

Meeting Agenda

Community Advisory on Public Safety Commission

Tuesday, October 3, 2023 at 5:00 pm – 6:30 pm

Hooker Conference Room (#245), Showers Building, 401 N. Morton Street

The public may also access the meeting at the following link:

<https://bloomington.zoom.us/j/82618346916?pwd=MU9UUnVGR1dFcWo1bUxSNy9QUk5mZz09>

- I. ROLL CALL & INTRODUCTIONS
- II. APPROVAL OF AGENDA
- III. APPROVAL OF MEMORANDA/MINUTES
Regular Session Minutes – September 13, 2023
- IV. REPORTS (if any)
 - a. Co-Chairs
 - b. Individual Members
 - c. Committees
 - d. Staff
- V. REPORTS FROM THE PUBLIC / PUBLIC COMMENT

- *BRIEF RECESS* -
- VI. NEW BUSINESS
 - a. Common Council Special Committee on Council Processes Request for Feedback by November 20, 2023
- VII. OTHER BUSINESS
 - a. Vote on New Meeting Time
 - i. November & December 2023
 - ii. Monthly 2024 Schedule
 - b. Anti-Trans State Legislation Response: Proposed CAPS Resolution 23-01
- VIII. TOPIC SUGGESTIONS FOR FUTURE AGENDAS
- IX. ADJOURNMENT

CAPS Commission Goals and Purpose:

Perform research and gather data on the perceptions and preferences about public safety from community members, with specific focus on perceptions and preference data gathered from minority community members, individuals who are disabled, and other often marginalized community members

Research evidence-based alternatives to traditional policing

Identify best practices in public safety globally and evaluate the efficacy of such practices for implementation in Bloomington.

Make recommendations to the Common Council, the Board of Public Safety, and/or the Mayor or the Mayor's designee on policies and programs that enhance public safety for all community members.



City of Bloomington

NOTICE

Tuesday, 3 October 2023 at 5 p.m.

Community Advisory on Public Safety Commission

Regular Session

This meeting will be held in the Hooker Conference Room (Suite 245, City Hall, 401 N. Morton St) and may also be accessed electronically via Zoom (see information below).

Join Zoom Meeting

<https://bloomington.zoom.us/j/82618346916?pwd=MU9UUUnVGR1dFcWo1bUxSNy9QUk5mZz09>

Meeting ID: 826 1834 6916

Passcode: 667953

One tap mobile

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+1 507 473 4847 US

+1 564 217 2000 US

+1 669 444 9171 US

+1 669 900 6833 US (San Jose)

+1 689 278 1000 US

+1 719 359 4580 US

+1 253 205 0468 US

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Meeting ID: 826 1834 6916

Find your local number: <https://bloomington.zoom.us/j/82618346916>

As a quorum of this Commission or its committees may be present, this gathering constitutes a meeting under the Indiana Open Door Law (I.C. § 5-14-1.5). For that reason, this statement provides notice that this meeting will occur and is open for the public to attend, observe, and record what transpires.

MEMORANDUM

**Community Advisory on Public Safety (CAPS) Commission
Wednesday, September 13, 2023, 5:30 p.m. – Allison Conference Room (#225),
401 N. Morton Street, Bloomington, Indiana**

The Regular Session meeting was called to order at 5:31 p.m.

Commission members present in person: Nejla Routsong, Jason Michalek, Patty Moon

Commission members present over Zoom: Kamala Brown-Sparks, Sophia Amos

Commission members absent: Tyler Shaffer

Public present: Matthew Solomon (virtual, left 5:56), Sam Dove (virtual, joined 6:36), Ariane Gerard (in person)

City staff present: Ash Kulak

INTRODUCTION AND ROLL CALL (5:31 p.m.)

APPROVAL OF AGENDA (5:32 p.m.)

- Cm. Brown-Sparks moved and it was seconded to amend the agenda to add a guest speaker Matthew Solomon before the Reports section of the Agenda. Motion passed 5-0.

APPROVAL OF MINUTES (5:34 p.m.)

- Cm. Brown-Sparks moved and it was seconded to approve the minutes from August 3, 2023 CAPS meeting. Minutes approved 5-0.

GUEST SPEAKER (5:36 p.m.)

- Introduced by Cm. Routsong (5:36 p.m.)
 - o CAPS was selected for IU Cinema Screenshare program and plans to screen Matthew Solomon's film *Reimagining Safety* on Saturday, February 23, 2024, at 7 p.m., with a 90 minute running time followed by a panel at 8:30 featuring Solomon, the film director, and experts from the film featured in the film.
 - o Discussed funding for bringing in speakers and thinking about potential sponsorships and who to invite.
 - o Gave website for film: reimaginingsafetymovie.com
- Matthew Solomon (5:42 p.m.) discussed several screenings across U.S.
- Q&A portion (5:45 p.m.). Solomon answered several questions, including questions about the live stream, advance screenings for CAPS members, and questions about the film itself.

REPORTS (5:56 p.m.)

Co-chairs: Cm. Michalek asked about the recent CAPS resignations. Cm. Moon reported outreach to possible speakers for the upcoming outreach event.

Individuals:

- Cm. Routsong – commended Cm. Brown-Sparks’s efforts to attend meetings, reported on efforts to advocate for including APS Report’s recommendations in annual budget including asking for endorsements of the letter to the mayor asking to include the funds in the budget
- Cm. Amos – apologized for scheduling issues preventing attendance at meetings
- Cm. Brown-Sparks – thanked Cm. Routsong

Committees:

- Reparations Committee –
 - Cm. Brown-Sparks reported that Genealogy Day will be Saturday, November 18th in the early afternoon
 - Cm. Routsong reported that Cm. Brown-Sparks will be a secondary speaker because the keynote speaker is not local
 - Cm. Moon reported that the person she spoke with at the NAACP does not have the capacity to participate
 - Cm. Brown-Sparks requested assistance from staff to make a scheduling poll for the next committee meeting
- CAPS Public Outreach Committee –
 - Cm. Routsong reported that the Bloomington Commission on Sustainability voted unanimously to endorse the letter to the mayor, and also reported on the process of reaching out to other city boards and commissions and the administration’s response to this advocacy.
 - Cm. Routsong moved and it was seconded for an attorney from the Legal department to attend a CAPS meeting to explain the administration’s guidance on CAPS Commission’s advocacy and attendance at other city board and commission meetings. Motion passed 5-0.
- Research Committee – Cm. Michalek explained that the need for this committee no longer exists. Staff liaison explained that sub quorum groups can always conduct research together or individually without a formal committee. Cm. Moon moved and it was seconded to dissolve the Research Committee. Motion passed 5-0.

Staff:

- Council staff informed members of the two most recent resignations from the CAPS Commission and informed commissioners that the Common Council will review the commission pursuant to Ordinance 20-20 on the next Common Council Regular Session on September 20, 2023 during Reports.

Public: None

Brief Recess was cancelled. (6:28 p.m.)

NEW BUSINESS (6:29 p.m.)

CAPS Resolution 23-01

- Staff liaison explained that a recently resigned commissioner wanted to bring this item forward to the commission and explained why it was still on the Agenda, should any other commissioner want to bring it forward as their own proposal
- Cm. Moon wanted to take lead on this item at the next meeting
- The item was tabled for the next meeting

Monroe County 911 Review Committee

- Cm. Routsong summarized the Monroe County 911 Review Committee's FINAL Recommendations for Alternatives to Police Response to 911 Calls for Service Report.
- Cm. Routsong presented her proposed draft response to the recommendations put forth by this committee.
- Cm. Michalek moved and it was seconded to accept this draft response as the CAPS Commission's response to the Review Committee's Report. Motion passed 5-0.
- CAPS members requested the response be sent to the Mayor, Common Council, Review Committee, and posted on the CAPS Commission website. Upon request, staff liaison agreed to assist in finding contact information and forwarding the response.

