

TRANSCRIPTION OF AUDIO RECORDING

FLORIDA HOUSE OF REPRESENTATIVES  
HOUSE GENERAL SESSION - FLORIDA CHANNEL

MAY 4, 2023

Stenographically Transcribed Audio Recording By:  
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1           Whereupon, the following proceedings  
2 were transcribed from an audio recording:

3           SPEAKER RENNER: Okay. Members, we're taking  
4 up returning message list three.

5           Please read the first message.

6           THE CLERK: The Honorable Paul Renner,  
7 Speaker. I am directed to inform the House of  
8 Representatives that the Senate has passed House  
9 amendment one, 256341, with Senate amendment one,  
10 738500, concurred in the same as amended and passed  
11 CS/SB 254 as further amended and requests concurrence  
12 with the House. Tracy C. Cantella, Secretary, by  
13 Health Policy and Senator Yarborough and others,  
14 CS/Senate Bill 254, a bill to be entitled "An Act  
15 Relating to Treatments for Sex Reassignment."

16           SPEAKER RENNER: Are there amendments?

17           THE CLERK: None on the desk, Mr. Speaker.

18           SPEAKER RENNER: Representative Fine,  
19 you're recognized for a motion.

20           REPRESENTATIVE FINE: Thank you, Mr. Speaker.

21           I move to concur and send amendment 738500  
22 to House amendment 256341 to CS for SB 254.

23           SPEAKER RENNER: Representative Fine moves  
24 the House concur in Senate amendment 738500 to House  
25 amendment 256341 to CS for SB 254.

1           Representative Fine, you're recognized to  
2 explain the amendment.

3           REPRESENTATIVE FINE: Thank you, Mr. Speaker.

4           So this is the clinical interventions bill  
5 that we talked about a couple of weeks ago. The  
6 Senate amendment and the House amendment we sent over  
7 a couple of weeks ago do a number of things. So the  
8 bills are largely the same on the key issue as it  
9 relates to what we consider the castration and  
10 mutilation of children. These bills would prohibit  
11 the gender clinical interventions for minors. They  
12 would establish child custody provisions related to  
13 gender clinical interventions, and they would require  
14 physicians to obtain informed consent from adults.

15           These are in both, but there are some  
16 differences. And, again, I will tell you what is  
17 different in this coming back as opposed to what we  
18 sent over there.

19           The Senate amendment allows any minor who is  
20 receiving drug therapy prior to the bill's effective  
21 date to continue receiving such drugs indefinitely.  
22 That is different than what was in our bill.

23           The second thing, the Senate amendment  
24 prohibits the use of state funds by government  
25 entities to provide this treatment. The House version

1 prohibited the use of any funds by government entities.

2 The third thing is the Senate amendment  
3 creates a cause of action for minors related to these  
4 prescriptions or procedures. The House version did  
5 minors and adults. So the amendment we are proposing  
6 up here will just be for minors.

7 And, fourth, the Senate amendment does not  
8 have provisions which we had in the House bill  
9 related to birth certificates, medical malpractice  
10 coverage, or insurance coverage for adults.

11 And that explains the bulk of what is in  
12 the amendment.

13 SPEAKER RENNER: Representative Fine, having  
14 explained the amendment, are there questions?

15 Questions to the sponsor?

16 Representative Skidmore, you're recognized.

17 REPRESENTATIVE SKIDMORE: Thank you,  
18 Mr. Speaker.

19 Representative Fine, can you tell me what is  
20 still in the bill in regard to the grandfathering in  
21 of treatment of minors?

22 SPEAKER RENNER: Representative Fine.

23 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

24 The bill would leave the issues of  
25 grandfathering up to the Board of Medicine, so the

1 language we had would not be in there.

2 SPEAKER RENNER: Additional questions?

3 Representative Eskamani, you are recognized.

4 REPRESENTATIVE ESKAMANI: Thank you,

5 Mr. Speaker.

6 Just to add to that, so we're allowing, with

7 this amendment, the Board of Medicine to create rules

8 where they could still prohibit youth right now who

9 are receiving gender-affirming care to continue.

10 Is that an accurate interpretation?

11 SPEAKER RENNER: Representative Fine.

12 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

13 As this bill doesn't have anything to do with

14 gender-affirming care, it doesn't matter either way.

