

1 SB184
2 216600-4
3 By Senators Shelnutt and Allen
4 RFD: Healthcare
5 First Read: 03-FEB-22

1 SB184

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4 ENROLLED, An Act,

5 Relating to public health; to prohibit the
6 performance of a medical procedure or the prescription of
7 medication, upon or to a minor child, that is intended to
8 alter the minor child's gender or delay puberty; to provide
9 for exceptions; to provide for disclosure of certain
10 information concerning students to parents by schools; and to
11 establish criminal penalties for violations; and in connection
12 therewith would have as its purpose or effect the requirement
13 of a new or increased expenditure of local funds within the
14 meaning of Amendment 621 of the Constitution of Alabama of
15 1901, as amended by Amendment 890, now appearing as Section
16 111.05 of the Official Recompilation of the Constitution of
17 Alabama of 1901, as amended.

18 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

19 Section 1. This act shall be known and may be cited
20 as the Alabama Vulnerable Child Compassion and Protection Act
21 (V-CAP).

22 Section 2. The Legislature finds and declares the
23 following:

24 (1) The sex of a person is the biological state of
25 being female or male, based on sex organs, chromosomes, and

1 endogenous hormone profiles, and is genetically encoded into a
2 person at the moment of conception, and it cannot be changed.

3 (2) Some individuals, including minors, may
4 experience discordance between their sex and their internal
5 sense of identity, and individuals who experience severe
6 psychological distress as a result of this discordance may be
7 diagnosed with gender dysphoria.

8 (3) The cause of the individual's impression of
9 discordance between sex and identity is unknown, and the
10 diagnosis is based exclusively on the individual's self-report
11 of feelings and beliefs.

12 (4) This internal sense of discordance is not
13 permanent or fixed, but to the contrary, numerous studies have
14 shown that a substantial majority of children who experience
15 discordance between their sex and identity will outgrow the
16 discordance once they go through puberty and will eventually
17 have an identity that aligns with their sex.

18 (5) As a result, taking a wait-and-see approach to
19 children who reveal signs of gender nonconformity results in a
20 large majority of those children resolving to an identity
21 congruent with their sex by late adolescence.

22 (6) Some in the medical community are aggressively
23 pushing for interventions on minors that medically alter the
24 child's hormonal balance and remove healthy external and

1 internal sex organs when the child expresses a desire to
2 appear as a sex different from his or her own.

3 (7) This course of treatment for minors commonly
4 begins with encouraging and assisting the child to socially
5 transition to dressing and presenting as the opposite sex. In
6 the case of prepubertal children, as puberty begins, doctors
7 then administer long-acting GnRH agonist (puberty blockers)
8 that suppress the pubertal development of the child. This use
9 of puberty blockers for gender nonconforming children is
10 experimental and not FDA-approved.

11 (8) After puberty blockade, the child is later
12 administered "cross-sex" hormonal treatments that induce the
13 development of secondary sex characteristics of the other sex,
14 such as causing the development of breasts and wider hips in
15 male children taking estrogen and greater muscle mass, bone
16 density, body hair, and a deeper voice in female children
17 taking testosterone. Some children are administered these
18 hormones independent of any prior pubertal blockade.

19 (9) The final phase of treatment is for the
20 individual to undergo cosmetic and other surgical procedures,
21 often to create an appearance similar to that of the opposite
22 sex. These surgical procedures may include a mastectomy to
23 remove a female adolescent's breasts and "bottom surgery" that
24 removes a minor's health reproductive organs and creates an

1 artificial form aiming to approximate the appearance of the
2 genitals of the opposite sex.

3 (10) For minors who are placed on puberty blockers
4 that inhibit their bodies from experiencing the natural
5 process of sexual development, the overwhelming majority will
6 continue down a path toward cross-sex hormones and cosmetic
7 surgery.

8 (11) This unproven, poorly studied series of
9 interventions results in numerous harmful effects for minors,
10 as well as risks of effects simply unknown due to the new and
11 experimental nature of these interventions.

12 (12) Among the known harms from puberty blockers is
13 diminished bone density; the full effect of puberty blockers
14 on brain development and cognition are yet unknown, though
15 reason for concern is now present. There is no research on the
16 long-term risks to minors of persistent exposure to puberty
17 blockers. With the administration of cross-sex hormones comes
18 increased risks of cardiovascular disease, thromboembolic
19 stroke, asthma, COPD, and cancer.

20 (13) Puberty blockers prevent gonadal maturation and
21 thus render patients taking these drugs infertile. Introducing
22 cross-sex hormones to children with immature gonads as a
23 direct result of pubertal blockade is expected to cause
24 irreversible sterility. Sterilization is also permanent for
25 those who undergo surgery to remove reproductive organs, and

1 such persons are likely to suffer through a lifetime of
2 complications from the surgery, infections, and other
3 difficulties requiring yet more medical intervention.

4 (14) Several studies demonstrate that hormonal and
5 surgical interventions often do not resolve the underlying
6 psychological issues affecting the individual. For example,
7 individuals who undergo cross-sex cosmetic surgical procedures
8 have been found to suffer from elevated mortality rates higher
9 than the general population. They experience significantly
10 higher rates of substance abuse, depression, and psychiatric
11 hospitalizations.