Alternative Public Safety Report Revisions

- Cm. Routsong presented the proposed revisions to the APS Report that were technical or factual in nature, including the number of years the CAPS Commission has been meeting and when it was founded, within the background and summary.
- Cm. Moon moved and it was seconded to approve the factual and technical changes. Motion passed 5-0.

CAPS New Meeting Time

- Commissioners looked at the google scheduling sheet and discussed availability for meetings for the remainder of the year.
- Cm. Moon moved and it was seconded to change the regular session meeting times to the first Wednesday of the month at 4:30 p.m. Motion passed 5-0.

OTHER BUSINESS & TOPIC SESSIONS FOR FUTURE AGENDAS (6:54 p.m.)

- Cm. Routsong announced the September 18, 2023 meeting of the Bloomington/Monroe County Human Rights Commission and asked other commissioners to attend that meeting and ask for endorsements to the letter.

Meeting adjourned at 7:00 p.m.

Memorandum prepared by:
Ash Kulak, Staff



Ash Kulak <ash.kulak@bloomington.in.gov>

Feedback Requested from Boards and Commissions - CAPS Commission

4 messages

City Council <council@bloomington.in.gov>

Thu, Sep 21, 2023 at 11:48 AM

To: Ash Kulak <ash.kulak@bloomington.in.gov>, "Michalek, Jason Alan" <jasomich@iu.edu>, communications@middlewayhouse.org

Dear Community Advisory on Public Safety Commission,

The Common Council's Special Committee on Council Processes has been reviewing an [Organizational Assessment](#) of Boards and Commissions prepared by the Novak Consulting Group from January 2022.

The Novak report mentions that the City should regularly review the scopes of individual boards and commissions. The report suggests identifying areas of overlap and addressing those areas by merging similar entities or by further differentiating their scopes. The Committee has not endorsed any recommendation from the Novak report to merge any commissions, but it is interested in hearing from boards and commissions as part of reviewing the report.

The Committee is interested in feedback from the Community Advisory on Public Safety Commission on its purpose, duties, goals, etc. currently spelled out in local code as follows:

BMC 2.12.120(a)

Establishment and Purpose. There shall be established a community advisory on public safety commission ("commission"), which shall:

- (1) Perform research and gather data on the perceptions and preferences about public safety from community members, with specific focus on perceptions and preference data gathered from minority community members, individuals who are disabled, and other often marginalized community members; and
- (2) Research evidence-based alternatives to traditional policing; and
- (3) Identify best practices in public safety globally and evaluate the efficacy of such practices for implementation in Bloomington.
- (4) Make recommendations to the common council, the board of public safety, and/or the mayor or the mayor's designee on policies and programs that enhance public safety for all community members.

BMC 2.12.120(i)

Powers and Duties.

- (1) In its actions, the commission shall seek to promote transparency, accountability, a collaborative spirit, long-term and strategic thinking, and effective risk management.
- (2) The commission shall:
 - (A) Gather data about perceptions and preferences regarding public safety, specifically from: racial minority; economically disadvantaged; and marginalized residents of Bloomington.
 - (B) Research evidence-based approaches to public safety focusing on those approaches outside the scope of traditional policing, including, but not limited to:
 - (i) The establishment of an alternate crisis response phone number;
 - (ii) Investments in mental health care, addiction treatment, community centers, and/or job training to mitigate the causes of crime; and
 - (iii) All other innovative approaches.
 - (C) Explore best practices in socially and racially just public safety measures in cities across the U.S. and worldwide, and to examine which ideas may best be implemented in Bloomington;
 - (D) Make recommendations to the Bloomington Common Council, the board of public safety, and the mayor's administration on policies and programs that enhance public safety for all community members;
 - (E) Promote a broader view of public safety through education and outreach programs;
 - (F) Provide an annual report of its activities to the common council, mayor and the public.

Does this accurately reflect and capture the activities of the Commission? Would the Commission suggest any revisions to this language and, if so, what are those revisions?

This same request for feedback is being sent to other boards and commissions with purposes/duties set forth in local code.

The Committee would appreciate it if a response could be provided by November 20, 2023. Alternatively, please let us know if additional time is needed.

Respectfully,
Stephen Lucas

Office of the Common Council

City of Bloomington

[401 N. Morton](#), P.O. Box 100

Bloomington, Indiana 47404

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www.bloomington.in.gov/council

Community Advisory on Public Safety Commission Resolution 23-01:
Protection of LGBTQ Rights & Freedom

Community Advisory on Public Safety Commission Resolution 23-01 expresses concern of the Community Advisory on Public Safety Commission over the slate of legislation passed during the 2023 Session of the Indiana General Assembly restricting the rights of transgender youth, their families, their medical providers, and their educators.

WHEREAS, the Indiana General Assembly (IGA) has passed and Indiana Governor Eric Holcomb has signed into law several bills within the 2023 Session that restrict or infringe on the rights of transgender youth; and

WHEREAS, on April 5, 2023, Indiana Governor Eric Holcomb signed into law Senate Bill 480 (S.B. 480), which bans gender-affirming medical care for all minors under the age of eighteen within the State of Indiana; and

WHEREAS, on May 4, 2023, Indiana Governor Eric Holcomb signed into law House Bill 1608 (H.B. 1608), which bans instruction on human sexuality in public schools from kindergarten through the third grade and requires public school educators to notify the parents of a student who requests to go by a different name or pronoun of this change; and

WHEREAS, on May 4, 2023, Governor Holcomb signed into law House Bill 1447 (H.B. 1407), which opens public school educators to liability for disseminating educational materials alleged to be harmful to minors; and

WHEREAS, in response to H.B. 1608 and H.B. 1447, the Community Advisory on Public Safety Commission recommends the City of Bloomington (City) foster a welcoming and safe environment for transgender youth in schools and honor the decisions of public school educators to develop curricula without fear of liability from state-sanctioned punishment of speech; and

WHEREAS, according to the American Civil Liberties Union of Indiana (ACLU Indiana), the effect of these laws is to censor books and educational topics by and about LGBT people and other marginalized groups, which has a chilling effect on the availability of educational materials for students¹; and

WHEREAS, the American Civil Liberties Union of Indiana filed a lawsuit² on June 9, 2023, seeking a declaration that H.B. 1608 is unconstitutional and an injunction against its enforcement because it is, according to ACLU Indiana, unconstitutionally overbroad, to the point where educators will not be able to determine what can and cannot be said to students, and it infringes on constitutional First Amendment rights of educators to express themselves as private citizens outside of the classroom³; and

WHEREAS, according to ACLU Indiana, H.B. 1608 also requires teachers to forcibly “out” students who wish to go by a different name or pronoun by sending a note home to their parents or guardians, which increases the risk of parental rejection and negative emotional well-being when students do not feel ready or safe to come out at home⁴; and

WHEREAS, such forced disclosures will make school become yet another “closet” for transgender and gender diverse youth who may not ever feel safe enough to explore their identities when there is no longer any safe space at school to do so; and

WHEREAS, H.B. 1608’s mandates on pronoun usage and instruction on human sexuality in Hoosier schools remain in effect while the court case with ACLU Indiana is pending because, on July 28, 2023, just as the 2023 school year was about to begin or had already begun for the vast majority of primary schools across the State, the U.S. District Court for the Southern District of Indiana denied the Plaintiff’s motion for a preliminary injunction⁵; and

WHEREAS, it is necessary and appropriate to exercise the authority vested within the City to protect public school educators lawfully engaged in developing meaningful and effective coursework for students within the municipality, and to protect gender diverse students within the municipality from forced disclosures that could negatively impact their well-being; and

WHEREAS, in response to S.B. 480, the Community Advisory on Public Safety Commission recommends the City honor the rights of transgender youth, their parents or guardians, and their medical providers to make well-informed medical decisions without government interference; and

WHEREAS, access to medical transition and hormone blockers has been known to significantly decrease the risk of suicide in populations of transgender youth ages 13-20, including 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12-month follow-up⁶; and

WHEREAS, according to the Human Rights Campaign, as of March of 2023, more than half of transgender youth ages 13-17 in the United States have lost or are at risk of losing access to life-saving gender-affirming medical care⁷; and