15 SPEAKER RENNER: Additional questions?

16 Representative Eskamani.

17 REPRESENTATIVE ESKAMANI: Thank you so much,

18 Mr. Speaker.

19 When it comes to gender transition medical

20 treatment, can the Board of Medicine set rules that

21 apply to minors who are currently receiving that

22 treatment?

23 SPEAKER RENNER: Representative Fine.

24 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

25 The Board of Medicine will still be able to

1 make the decision about whether the children currently  
2 receiving the castration drugs can continue to receive  
3 them.

4 SPEAKER RENNER: Additional questions,  
5 Representative Eskamani.

6 REPRESENTATIVE ESKAMANI: Thank you so much,  
7 Mr. Speaker.

8 Going to private insurance for adults, just  
9 to clarify, they will still be allowed to receive  
10 treatment, and we're not giving the Board of Medicine,  
11 for example, rulemaking authority to change that?

12 SPEAKER RENNER: Representative Fine.

13 REPRESENTATIVE FINE: Thank you.

14 This bill never precluded adults from getting  
15 these kinds of operations if they wanted to, but the  
16 Senate version that we're going to take up would not  
17 include the prohibition that we had to force people  
18 to pay for it through their own insurance policies.  
19 All of that language is now not in the bill.

20 SPEAKER RENNER: Representative Eskamani,  
21 questions.

22 REPRESENTATIVE ESKAMANI: Thank you,  
23 Mr. Speaker.

24 When it comes to municipal workers, like  
25 local government, does the amended version impact any

1 of those health plans?

2 SPEAKER RENNER: Representative Fine.

3 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

4 I believe this prohibits the use of state  
5 funds by government entities.

6 SPEAKER RENNER: Representative Eskamani.

7 REPRESENTATIVE ESKAMANI: Thank you,  
8 Mr. Speaker.

9 Looking at informed consent, can you just  
10 walk me through, what's the informed consent process  
11 in the current amended version?

12 SPEAKER RENNER: Representative Fine.

13 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

14 I want you to ask that question again,  
15 Representative Eskamani, because I gave you bad  
16 information. That's what happens when this moves  
17 fast.

18 Actually, under lines 22 to 27, it would  
19 be -- it's any political subdivision thereof,  
20 including executive, legislative, and judicial  
21 branches of government, the independent establishments  
22 of the state, counties, municipalities, districts,  
23 authorities, boards, or commissions. So those would  
24 all be covered.

25 So I apologize what I said initially was

1 not right. This is correct.

2 But I was looking that up, so I didn't hear  
3 your question, so if you could ask it again.

4 SPEAKER RENNER: Representative Eskamani.

5 REPRESENTATIVE ESKAMANI: Thank you,  
6 Mr. Speaker.

7 If it's okay, Rep. Fine, can I add to  
8 the answer you just shared?

9 Okay. So just so I'm hearing correctly,  
10 if you are a local government that has a municipal  
11 health plan, are you still restricted under the  
12 current amended provision in providing that coverage  
13 through the employee plan? If you could clarify that.

14 SPEAKER RENNER: Representative Fine.

15 REPRESENTATIVE FINE: Thank you, Mr. Speaker.  
16 Yes, I believe that it would be.

17 SPEAKER RENNER: Representative Eskamani.

18 REPRESENTATIVE ESKAMANI: Thank you,  
19 Mr. Speaker.

20 And then the previous question was about  
21 informed consent for adults. What does that process  
22 look like in the current amended revision?

23 SPEAKER RENNER: Is that a question?  
24 Could you repeat it, please?

25 REPRESENTATIVE ESKAMANI: Yes, Mr. Speaker.



1           What does the current process for informed  
2 consent for adults look like in the amended bill?

3           SPEAKER RENNER: Representative Fine.

4           REPRESENTATIVE FINE: Thank you, Mr. Speaker.  
5           That's the same as what was in the House  
6 bill that we sent over.

7           SPEAKER RENNER: Additional questions?

8           Representative Hunschofsky.

9           REPRESENTATIVE HUNSCHOFSKY: Thank you,  
10 Mr. Speaker.

11           Representative Fine, could you just explain  
12 to me, in this lines 90 through 95, they talk about  
13 the emergency rules that the Board of Medicine would  
14 have to come up with in order to grand -- when they're  
15 grandfathering someone in to continue treatment. And  
16 it says it has to happen within 60 days of this act.

