an issue over  
4           the past three years that affected the globe, which is  
5           one reason why I did not support anything that would  
6           mandate individuals to have to receive a certain  
7           treatment. Many other senators feel the same way  
8           about that.

9           We don't say that parents can't embrace  
10          their children as part of this debate. And I would  
11          ask for your favorable support because this is  
12          best for the children and families of our state.

13          Thank you, Mr. Chair.

14          CHAIR HUTSON: Thank you.

15          Closed on your bill.

16          Michele, please call the roll on CS for  
17          SB 254.

18          THE CLERK: Senator Albritton?

19          SENATOR ALBRITTON: Yes.

20          THE CLERK: Senator Berman?

21          SENATOR BERMAN: No.

22          THE CLERK: Senator Boyd?

23          SENATOR BOYD: Yes.

24          THE CLERK: Senator Burton?

25          SENATOR BURTON: Yes.

1 THE CLERK: Senator Calatayud?  
2 SENATOR CALATAYUD: Yes.  
3 THE CLERK: Senator Collins?  
4 SENATOR COLLINS: Yes.  
5 THE CLERK: Senator DiCeglie?  
6 SENATOR DICEGLIE: Yes.  
7 THE CLERK: Senator Garcia?  
8 Senator Jones?  
9 SENATOR JONES: No.  
10 THE CLERK: Senator Mayfield?  
11 Senator Mayfield?  
12 SENATOR MAYFIELD: Yes.  
13 THE CLERK: Senator Osgood?  
14 SENATOR OSGOOD: No.  
15 THE CLERK: Senator Rodriguez?  
16 SENATOR RODRIGUEZ: Yes.  
17 THE CLERK: Senator Simon?  
18 SENATOR SIMON: Yes.  
19 THE CLERK: Senator Thompson?  
20 SENATOR THOMPSON: No.  
21 THE CLERK: Senator Torres?  
22 SENATOR TORRES: No.  
23 THE CLERK: Senator Trumbull?  
24 SENATOR TRUMBULL: Yes.  
25 THE CLERK: Senator Wright?

1 SENATOR WRIGHT: Yes.

2 THE CLERK: Senator Yarborough?

3 SENATOR YARBOROUGH: Yes.

4 THE CLERK: Vice Chair Stewart?

5 SENATOR STEWART: No.

6 THE CLERK: Chair Hutson?

7 CHAIR HUTSON: Yes.

8 By your votes CS for SB 254 is reported  
9 favorably.

10 Does any senator wish to be recorded voting  
11 on bills reporting before the committee today?

12 Seeing none, Senator Mayfield moves to allow  
13 staff to make technical corrections and adjustments.

14 Without objection, show that motion approved.

15 Is there any other business before the  
16 committee today?

17 Seeing none, Senator Mayfield moves we  
18 adjourn.

19 Without objection, show that motion approved.

20 We are now adjourned.

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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 18th of August, 2023.

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