WHEREAS, as of late August of this year, at least twenty-one states have passed bills restricting or criminalizing access to gender-affirming healthcare, five of which make it a felony crime to provide best practice medical care for transgender youth⁸; and

WHEREAS, Indiana joined this list on April 5, 2023 by the passage of S.B. 480, which prohibits health care practitioners from providing any types of medical gender-affirming healthcare to minors under the age of eighteen, including cross-sex hormones and puberty blockers, even with parental consent; and

WHEREAS, under S.B. 480, health care practitioners who assist another health care practitioner in providing gender-affirming care to a minor violate the standards of practice for health care professions and can be subject to discipline under their respective health care profession board; and

WHEREAS, S.B. 480 creates a private cause of action for a minor or their parent or guardian against a health care professional who provided or assisted another health care professional in providing the minor with gender-affirming care; and

WHEREAS, S.B. 480 does not provide exemptions for Hoosier transgender youth currently being prescribed gender-affirming medical care, and the bill gives transgender youth until the end of this year to receive care until it is prohibited across the board; and

WHEREAS, under the mandate of S.B. 480, Hoosier transgender youth who have previously been prescribed puberty blockers or cross-sex hormones with parental consent will, by January of 2024, be required to detransition (reverse, or go through the puberty that does not align with their preferred gender identity) or move out of state in order to continue receiving a continuum of gender-affirming medical care; and

WHEREAS, the vast majority of major medical organizations support gender-affirming care in populations of transgender youth, including the American Academy of Pediatrics⁹, Endocrine Society¹⁰ and Pediatric Endocrine Society¹¹, American Medical Association¹², American Psychiatric Association¹³, and American Academy of Child and Adolescent Psychiatry¹⁴; and

WHEREAS, national and international guidance exists on age-appropriate treatments for transgender youth, including suppression of puberty in prepubescent adolescents and cross-sex hormone treatment in youth of at least sixteen years of age¹⁵; and

WHEREAS, because the risk of depression and suicide among transgender youth decreases as access to gender-affirming medical care increases¹⁶, transgender youth depression and suicide rates will increase with state-legislated forced detransition and assigned-sex puberty that must legally occur until the patient can access or re-access gender-affirming care at the age of eighteen; and

WHEREAS, while policy rationales behind state-legislated gender-affirming care bans concern protecting minors from making semi-irreversible decisions that they may later come to regret, gender-affirming care is statistically associated with low levels of regret¹⁷ and blanket gender-affirming care bans will not protect transgender minors from undergoing semi-irreversible changes that they may later regret, notably a forced puberty that does not align with their known experience of gender identity; and

WHEREAS, medical doctors, minor patients, their consenting parents or guardians, and all other health care professionals who provide or assist in providing gender-affirming medical care enjoy a basic right to privacy and a confidential relationship between patient and physician that should protect them from criminal punishment, civil liability, administrative penalty, or any professional sanction related to decisions made within the healthcare provider-patient relationship so long as those decisions occur without coercion, force, or negligence; and

WHEREAS, the American Civil Liberties Union of Indiana filed a class action lawsuit¹⁸ on April 5, 2023, alleging violations of U.S. constitutional rights, including Equal Protection, and federal law, including the Medicaid Act and Affordable Care Act and seeking injunctive relief against enforcement of S.B. 480¹⁹; and

WHEREAS, the U.S. District Court for the Southern District of Indiana granted the Plaintiffs in the case a partial preliminary injunction on June 16, 2023, blocking the effect of S.B. 480 during the pendency of litigation as it applies to minors seeking gender affirming care (but not surgeries), and speech that would “aid or abet” the provision of gender affirming care to a minor²⁰; and

WHEREAS, while the preliminary injunction will remain in effect until the case is fully litigated, the Defendants in the case have filed a Notice of Appeal as of July 11, 2023²¹; and

WHEREAS, while the litigation in this case is pending, it is important for the City to declare itself a safe haven for its LGBTQ+ youth; and

WHEREAS, the Council for Kansas City, Missouri declared, by Resolution No. 230385²², the municipality to be a Safe Haven for Gender-Affirming Healthcare in the wake of proposed but not yet passed executive and legislative initiatives to ban gender-affirming medical care; and

WHEREAS, the Council for Kansas City adopted a Gender-Affirming Healthcare Policy which declared, within the extent of what is required by law within its jurisdiction, that the municipality would make enforcement of any state-sanctioned ban on gender-affirming care the lowest priority, including the enforcement of penalties, other jurisdictions’ laws and requests for information, and collection of any judgment; and

WHEREAS, the City of Bloomington should follow this model of adopting a policy that declares the City a Safe Haven for transgender youth, their parents or guardians, treating healthcare professionals, and educators within the municipality to the extent permissible by state and federal law; and

WHEREAS, the City has a responsibility to protect its residents from violations of their human rights and any criminalization of the free exercise thereof;

NOW, THEREFORE, BE IT RESOLVED BY THE COMMUNITY ADVISORY ON PUBLIC SAFETY COMMISSION THAT THE FOLLOWING POLICIES AND ACTIONS BE RECOMMENDED TO THE MAYOR AND COMMON COUNCIL FOR ADOPTION BY THE CITY:

Section 1. That the City of Bloomington formally condemns any action intended to abrogate the fundamental liberties of its people and affirms its commitment to protecting the right of its residents to make private health decisions regarding gender-affirming care.

Section 2. That the City of Bloomington formally condemns any action intended to ban and censor educational materials about marginalized groups in schools within the municipality, as well as any action intended to make schools within the municipality a less safe space for transgender and otherwise gender diverse students to exist as their authentic selves without fear.

Section 3. That the Mayor and Common Council declare the City of Bloomington a Safe Haven for Transgender Youth and adopt a policy or policies consistent with the principles set forth above.

PASSED by the Community Advisory on Public Safety Commission of the City of Bloomington, Monroe County, Indiana, this ___ day of _____, 2023.

_____ Co-Chairs, Community Advisory on
Public Safety Commission

Synopsis:

This Community Advisory on Public Safety Commission Resolution asks the City of Bloomington Common Council and the Mayor to declare the City a Safe Haven for Transgender Youth in response to recent state legislation that bans gender-affirming health care for minors, restricts educational materials with LGBTQ+ themes in municipal schools, and requires parental notification of nomenclature and pronoun change requests from students in municipal schools. The Commission asks the City to create a policy or policies consistent with the principles set forth in the resolution.