17           What happens, then, to that person from  
18 this act being in effect -- in between the act  
19 being in effect and those 60 days until those  
20 rules are provided?

21           SPEAKER RENNER: Representative Fine, when  
22 you're ready.

23           REPRESENTATIVE FINE: Thank you, Mr. Speaker.

24           And being cognizant of the fact that we  
25 didn't write this language, so -- I can interpret it

1 the same way that you can. I can give you my opinion.  
2 And my opinion would be for that 60-day period the  
3 status quo would ensue, and then they have to make a  
4 decision, as they, frankly, could at any point. But  
5 we're just requiring them to do it in the next 60  
6 days. But the way the world works today, I mean, if  
7 we pass this and the Governor were to sign it today  
8 and the 60-day clock would start, I would imagine  
9 tomorrow would be the same as yesterday until this  
10 60-day decision is made.

11 SPEAKER RENNER: Additional questions?

12 Additional questions?

13 Is there debate?

14 Question?

15 Representative Eskamani, do you have a  
16 question? You're recognized.

17 REPRESENTATIVE ESKAMANI: Thank you,  
18 Mr. Speaker.

19 Any changes to telehealth in the amended  
20 version compared to previous?

21 SPEAKER RENNER: Representative Fine, you're  
22 recognized.

23 REPRESENTATIVE FINE: Thank you, Mr. Speaker.  
24 No.

25 SPEAKER RENNER: Additional questions?

1 Additional questions?

2 Is there debate?

3 Representative Eskamani, you're recognized.

4 REPRESENTATIVE ESKAMANI: Thank you,

5 Mr. Speaker.

6 You know, Members, we've spoke about this  
7 issue so many times, and I just want to further stress  
8 my concerns with any legislation that specifically  
9 targets gender-affirming care. For Floridians -- I  
10 know some of my colleagues don't call it that, but for  
11 many who receive this care, it is essential to their  
12 health and well-being.

13 And I am blessed in District 42 to have an  
14 incredibly diverse community. I have many trans kids  
15 in my community alongside trans adults. And these are  
16 your neighbors, your friends, your loved ones, your  
17 coworkers. They just want to be their authentic  
18 selves and access the health care they need to do so.

19 And there's been so much politicization  
20 of this and hyperbole and sensational language, and I  
21 think it's really important that we not do that  
22 because we have seen an increase of targeting of  
23 different people who identify as trans, whether it's  
24 through the media or, you know, at a local level. And  
25 no one deserves to feel like they don't belong. No

1 one deserves to feel like they're different, and no  
2 one deserves to have essential medical care taken  
3 away from them.

4 We're at this period where many people who  
5 need this medicine, this care, are moving out of the  
6 state of Florida. I have literally been sent Go Fund  
7 Me links from individuals who are leaving the state  
8 of Florida because they can't access care or they're  
9 fearful of their inability to access care. And then  
10 we also have Floridians that are trying to figure  
11 out what to do for their kids and ensuring that they  
12 will be treated with love and respect and dignity and  
13 have access to care here in Florida.

14 If you don't know these stories, I really  
15 encourage you to learn and to talk to people who have  
16 trans kids and talk to trans adults, because I think  
17 you'll realize that folks are not as different as  
18 you think. And whatever your discomfort is, I think  
19 it's important that we don't ignore that but we  
20 explore that, you know, through empathy, through love,  
21 through understanding. Because it's not appropriate  
22 to create division, you know, for what sometimes  
23 feels like in this space, for political gain.

24 And so I really do encourage folks to  
25 reconsider your vote on this. You have another

1 chance to vote now on this policy. I'll be voting  
2 down again, and I'll do so on behalf of my  
3 constituents, on behalf of those who are directly  
4 impacted. And for everyone who is seeking access  
5 to care, please know that we are here for you, and  
6 we're not going to let you down and ensure that you  
7 can still live a happy and healthy life and be  
8 yourself.

9 Thank you, Mr. Speaker.

10 SPEAKER RENNER: Additional debate?

11 Representative Skidmore, you're recognized.

12 REPRESENTATIVE SKIDMORE: Thank you,

13 Mr. Speaker.

14 And I concur with everything that Rep.  
15 Eskamani has said. One of the major issues for me,  
16 as most of you know, is that I never want us to create  
17 legislation that gets in between a physician and his  
18 or her patients. This is not the body that practices  
19 medicine, although we love to believe that we can.

