



Save Adolescents from Experimentation (SAFE) Act

KEY POINTS

“Gender transition” is an experiment; no “treatment” can change a person’s genetic composition, and no studies have demonstrated long-term benefits.

The government should not force taxpayers to fund this experiment, insurers to cover it, or children to be subjected to it.

The SAFE Act also provides legal remedies for minors who have been permanently disfigured and/or sterilized.

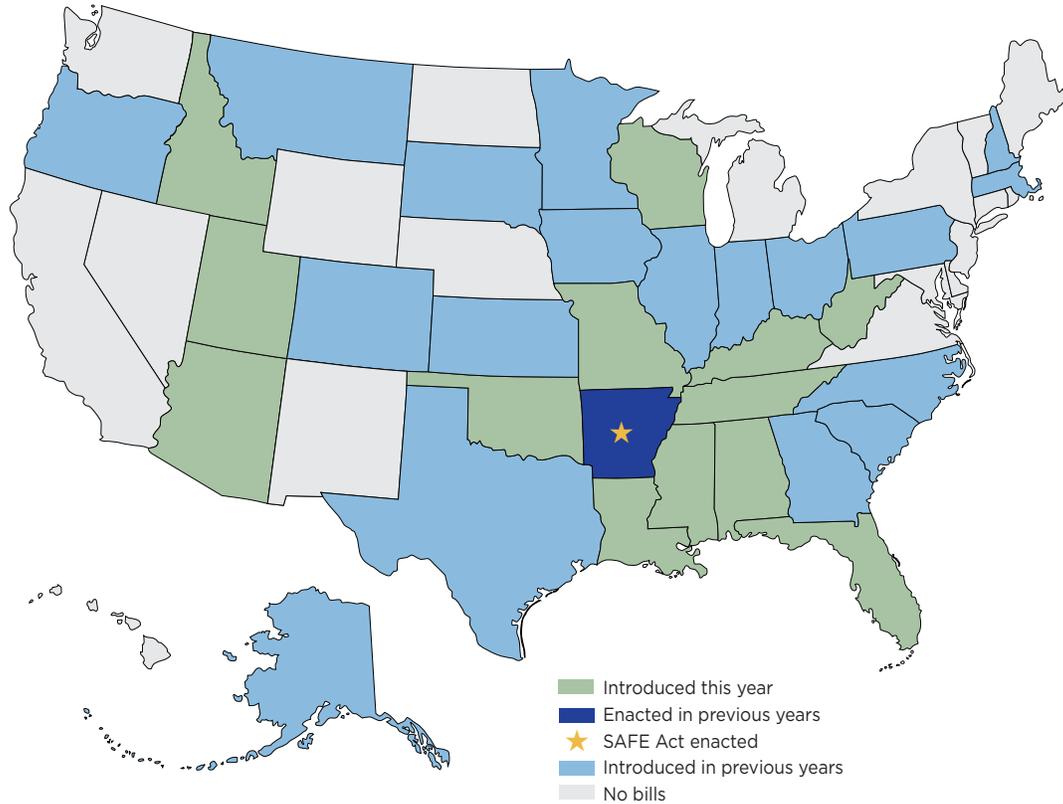
Family Research Council actively recommends and supports the Save Adolescents from Experimentation (SAFE) Act. One’s sex is never “assigned at birth”; it is always objective and observable by time of birth. Propagating an ideology of fluid sexuality not only undermines a scientific understanding of human anatomy but also damages the lives of the next generation. The staggering growth of transgenderism has left children vulnerable to life-altering procedures such as puberty-blocking drugs, cross-sex hormones, and irreversible surgeries. These unscientific, destructive gender transition procedures should not be allowed to interrupt the development of children and irreversibly alter their bodies. The SAFE Act addresses this critical need.

In 2021, 21 states introduced bills banning gender transition procedures on minors; so far in 2022, 13 states have introduced similar legislation. In April 2021, Arkansas became the first state in the nation to enact such a law, establishing strong protections for other states to use as a model. Some bills include criminal penalties. Others make gender transition for minors “child abuse.” Many do not address insurance coverage. We believe that a more carefully-calibrated approach is warranted.

Legislative Intent: The long-held understanding that human sexuality is inborn and fixed, reinforced by science and reason, has come under fire through a resurgence of post-modern thinking promoting sexual subjectivity. When approaching the very delicate condition of “gender incongruity” (a disconnect between one’s psychological, self-perceived “gender identity” and one’s biological sex) or “gender dysphoria” (distress about such incongruity), the ideal of subjective sexuality has been elevated, and people who suffer incongruity or dissonance are now told they can “correct” their body’s sex-related characteristics. However, this ideology of subjective sexuality is not a victimless dogma; it now targets society’s most vulnerable members: children and adolescents who experience distress at identifying with their biological sex. Rather than provide the help such children and adolescents need, transgender ideology promotes radical medical interventions, including the use of drugs to block normal puberty and cross-sex hormones and gender reassignment surgery to create the superficial appearance of conformity with the minor’s perceived “gender identity.”

The SAFE Act would protect the vulnerable from experimental procedures that cause physiological trauma for minors dealing with gender dysphoria. Despite claims to the contrary, these gender transition procedures are often not reversible (even “temporarily” pausing puberty has permanent consequences for the human body). Furthermore, they are not evidence-based: Research has not shown that these procedures are effective in accomplishing their stated purpose, to improve the patient’s mental health. They have serious negative side effects, up to and including permanent sterilization—thus

Protecting Minors from Gender Reassignment Procedures



violating the most fundamental principle of medical ethics, “First, do no harm.” The SAFE Act addresses these harms by prohibiting physicians from administering any form of treatment that would seek to change an adolescent’s sex-related physical characteristics in support of a “gender transition.”

“Gender transition” is an experiment, not medical care; there is no treatment that can change a person’s genetic composition, and no studies have demonstrated long-term benefits from gender transition. The government should not force taxpayers to fund it or insurers to cover it, and children should not be subjected to it. The SAFE Act prohibits physicians from administering gender transition procedures to minors, prohibits taxpayer funds and medical insurance policies from paying for them, and provides legal remedies for minors who have been permanently disfigured and/or sterilized by them.

Key Provisions:

Legislative findings providing a comprehensive summary of scientific, medical, and historical data related to gender transition procedures.

Defines “sex” in biological terms related to reproductive potential or capacity (in contrast with psychological “gender”), as well as defining “gender transition procedures” to include the use of puberty-blocking drugs, cross-sex hormones, and non-genital and genital gender reassignment surgery.

Exception for those with verifiable disorders of sex development (those who have what are known as “intersex” conditions), treatment of complications or problems arising because of previous gender transition procedures, or treatment necessary to save the life of an individual.

Prohibits “gender transition procedures” for minors and the public funding of, insurance coverage of, or referral for such procedures.

Enforcement and a cause of action to bring claims in court for violations within two years or within two years after the age of majority.

A **severability** clause.

[THIS REPORT CAN ALSO BE VIEWED AT FRC.ORG/SAFEACT](https://www.frc.org/safeact)

801 G ST. NW WASHINGTON, D.C. 20001 | FRC.ORG | 202-323-2100

4/1/22