References

- ¹ Press Release, American Civil Liberties Union Indiana, Book Banning Bill Heads to Indiana Governor's Desk (Apr. 27, 2023), <https://www.aclu-in.org/en/press-releases/book-banning-bill-heads-indiana-governors-desk>.
- ² *Smiley v. Jenner*, No. 1:23-cv-1001 (S.D. Ind. filed June 9, 2023), https://www.aclu-in.org/sites/default/files/field_documents/dkt_1_-_complaint_12.pdf.
- ³ Press Release, American Civil Liberties Union Indiana, ACLU of Indiana Challenges Law Censoring Classroom Discussions (June 9, 2023), <https://www.aclu-in.org/en/press-releases/aclu-indiana-challenges-law-censoring-classroom-discussions>.
- ⁴ Press Release, American Civil Liberties Union Indiana, Indiana Bill Targeting LGBTQ Students Signed by Governor (May 4, 2023), <https://www.aclu-in.org/en/press-releases/indiana-bill-targeting-lgbtq-students-signed-governor>.
- ⁵ John Tufts & Caroline Beck, *ACLU's Request to Delay Pronouns Law Denied as School Year Starts in Indiana*, INDYSTAR (July 29, 2023, 7:01 AM) <https://www.indystar.com/story/news/2023/07/29/judge-denies-injunction-indiana-sex-education-law-aclu-lawsuit/70490561007>, (updated July 31, 2023, 12:09 PM).
- ⁶ Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, JAMA NETWORK OPEN, Feb. 25, 2022, at 1, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>.
- ⁷ Press Release, Cullen Peele, Human Rights Campaign, New HRC Data Reveals Over Half of Transgender Youth Ages 13-17 Could Soon Face Barriers to Life-Saving, Medically Necessary Gender Affirming Care (Mar. 22, 2023), <https://www.hrc.org/press-releases/new-hrc-data-reveals-over-half-of-transgender-youth-ages-13-17-could-soon-face-barriers-to-life-saving-medically-necessary-gender-affirming-care>.
- ⁸ *Bans on Best Practice Medical Care for Transgender Youth*, MOVEMENT ADVANCEMENT PROJECT, https://www.lgbtmap.org/equality-maps/healthcare/youth_medical_care_bans (last updated August 28, 2023).
- ⁹ News Release, American Academy of Pediatrics, AAP Policy Statement Urges Support and Care of Transgender and Gender-Diverse Children and Adolescents (Sept. 17, 2018), <https://www.aap.org/en/news-room/news-releases/aap/2018/aap-policy-statement-urges-support-and-care-of-transgender-and-gender-diverse-children-and-adolescents/>.
- ¹⁰ Position Statement, Endocrine Society, Transgender Health (Dec. 16, 2020), <https://www.endocrine.org/advocacy/position-statements/transgender-health>.
- ¹¹ Press Release, Endocrine Society, Discriminatory Policies Threaten Care for Transgender, Gender-Diverse Individuals (Dec. 16, 2020), <https://www.endocrine.org/news-and-advocacy/news-room/2020/discriminatory-policies-threaten-care-for-transgender-gender-diverse-individuals>.
- ¹² Advocacy Update, American Medical Association, AMA Fights to Protect Health Care for Transgender Patients (Mar. 26, 2021), <https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update>.
- ¹³ News Release, American Psychiatric Association, Frontline Physicians Oppose Legislation That Interferes in or Criminalizes Patient Care (Apr. 2, 2021), <https://www.psychiatry.org/newsroom/news-releases/frontline-physicians-oppose-legislation-that-interferes-in-or-criminalizes-patient-care>.
- ¹⁴ Policy Statement, American Academy of Child & Adolescent Psychiatry, AACAP Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth (Nov. 8, 2019), https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx.
- ¹⁵ E. Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 INT'L J. TRANSGENDER HEALTH S1 (2022), <https://www.tandfonline.com/doi/full/10.1080/26895269.2022.2100644>; Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. CLINICAL ENDOCRINOLOGY & METABOLISM 3869, 3870-72 (2017), <https://academic.oup.com/jcem/article/102/11/3869/4157558?login=false>; see also Clinical Practice Guideline, *Gender Dysphoria/Gender Incongruence Guideline Resources*, ENDOCRINE SOCIETY (Sept. 1, 2017), <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence#2>.
- ¹⁶ Amy E. Green et al., *Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth*, 70 J. ADOLESCENT HEALTH 643, 647-48 (2021), <https://doi.org/10.1016/j.jadohealth.2021.10.036>.
- ¹⁷ Coleman et al., *supra* note 15, at S36, S45-47.

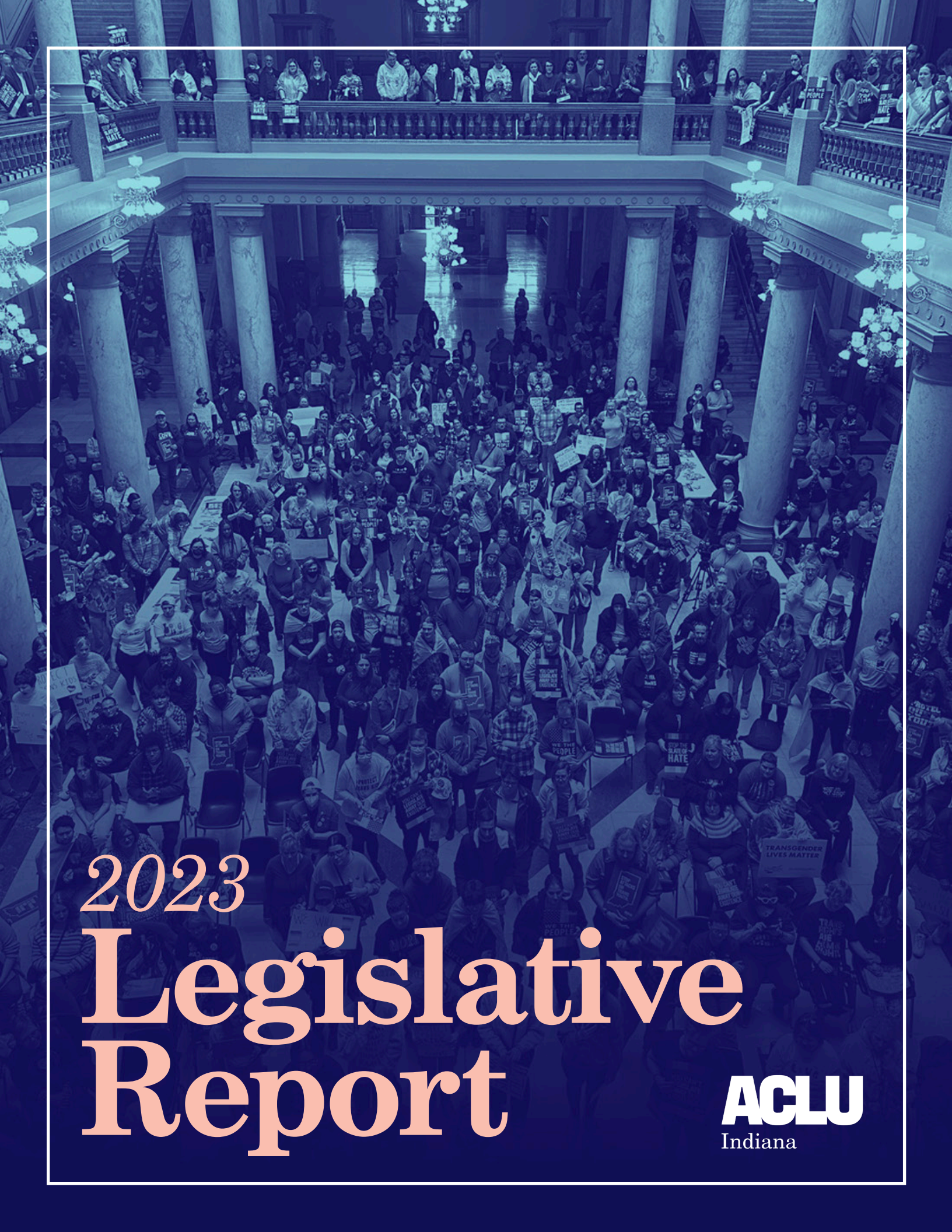
¹⁸ *K.C. v. Individual Members of Med. Licensing Bd. of Ind.*, No. 1:23-CV-595 (S.D. Ind. filed Apr. 5, 2023), https://www.aclu-in.org/sites/default/files/field_documents/1_-_complaint.pdf.

¹⁹ Press Release, American Civil Liberties Union Indiana, ACLU Sues Indiana Over Ban on Health Care for Transgender Youth (Apr. 5, 2023), <https://www.aclu-in.org/en/press-releases/aclu-sues-indiana-over-ban-health-care-transgender-youth>.

²⁰ Order Granting In Part Plaintiffs' Motion For A Preliminary Injunction at 2, *K.C. v. Individual Members of Med. Licensing Bd. of Ind.*, No. 1:23-CV-595 (S.D. Ind. filed Apr. 5, 2023), <https://wp.api.aclu.org/wp-content/uploads/2023/06/IN-PI-decision.pdf>.

²¹ *K.C. v. Individual Members of Med. Licensing Bd. of Ind.*, No. 1:23-CV-595 (S.D. Ind. filed Apr. 5, 2023), *appeal docketed*, No. 23-2366 (7th Cir. filed July 12, 2023), https://content.govdelivery.com/attachments/INAG/2023/07/12/file_attachments/2552516/77%20-%20Notice%20of%20Appeal.pdf.