20 And I have often said that, Don't bother  
21 going to medical school, just get elected to the  
22 Florida House, and you, too, can practice medicine.  
23 This is the wrong thing to do. You may have an  
24 opinion on a treatment and a course of care, but a  
25 physician and his or her patient are the ultimate

1 arbiters of what that care should be. And this is  
2 just another one of the instances that this  
3 legislature really believes that it knows all, it  
4 is the end-all, be-all to all people and all their  
5 personal health care decisions. And we are not. We  
6 are not the end-all and the be-all when it comes to  
7 private, personal health care decisions.

8 I will still vote no on this bill. I will  
9 vote no. I would love to, as someone said earlier  
10 this week, twice on Sunday, if I could. This is a  
11 bad bill that interferes with parental rights, that  
12 interferes with health care rights, and it puts people  
13 in danger of not being able to get the care that they  
14 need.

15 The amendment has some great pieces to it  
16 that I'm glad are gone from the House bill. It's a  
17 better version of a bad bill. So, Members, vote  
18 up on the amendment, but vote down on this bad bill.

19 SPEAKER RENNER: Additional debate?

20 Representative Harris.

21 REPRESENTATIVE HARRIS: Thank you so much,  
22 Mr. Speaker.

23 I just want to remind everybody in this  
24 chamber that there is one thing that we all have in  
25 common, and that is our humanity. We are all people

1 here. We are all humans. We all feel. We all hurt.  
2 We all love. We all get angry. And trans people are  
3 no different because they are people too. They are  
4 humans too. And their existence is valid, and they  
5 are no more likely to commit a crime or seek to hurt  
6 someone than anybody else.

7 I also know that people don't like when they  
8 see a community being bullied, and what they see out  
9 there is a community being scapegoated. For political  
10 gain or for personal reasons, I can't pretend or know  
11 what the intent of this bill is. But what I do know,  
12 the impact is harmful. And it's not just harmful for  
13 the people in the trans community. It's harmful for  
14 all of us as Floridians, because as we point out, time  
15 and time again in this room, while we focus on making  
16 laws prohibiting people from accessing health care,  
17 prohibiting people from using pronouns, prohibiting  
18 people from reading books, we are not addressing the  
19 real things that they really want us to address.

20 Think about all of the problems we could  
21 solve if we would focus on the things that really  
22 matter. And I'm going to be really honest with you,  
23 it's not this. It is not this.

24 And I know that there have been bills like  
25 this before, and I know that some of the people in

1 this chamber were not supportive of those bills in the  
2 past. And I wish I could sit down and talk to you and  
3 ask you what has changed from then to now, because I  
4 would like to find out why suddenly this is such a  
5 huge issue, despite the fact that there are no numbers  
6 out there telling us that this is a huge problem out  
7 there.

8           So I would just ask this body to please  
9 remember our humanity and to please understand that  
10 trans people are people. And I'm going to wager to  
11 guess, because of the size of this room, that you  
12 know people who are trans. Whether you realize they  
13 are trans or not, you probably know people who are  
14 trans. And think about what you're doing to them and  
15 think about the impact that this law is going to have.  
16 And instead of doing this, let's think about ways that  
17 we can make people's lives better. That's something  
18 that we can all do together. We can make things  
19 better. So, please, I'm asking you, please vote no  
20 on this bill.

21           Thank you.

22           SPEAKER RENNER: The time having expired in  
23 debate.

24           Representative Fine.

25           Representative Fine, you are recognized to



1 close.

2 Representative Massullo, did you have debate?  
3 Debate time has expired. We're ready to move to close.

4 Representative Fine, are you ready to close?

5 Representative Massullo, would you like  
6 to start?

7 REPRESENTATIVE MASSULLO: Yeah.

8 Members, this is a decent amendment. I don't  
9 think this is a bad bill. I think this is a good  
10 bill. Let me tell you why it's a good bill.

11 You know our words have power. We use our,  
12 words, and we try to use our words to inform and  
13 educate each other in what we're doing on this floor.  
14 But we cannot speak something into existence that  
15 doesn't exist. We cannot change our sex. And for  
16 those children that this bill addresses, they cannot  
17 change their sex, and they need to learn that fact.

18 What this bill does is it allows those  
19 children to continue care if the Board of Medicine  
20 develops rules that puts parameters around that care.  
21 And what they need to do as part of those parameters  
22 is consider the side effects of what that care would  
23 actually give them.