12 (15) Minors, and often their parents, are unable to
13 comprehend and fully appreciate the risk and life
14 implications, including permanent sterility, that result from
15 the use of puberty blockers, cross-sex hormones, and surgical
16 procedures.

17 (16) For these reasons, the decision to pursue a
18 course of hormonal and surgical interventions to address a
19 discordance between the individual's sex and sense of identity
20 should not be presented to or determined for minors who are
21 incapable of comprehending the negative implications and
22 life-course difficulties attending to these interventions.

23 Section 3. For the purposes of this act, the
24 following terms shall have the following meanings:

1 (1) MINOR. The same meaning as in Section 43-8-1,
2 Code of Alabama 1975.

3 (2) PERSON. Includes any of the following:

4 a. Any individual.

5 b. Any agent, employee, official, or contractor of
6 any legal entity.

7 c. Any agent, employee, official, or contractor of a
8 school district or the state or any of its political
9 subdivisions or agencies.

10 (3) SEX. The biological state of being male or
11 female, based on the individual's sex organs, chromosomes, and
12 endogenous hormone profiles.

13 Section 4. (a) Except as provided in subsection (b),
14 no person shall engage in or cause any of the following
15 practices to be performed upon a minor if the practice is
16 performed for the purpose of attempting to alter the
17 appearance of or affirm the minor's perception of his or her
18 gender or sex, if that appearance or perception is
19 inconsistent with the minor's sex as defined in this act:

20 (1) Prescribing or administering puberty blocking
21 medication to stop or delay normal puberty.

22 (2) Prescribing or administering supraphysiologic
23 doses of testosterone or other androgens to females.

24 (3) Prescribing or administering supraphysiologic
25 doses of estrogen to males.

1 (4) Performing surgeries that sterilize, including
2 castration, vasectomy, hysterectomy, oophorectomy,
3 orchiectomy, and penectomy.

4 (5) Performing surgeries that artificially construct
5 tissue with the appearance of genitalia that differs from the
6 individual's sex, including metoidioplasty, phalloplasty, and
7 vaginoplasty.

8 (6) Removing any healthy or non-diseased body part
9 or tissue, except for a male circumcision.

10 (b) Subsection (a) does not apply to a procedure
11 undertaken to treat a minor born with a medically verifiable
12 disorder of sex development, including either of the
13 following:

14 (1) An individual born with external biological sex
15 characteristics that are irresolvably ambiguous, including an
16 individual born with 46 XX chromosomes with virilization, 46
17 XY chromosomes with under virilization, or having both ovarian
18 and testicular tissue.

19 (2) An individual whom a physician has otherwise
20 diagnosed with a disorder of sexual development, in which the
21 physician has determined through genetic or biochemical
22 testing that the person does not have normal sex chromosome
23 structure, sex steroid hormone production, or sex steroid
24 hormone action for a male or female.

25 (c) A violation of this section is a Class C felony.

1 Section 5. No nurse, counselor, teacher, principal,
2 or other administrative official at a public or private school
3 attended by a minor shall do either of the following:

4 (1) Encourage or coerce a minor to withhold from the
5 minor's parent or legal guardian the fact that the minor's
6 perception of his or her gender or sex is inconsistent with
7 the minor's sex.

8 (2) Withhold from a minor's parent or legal guardian
9 information related to a minor's perception that his or her
10 gender or sex is inconsistent with his or her sex.

11 Section 6. Except as provided for in Section 4,
12 nothing in this act shall be construed as limiting or
13 preventing psychologists, psychological technicians, and
14 master's level licensed mental health professionals from
15 rendering the services for which they are qualified by
16 training or experience involving the application of recognized
17 principles, methods, and procedures of the science and
18 profession of psychology and counseling.

19 Section 7. Nothing in this section shall be
20 construed to establish a new or separate standard of care for
21 hospitals or physicians and their patients or otherwise
22 modify, amend, or supersede any provision of the Alabama
23 Medical Liability Act of 1987 or the Alabama Medical Liability
24 Act of 1996, or any amendment or judicial interpretation of
25 either act.

1 Section 8. If any part, section, or subsection of
2 this act or the application thereof to any person or
3 circumstances is held invalid, the invalidity shall not affect
4 parts, sections, subsections, or applications of this act that
5 can be given effect without the invalid part, section,
6 subsection, or application.

7 Section 9. This act does not affect a right or duty
8 afforded to a licensed pharmacist by state law.

9 Section 10. Although this bill would have as its
10 purpose or effect the requirement of a new or increased
11 expenditure of local funds, the bill is excluded from further
12 requirements and application under Amendment 621, as amended
13 by Amendment 890, now appearing as Section 111.05 of the
14 Official Recompilation of the Constitution of Alabama of 1901,
15 as amended, because the bill defines a new crime or amends the
16 definition of an existing crime.

17 Section 11. This act shall become effective 30 days
18 following its passage and approval by the Governor, or its
19 otherwise becoming law.

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President and Presiding Officer of the Senate

Speaker of the House of Representatives

SB184
Senate 23-FEB-22
I hereby certify that the within Act originated in and passed
the Senate, as amended.

Patrick Harris,
Secretary.

House of Representatives
Passed: 07-APR-22

By: Senator Shelnut