²² Kansas City, Mo., Resolution 230385, A Resolution Declaring the City of Kansas City a Safe Haven for Gender-Affirming Healthcare Through the Adoption of a Gender-Affirming Healthcare Policy (May 11, 2023), <https://clerk.kcmo.gov/LegislationDetail.aspx?ID=6195676&GUID=A44A421C-CC91-4816-B2CB-86F7BDA4BD67&FullText=1>.



2023

Legislative Report

ACLU
Indiana

A NOTE FROM OUR DIRECTOR OF ADVOCACY & PUBLIC POLICY, KATIE BLAIR



Katie Blair (she/her)
Director of Advocacy
and Public Policy,
ACLU of Indiana

The 2023 legislative session will go down in Indiana's history as a session fraught with hate and misinformation. But it can also be remembered as a session where Hoosiers from every corner of our state **showed up like never before** to support their rights, and the rights of their neighbors.

ACLU of Indiana supporters sent more than 78,000 messages to their elected officials to speak up against bills that threaten our rights and freedoms. To put that in perspective, that is nearly **three times** the number of messages sent last year!

But I won't sugar coat it, this session was hard. More than 20 bills were filed that **targeted LGBTQ Hoosiers** and singled out trans kids. The rhetoric surrounding this legislation was not grounded in reality. It was propped up by cherry-picked studies, fringe "experts," a handful of political operatives from outside of Indiana, and fearmongering.

And while three of those bills passed, **the ACLU of Indiana is not done fighting**, and neither are our supporters. Read more below about the bills we defeated, the bills that passed, and how we will continue to make an impact.

BY THE NUMBERS

78,000+
MESSAGES SENT
TO LEGISLATORS

18,000+
HOOSIERS TOOK ACTION

264
BILLS
TRACKED

16
BILLS SUPPORTED
BY ACLU

24
BILLS OPPOSED
BY ACLU

80
DAYS IN
SESSION

1,250+
ACLU SUPPORTERS RALLIED
AT THE STATEHOUSE

SLATE OF HATE

Protecting LGBTQ Rights at the Statehouse



This year, Indiana legislators launched an **unprecedented attack on LGBTQ Hoosiers**. More than 20 bills introduced were part of a coordinated, hate-driven campaign to push LGBTQ people, particularly trans youth, out of public life.

Many of these bills were offered under the guise of “protecting parental rights,” but parents who support their LGBTQ kids are **having their rights stripped away**.

Whether it’s a parent’s right to access gender-affirming care for their kid, or to request a teacher refer to their child by the name and pronouns aligned with that child’s gender identity — these anti-LGBTQ bills only aimed to protect parents whose ideologies align with certain politicians and out-of-state extremists.

GENDER AFFIRMING CARE

WE'RE SUING!



Every reputable medical organization has found that some transgender people need gender affirming care, which is often life-saving medical care. The courts have agreed, finding gender dysphoria to be a serious medical issue, requiring appropriate treatment. A dangerous bill passed by the Indiana legislature, SB 480 **prohibits families and doctors from providing age-appropriate, evidence-based care** for youth who require it.

Despite intense opposition from families of trans youth here in Indiana, as well as warnings from medical professionals, some lawmakers chose to **risk the lives of young people** by forcing their way into family decision-making, a fundamental right which has traditionally been protected against government intrusion.

Young people who are trans need support and affirmation, not to be a political target. Just hours after SB 480 passed, the **ACLU of Indiana filed a lawsuit** on behalf of four families and a medical provider, and remains dedicated to overturning this blatantly unconstitutional law in court.

HB 1569 is another gender-affirming care ban that denies access to care for people housed in the Department of Correction simply on the basis that they are transgender. This will **deny necessary medical care** that the State is required to provide, and we will do everything in our power to defeat this blatantly unconstitutional law.



Photo: AJ Mast

RIGHT TO LEARN

Multiple bills introduced in the 2023 session attempted to control what youth can and cannot read, what they can and cannot learn, and—**most troublingly**—who they can and cannot be. HB 1608 is an atrocious “don’t say gay” bill that bans conversation about “human sexuality” in public schools, an undefined term which could be used to broadly censor discussions about sexual orientation and gender identity in pre-K through third grade. This bill also **forces teachers to out students** who request to be referred to by a different name or pronoun, by sending a note home to parents.

More than 13,000 Hoosiers spoke out against this bill, and while it still passed, **several amendments were made to lessen the blow**. In its original form, HB 1608 banned teachers from using the correct pronouns and names of trans kinds without their parent’s permission. Now, while a school administrator must notify a parent of the request, teachers do not have to gain consent from a parent to use the student’s requested pronouns and name. In addition, if a parent wished for a school to affirm their child’s gender identity, pronouns, and changed name they could only make that request once a year but that request could be ignored by school staff. That language was also eliminated from the bill.

ACLU of Indiana attorneys are assessing this law and we will do everything in our power to protect the rights of LGBTQ students.

In another attempt to filter LGBTQ content from schools, SB 12 was a book banning bill that died in the House, but was resurrected within the last two days of session. Legislators quickly and quietly amended and passed HB 1447, which will strip away protections for material that is disseminated for educational purposes and **opens schools, teachers, and librarians up to penalties if a parent disagrees with any part of material available in a school library**.

As we have seen across the country, when books are censored, it is mostly books by and about LGBTQ people, people of color, and other marginalized groups that are the first to be banned. Students have a right to learn about all types of people and histories. This bill will have **a chilling effect on the availability of books** for students to read and explore.



PROTECTING TRANS YOUTH

VICTORY!

HB 1407 **would have made it illegal** for child services to consider failure to provide a safe and affirming environment to a trans youth when looking into abusive home environments. Like all the bills that were part of the Slate of Hate, this bill attempted to capitalize on unfounded public fear that parents will be “forced to accept” trans youth. There simply aren’t examples of Indiana agencies removing children from homes for the sole reason that parents didn’t provide trans-supportive care.

* = Photos by Lee Klafczynski + = Photos by AJ Mast



ELIMINATION OF COSTS AND FEES IN JUVENILE COURTS

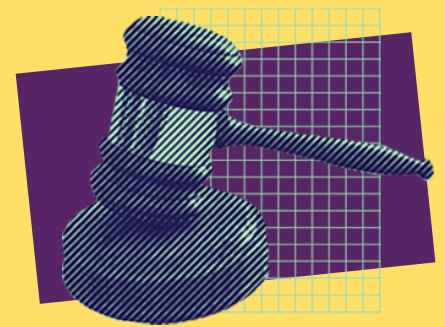
VICTORY!

Too often in our criminal legal system, Hoosiers are faced with the burden of excessive fines and fees. HB 1493 will ensure that **parents do not have to pay for the defense of their child** in juvenile court unless the judge finds that they are financially able to.

NONCOMPLIANT PROSECUTORS

DEFEATED!

Prosecutors have the power to flood jails and prisons and deepen racial disparities with the stroke of a pen. **But they can also use their legal discretion to do the opposite.** Every year, Indiana legislators attempt to stop prosecutors who use their power to reduce racial and economic inequalities in the criminal legal system. SB 284 would not only have undermined the prosecutor’s authority but also the voter’s power to hold county prosecutors accountable. SB 284 died in the House.



LIMITATION ON RIGHT TO BAIL



Originally, bail was supposed to make sure people return to court to face charges against them. But instead, the money bail system has morphed into widespread wealth-based incarceration. SJR 1 seeks to amend the Constitution of the State of Indiana to add language that would **eliminate access to bail** for someone deemed a “risk to society,” while failing to fix the broken cash bail system. All this bill does is ensure that **even more people stay behind bars**, languishing in Indiana’s overcrowded jails.

This is the first step of a multi-year process to amend the State Constitution, and we will continue working with legislators to push for reform that will limit pretrial detention to the rare case where a person poses a serious, clear threat to another person.