24 Also, they need to consider psychiatric and  
25 psychological counseling which these children need,

1 because we've determined that there's comorbidities  
2 associated with this feeling of gender identity issues.

3 This is a mental condition. It's not a  
4 physical condition. This is something that we are  
5 praying that these children come to the point where  
6 they realize their gender and are able to accept  
7 themselves.

8 This is a good amendment for those reasons.

9 SPEAKER RENNER: Representative Fine, you're  
10 recognized.

11 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

12 And thank you again, Representative Massullo,  
13 for doing this bill alongside me.

14 There was a question of why are we doing  
15 this, why does it matter. Well, look, evil is always  
16 worth taking on, and it always matters.

17 This bill reminds me of the line I want to  
18 say to my colleague in the front row: We can't  
19 let perfect be the enemy of the good. There are  
20 certain things we wanted in our bill. We're not  
21 getting them. There's always next year. But what  
22 this bill will fundamentally do is it will eliminate  
23 the ability for children to be castrated and to be  
24 mutilated, and that's what this bill does.

25 I want to tell a couple of stories to wrap

1 up. The highest award you can get in the practice of  
2 medicine -- we're often told that, you know, this is  
3 all proven and certain and science, science, science,  
4 and medicine never changes. Well, the highest award  
5 you can get in the practice of medicine is the Nobel  
6 Prize in medicine. And medicine sometimes gets it  
7 wrong. In 1949, the Nobel Prize in medicine went to  
8 the man who invented the lobotomy. The scientists  
9 sometimes get it wrong. The entire practice of  
10 science is about questioning. It's about proving.  
11 It's about testing.

12 And the ultimate proof that we can give you  
13 that you should vote for this bill came today. Last  
14 Monday my committee voted to issue subpoenas to two  
15 organizations that say there's overwhelming  
16 consensus-based, science-based support for this  
17 so-called gender-affirming care.

18 Now I want you to think back to when you  
19 were a kid and you did a science fair project. Were  
20 you allowed to put up the project but say, I'm not  
21 going to tell you; I'm not going to tell you what  
22 proves it; just believe me?

23 When you did a term paper in high school,  
24 could you not put your sources: I'm not giving  
25 you a bibliography; I'm just right?

1           We issued these subpoenas. If the science  
2 was on their side, they would have nothing to hide.  
3 But guess what these organizations did? They ran to  
4 a court, and they asked for an injunction not to  
5 have to show us the so-called science that exists to  
6 support this. Why? Because it doesn't exist.

7           This is not science. This is a cult that is  
8 focused on the abuse of children. Because if the  
9 science existed, they would have been more than happy  
10 to show it to us and show us why we are wrong. They  
11 hired lawyers that went to court to say, Don't make  
12 us have to prove it. Think of the absurdity of that  
13 statement.

14           Trans people are not evil. We get accused  
15 that we think that. They're not evil. But you know  
16 what they are? They're the victims of those who are,  
17 who prey on them and who prey on, as Dr. Massullo  
18 pointed out, a mental condition to make money selling  
19 drugs that costs thousands of dollars and surgeries  
20 that can cost even more. They are not evil. They are  
21 the victims of evil.

22           I said it two weeks ago, whenever it was  
23 when we passed this bill, that there's evil in this  
24 world, and there is. And as long as you're in this  
25 chamber, you need to fight against that evil. But

1 when you vote for this bill, you're saying there's  
2 evil in this world, then today, on this date, we're  
3 going to do something about it.

4 Thank you, Members. Let's pass this good  
5 bill.

6 SPEAKER RENNER: Representative Fine, having  
7 closed, all in favor of the motion, say yea.

8 Opposed, no.

9 Show the motion adopted.

10 The question now recurs on final passage  
11 of CS for SB 254 as amended.

12 The clerk will unlock the machine, and  
13 the members will proceed to vote.

14 Have all members voted?

15 Have all members voted?

16 The clerk will lock the machine and  
17 announce the motion.

18 THE CLERK: 83 yeas, 28 nays, Mr. Speaker.

19 SPEAKER RENNER: Show the bill passes.

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CERTIFICATE OF REPORTER

STATE OF IOWA)  
COUNTY OF WARREN)

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

Dated this 14th of August, 2023.

\_\_\_\_\_  
Terri L. Martin, CSR, RPR, CRR