POLICING

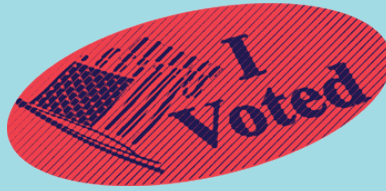
Over the last several years, Indiana communities have increasingly called for more police accountability and transparency. In blatant disregard to those requests, Indiana legislators passed HB 1186 which would **make it a crime** for a person to come within 25 feet of a police officer performing duties if the person is told by the officer to move away. While this bill does not mention recording, it is clear that this threatens a citizen’s ability to observe and record police interactions in their communities.

Whether it’s at a rally, a traffic stop, or during a police response to a mental health crisis, **community members cannot hold police officers accountable if they cannot observe what is going on.** The ACLU of Indiana testified in opposition to this bill and will continue our work within Indiana communities to hold police accountable.



VOTING RIGHTS

ABSENTEE VOTING RESTRICTIONS



We owe it to Hoosiers to eliminate barriers to the ballot box, but year after year, some Indiana legislators attempt to pass legislation that pushes voting access out of reach. HB 1334 adds **unnecessary rules to the absentee voting process** that will lead to confusion and greater difficulties for Hoosiers attempting to vote absentee, ultimately increasing the risk of voter disenfranchisement. HB 1334 has been signed into law, and as a result, absentee voters will be required to provide an extra layer of identification on their absentee ballot application this November. In addition, applications will no longer be able to be sent out without a request or by an assisted living or nursing home employee for their residents.

VOTING RIGHTS FOR PEOPLE WHO WERE PREVIOUSLY INCARCERATED

VICTORY!

A section of HB 1116 would have denied suffrage to a person convicted of felony voter fraud for 10 years following the date of their conviction. The restoration of the right to vote upon release back into the community gives individuals an opportunity for reengagement and a chance to be full members of our democracy. **HB 1116 was defeated, and these voting rights remain intact.**

MISSED OPPORTUNITIES

IN-STATE TUITION

Two bills, HB 1043 and SB 135, were introduced to allow undocumented Hoosier students who attended high school, graduated from a public school in Indiana and have a pending DACA case to pay in-state tuition at Indiana's public colleges and universities. 92,000 undocumented immigrants call Indiana home and 60% have lived in Indiana over 10 years. Bills recognizing the value that these young people bring to our state are introduced every year. But this year, some progress was made. SB 135 received a committee hearing. We are hopeful that legislators will take the important next step toward equality next session and pass in-state tuition for these young Hoosiers.

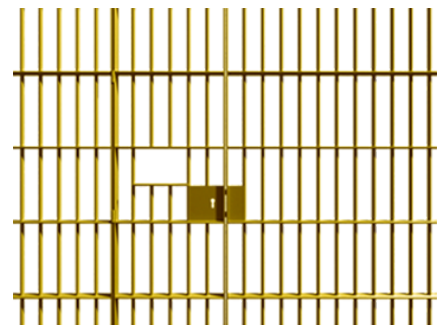


MARIJUANA DECRIMINALIZATION

For the first time ever, Indiana legislators heard a bill that would decriminalize marijuana in our state. The enforcement of marijuana laws generates some of the justice system's starkest racial disparities. In Indiana, Black people are more than 3.5 times more likely than white people to be arrested for marijuana possession. We are glad the Indiana General Assembly took a step by giving this legislation a hearing, but we hope next session they will move forward and pass marijuana legalization bills that prioritize racial justice and equity.

SENTENCE MODIFICATION

As we see all too often in Indiana, jail overcrowding inherently leads to conditions that the Supreme Court has found unconstitutional, as well as serious health and safety concerns. HB 1648 would have created a system of medical and geriatric reprieve to support safe, evidence-based pathways to release for the elderly and those with terminal, costly, life-hampering or life-threatening medical conditions. We will continue to support legislation that aims to reduce overreliance on the mass incarceration system.



2023

ACLU
Indiana

LEGISLATIVE SCORECARD

The ACLU of Indiana works hard to keep Hoosiers informed on key issues at the Statehouse and legislative votes on civil liberties. We constantly seek ways to hold politicians accountable to protecting your rights and supporting public policy that creates a more just and equitable state for all Hoosiers.

Within the 80 days of the 2023 legislative session, we tracked a variety of bills that would have advanced or threatened civil liberties in our state. We the People can use this information to hold our elected officials accountable. A number of key civil liberty issues arose this session and we fought with our activists to ensure the protection of Hoosiers' rights at every turn.

As you know, direct communication with your elected officials is a valuable way to encourage them to stand up for freedom and protect civil liberties. We encourage you to use this scorecard to give your legislators feedback on their votes in the 2023 legislative session and their stances on the issues impacting your rights and freedom.

ABOUT THIS SCORECARD

HOW WE CHOSE THE SCORED BILLS

We make sure legislators know the ACLU's position on important civil liberties issues prior to voting. We then select a range of key civil liberties votes by the full House or Senate to include in our scorecard. The following votes cover a range of issues facing Hoosiers today.

PURPOSE OF THE SCORECARD

The purpose of this scorecard is to inform our supporters and the public of where their legislators stand on civil liberties issues. Legislators may promise many things while running for office, but there is no substitute for an actual vote. The scorecard is in no way meant to be construed as an endorsement of legislators who score well, or a statement of opposition against those who do not.

ADDITIONAL NOTE

The lifecycle of any given bill may have several rounds of votes. The most recent vote is recorded in this scorecard and represents how each state senator and state representative last voted. To research all legislative votes on a bill, visit www.iga.in.gov, and search for legislation by its bill number.

1

HB 1608: “DON’T SAY GAY” & FORCING OUTING

This bill would effectively ban discussion or acknowledgment of LGBTQ people in schools under the guise of banning conversations around “human sexuality.” This language is incredibly vague and would chill discussions around sexual orientation and gender identity in grades Pre K-3. This bill would also force teachers to out students who request to be referred to by a different name or pronoun. These types of forced outing bills expose youth to the threat of additional violence at school and at home.

ACLU OPPOSED

2

SB 480: GENDER AFFIRMING CARE BAN

This bill would prohibit families and doctors from providing age-appropriate, evidence-based care for youth who require it. By banning nearly all forms of gender affirming care available to trans youth, this bill would forcibly deprive some youth of life-saving care that they are already receiving. Bills such as these violate the rights of parents and families to make decisions about their children’s health.

ACLU OPPOSED

3

HB 1186: ENCROACHMENT ON AN INVESTIGATION

This bill would make it a crime for a person to come within 25 feet of a police officer performing duties if the person is told by the officer to move away. Whether it’s at a rally, a traffic stop, or during a police response to a mental health crisis, community members cannot hold police officers accountable if they cannot observe what is going on. The overbroad nature of this bill also makes it ripe for abuse and misinterpretation.

ACLU OPPOSED

4

SJR 1: LIMITATION ON RIGHT TO BAIL

SJR 1 seeks to amend the Indiana Constitution to add language that eliminates access to bail for someone deemed a “risk to society.” While the ACLU of Indiana is opposed to the cash bail system, this bill only ensures that even more people stay behind bars, languishing in Indiana’s overcrowded jails. Opening up the right to bail more broadly to a judge’s discretion will only further increase the risk of bias, continuing to enforce racial disparities in the criminal legal system.

ACLU OPPOSED

5

HB 1334: ABSENTEE VOTING RESTRICTIONS

This bill would require absentee voters to provide an extra layer of identification on their ballot application. That proof of ID could be in the form of a photocopy of a driver’s license or state-issued ID, or the written-out digits of various types of identification numbers. House Bill 1334 would require the voter or a family member to request an application. Applications could no longer be sent out without a request or by an assisted living or nursing home employee for their residents.

ACLU OPPOSED

2023 LEGISLATIVE SCORECARD



Fields with Liberty Torch voted with the ACLU



Fields left blank opposed the ACLU



Fields with the letter "A" indicate absent or no vote

1

HB 1608: "Don't Say Gay" and Forced Outing

4

SJR 1: Limitation on Right to Bail

2

SB 480: Gender Affirming Care Ban

5

HB 1334: Absentee Voting Restrictions

3

HB 1186: Encroachment on an Investigation

SENATE

1 2 3 4 5

R Alexander, Scott					
R Alting, Ron	🔥	🔥			
R Baldwin, Scott					
R Bassler, Eric	🔥		A	🔥	🔥
R Becker, Vaneta	🔥	🔥		🔥	🔥
R Bohacek, Mike					
R Bray, Rodric					
D Breaux, Jean	🔥	A	🔥	🔥	🔥
R Brown, Liz					
R Buchanan, Brian					
R Buck, Jim					
R Busch, Justin					
R Byrne, Gary					
R Charbonneau, Ed			A		
R Crane, John					
R Crider, Michael					
R Deery, Spencer					
R Dernulc, Dan					
R Donato, Stacey					
R Doriot, Blake					
D Ford, J.D.	🔥	🔥	🔥	🔥	🔥
R Ford, Jon					
R Freeman, Aaron					
R Garten, Chris			A		
R Gaskill, Mike			A		
R Glick, Sue				🔥	
R Holdman, Travis			A		
D Hunley, Andrea	🔥	🔥	A	🔥	🔥
R Johnson, Tyler					

SENATE

1 2 3 4 5

R Koch, Eric					
R Leising, Jean					
D Melton, Eddie	🔥	🔥	🔥	🔥	A
R Messmer, Mark					
R Mishler, Ryan		A	A		A
R Niemeyer, Rick					
D Niezgodski, David	🔥	🔥	🔥	🔥	🔥
R Perfect, Chip			A	🔥	
D Pol, Rodney	🔥	🔥	🔥	🔥	🔥
D Qaddoura, Fady	🔥	🔥	🔥	🔥	🔥
R Raatz, Jeff					
D Randolph, Lonnie	A	🔥	🔥	A	🔥
R Rogers, Linda					
R Sandlin, Jack					
D Taylor, Greg	🔥	🔥	🔥	🔥	🔥
R Tomes, James				🔥	
R Walker, Greg				🔥	🔥
R Walker, Kyle		🔥			
D Yoder, Shelli	🔥	🔥	🔥	🔥	🔥
R Young, Michael			🔥		
R Zay, Andy					



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Healthcare Laws and Policies: Bans on Best Practice Medical Care for Transgender Youth

No updates required since August 28, 2023

What’s in this document (click to jump to that section):

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To receive regular updates, subscribe here: <http://bit.ly/map-newsletter>

To donate to support MAP’s work tracking these policies, click here: <https://mapresearch.org/donate>

Recommended citation:

Movement Advancement Project. “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth.” www.mapresearch.org/equality-maps/healthcare/youth_medical_care_bans. Accessed [date of access].



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Background

Bans on best-practice medical care represent one of the most extreme and coordinated political attacks on transgender people in recent years. These bills target transgender youth by blocking their access to best-practice medical care, care that is backed by decades of rigorous research and endorsed by the American Academy of Pediatrics, the American Medical Association, and every leading health authority in the country. These bills not only display a fundamental lack of understanding of transgender children, but they also ban access to medical care often by criminalizing the doctors and sometimes even the parents of transgender youth seeking to provide best-practice medicine for children in their care.

Equality Map & Additional Resources

- See our [Equality Map: Bans on Best Practice Medical Care for Transgender Youth](#), which is updated and maintained in real time alongside this document.
- For more on these attacks, including how these bills are becoming more extreme over time and expanding to include transgender adults' access to health care, [read MAP's 2023 spotlight report](#).
- For more information about “shield” or “refuge” laws that protect transgender people’s access to healthcare, see our [Equality Map: Transgender Healthcare “Shield” Laws](#) (updated and maintained in real time) and its corresponding [citation sheet](#), which contains additional state-by-state information, links, and analysis.



Summary Tables

Table 1: Legislation/Regulations and Exceptions

Category	Number	List	Source Link	Exceptions
States that ban medically necessary surgery and medication for transgender youth	21 states	Alabama	SB184	-
		Arkansas	HB1570	-
		Florida	Admin. Code 64B8-9.019	Grandfather
		Georgia	SB254	Grandfather, with rules TBD
		Idaho	SB140	Grandfather
		Indiana	HB71	-
		Iowa	SB480	Weaning
		Kentucky	SF538	-
		Louisiana	SB150	Weaning
		Louisiana	HB648	Weaning
		Mississippi	HB1125	-
		Missouri	SB49	Grandfather; Ban will expire in 4 years
		Montana	SB99	-
		Nebraska	LB574	Grandfather
		North Carolina	HB808	Grandfather
		North Dakota	HB1254	Grandfather
		Oklahoma	SB613	Weaning
		South Dakota	HB1080	Weaning
Tennessee	SB1/HB1	Weaning		
Texas	SB14	Weaning		
Utah	SB16	Grandfather		
West Virginia	HB2007	New Rx allowed under restrictive conditions		
States that ban surgery only	1 state	Arizona	SB1138	-
States with no bans or restrictions	28 states, D.C., and 5 territories	All others		

“Grandfather” exceptions refer to those that allow minors currently receiving prescriptions to continue that care, typically (though not always) so long as that prescription begins before the effective date of the bill.

“Weaning” exceptions refer to those that allow minors currently receiving prescriptions to continue that care, but only for a limited amount of time with the expectation they will “wean off” the prescribed medication.



Table 2: Enactment vs. Effective Dates, Age Applicability, and Lawsuits

State <i>(bill linked)</i>	Enactment date <i>(date of gov. signature, veto override, or administrative filing)</i>	Planned effective date <i>(ban may not go into effect on this date due to lawsuits)</i>	Age applicability <i>(does not reflect state funding (e.g., Medicaid) or other provisions)</i>	Lawsuit	Notes on lawsuit status <i>(see state-by-state section below for more detail)</i>
Alabama	April 8, 2022	30 days later	<19	Boe v. Marshall (2022), joined by federal Department of Justice	Temporarily blocked by court order (May 2022). Block applies to medication only and not other provisions. This block was overturned by the 11 th Circuit in Aug 2023, but an ongoing appeal means the temporary block is still in place .
Arizona	March 30, 2022	March 31, 2023	<18	ACLU of Arizona and NCLR have stated they will sue	
Arkansas	April 6, 2021 (overriding governor's veto)	90 days after legislature adjourned	<18	Brandt et al v. Rutledge et al (2021)	Permanently blocked as of June 2023, though the state is appealing the ruling.
Florida (Board of Medicine regulation)	February 24, 2023	March 16, 2023	<18	Doe v. Ladapo (2023)	Temporarily blocked by court order
Florida (legislation)	May 17, 2023	May 17, 2023	<18* *with provisions obstructing access to adult care	Doe v. Ladapo (2023)	Temporarily blocked by court order
Georgia	March 23, 2023	July 1, 2023	<18	Koe v. Noggle (2023)	Temporarily blocked by court order. Block applies to ban on medication, but not ban on surgical care.
Idaho	April 4, 2023	January 1, 2024	<18	Poe v. Labrador (2023)	Filed
Indiana	April 5, 2023	July 1, 2023	<18	K.C. et al. v. Individual Members of the Medical Licensing Board et al (2023)	Temporarily blocked by court order. Block applies to ban on medication and "aiding and abetting," but not ban on surgical care.
Iowa	March 22, 2023	March 22, 2023	<18		
Kentucky	March 29, 2023 (overriding governor's veto)	June 29, 2023	<18	Doe v. Thornbury (2023), with statement of interest from federal Dept of Justice	Ban in effect. Ban was temporarily blocked by court order, but this was overturned on July 14, 2023 . LGBTQ advocates are assessing next steps.



(Table continued from previous page)

State <i>(bill linked)</i>	Enactment date <i>(date of gov. signature, veto override, or administrative filing)</i>	Planned effective date <i>(ban may not go into effect on this date due to lawsuits)</i>	Age applicability <i>(does not reflect state funding (e.g., Medicaid) or other provisions)</i>	Lawsuit	Notes on lawsuit status <i>(see state-by-state section below for more detail)</i>
Louisiana	July 18, 2023 (overriding governor's veto)	January 1, 2024	<18		
Mississippi	February 28, 2023	February 28, 2023	<18		
Missouri	June 7, 2023	August 28, 2023	<18	Noe v. Parson (2023)	--Ban in effect. A temporary injunction was denied in Aug 2023, but lawsuit is ongoing. --A related lawsuit, Southampton Community Healthcare et al. v. Bailey (2023), earned a temporary block on the attorney general's earlier attempted ban, which he then terminated.
Montana	April 28, 2023	October 1, 2023	<18	van Garderen v. State of Montana (2023)	Filed
Nebraska	May 22, 2023	October 1, 2023	<19	Planned Parenthood of the Heartland v. Hilgers et al (2023)	Filed
North Carolina	Aug 16, 2023 (overriding governor's veto)	Aug 16, 2023	<18		
North Dakota	April 19, 2023	April 19, 2023	<18		
Oklahoma	May 1, 2023	May 1, 2023	<18	Poe et al. v. Drummond et al (2023)	State's attorney general has signed a binding agreement to not enforce the law during the ongoing lawsuit.
South Dakota	February 14, 2023	July 1, 2023	<18		
Tennessee	March 2, 2023	July 1, 2023	<18	L.W. et al. v. Skrmetti et al (2023), joined by federal Department of Justice	Ban in effect. Medication ban was temporarily blocked by court order, but this was overturned in July 2023 . LGBTQ advocates are assessing next steps.



(Table continued from previous page)

State <i>(bill linked)</i>	Enactment date <i>(date of gov. signature, veto override, or administrative filing)</i>	Planned effective date <i>(ban may not go into effect on this date due to lawsuits)</i>	Age applicability <i>(does not reflect state funding (e.g., Medicaid) or other provisions)</i>	Lawsuit	Notes on lawsuit status <i>(see state-by-state section below for more detail)</i>
Texas	June 2, 2023	September 1, 2023	<18	Loe v. Texas (2023)	--Ban will go into effect on Sept 1. Ban was temporarily blocked by court order (Aug 2023), but state appealed, which automatically pauses the temporary block. --A related lawsuit, Doe v. Abbott (2022), earned a temporary block on the governor’s attempted investigations of transgender children’s families.
Utah	January 28, 2023	January 28, 2023	<18	ACLU of Utah and NCLR have stated they will sue	
West Virginia	March 30, 2023	January 1, 2024	<18		



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Chronology

Order of Laws

(by date of governor signature, veto override, or administrative filing; not by effective date)

2021 (1 this year)

1. Arkansas – [HB1570](#) – April 6, 2021 (overriding governor veto)

2022 (2 new states this year)

2. Arizona – [SB1138](#) – March 30, 2022
3. Alabama – [SB184](#) – April 8, 2022

2023 (19 new states this year)

4. Utah – [SB16](#) – January 28, 2023
5. South Dakota – [HB1080](#) – February 14, 2023
6. Florida – [Administrative Code 64B8-9.019](#) – February 24, 2023
7. Mississippi – [HB1125](#) – February 28, 2023
8. Tennessee – [SB1/HB1](#) – March 2, 2023
9. Iowa – [SF538](#) – March 22, 2023
10. Georgia – [SB140](#) – March 23, 2023
11. Kentucky – [SB150](#) – March 29, 2023 (overriding governor veto)
12. West Virginia – [HB2007](#) – March 30, 2023
13. Idaho – [HB71](#) – April 4, 2023
14. Indiana – [SB480](#) – April 5, 2023
15. Missouri – [“Emergency Rule” 15 CSR 60-17.010](#) – April 13, 2023 (withdrawn May 16, 2023)
16. North Dakota – [HB1254](#) – April 19, 2023
17. Montana – [SB99](#) – April 28, 2023
18. Oklahoma – [SB613](#) – May 1, 2023
- Florida – [S254](#) – May 17, 2023 (building on earlier administrative ban)
19. Nebraska – [LB574](#) – May 22, 2023
20. Texas – [SB14](#) – June 2, 2023
- Missouri – [SB49](#) – June 7, 2023 (replacing earlier “emergency rule”)
21. Louisiana – [HB648](#) – July 18, 2023 (overriding governor veto)
22. North Carolina – [H808](#) – August 16, 2023 (overriding governor veto)

Order of Governor Vetoes

1. Arkansas – [HB1570](#) – April 5, 2021 (later overridden)
2. Kentucky – [SB150](#) – March 24, 2023 (later overridden) (read veto statement [here](#))
3. Kansas – [SB26](#) – April 20, 2023 (read veto statement [here](#))
4. Louisiana – [HB648](#) – June 30, 2023 (later overridden) (read veto statement [here](#))
5. North Carolina – [H808](#) – July 5, 2023 (later overridden) (read veto statement [here](#))

Note: the Montana governor initially issued an “[amendatory veto](#),” meaning he would sign the bill if the legislature approved his suggested amendments. The legislature did so, and the revised bill became law.



State-by-State Sources & More Detail

Alabama

- State bans* best practice medical care for transgender youth (ages <19). See [SB184/HB266/Public Act 2022-289](#) (April 2022; effective 30 days later).
 - This law defines minor as “The same meaning as in Section 43-8-1, Code of Alabama 1975.” That [section of Alabama code](#) defines minor as individuals under the age of 19.
 - Law makes providing such care a felony crime, and requires school officials to out children to parents. This is the first state with both such provisions.
- *Currently, a temporary injunction is blocking enforcement of the state’s ban on prescribed medication, though the ban on surgical care and other provisions (including the forced outing of transgender youth in schools) remain in effect. See [Boe v. Marshall](#), joined by [the federal Justice Department](#), and see also [Walker et al v. Marshall et al](#).
 - April 2022: lawsuit filed.
 - May 2022: a federal judge [temporarily blocked](#) the part of the state's law that bans medication for transgender youth, though the rest of the law remained in effect, including the ban on surgical care, felony punishment, and provisions that require school staff to tell parents if a child expresses thoughts that they might be transgender.
 - Aug 2023: the 11th Circuit Court of Appeals [overturned](#) the temporary injunction, but an ongoing appeal means [the temporary injunction remains in place for now](#) as the case continues. This means transgender youth should still be able to access medication.

Alaska

- State does not ban best practice medical care for transgender youth

Arizona

- State bans best practice medical care for transgender youth (ages <18). See [SB1138](#) (March 2022, effective March 31, 2023).
 - Law bans gender-affirming surgical care for minors, though it does not ban non-surgical forms of care (e.g., hormone-related medication).

Arkansas

- State bans* best practice medical care for transgender youth (ages <18). See [HB1570/Act 626](#) (April 2021).
- *In June 2023, a federal judge [permanently blocked](#) the ban, ruling the law unconstitutional. However, the state is appealing this ruling. The permanent block builds on an earlier [temporary block](#) (July 2021) that prevented the law from going into effect. See [Brandt et al v. Rutledge et al](#) (filed May 2021).
- See also [SB199/Act 271](#) (March 2023). This law is not a ban on medical care, but it does create obstacles and deterrents to care, including by allowing lawsuits against medical providers of gender-affirming care and encouraging burdensome obstacles to care that do not reflect best practice medical standards.



California

- State does not ban best practice medical care for transgender youth

Colorado

- State does not ban best practice medical care for transgender youth

Connecticut

- State does not ban best practice medical care for transgender youth

Delaware

- State does not ban best practice medical care for transgender youth

District of Columbia

- State does not ban best practice medical care for transgender youth

Florida

- State bans* best practice medical care for transgender youth
 - See [FL Administrative Code 64B8-9.019](#) (filed February 24, 2023; effective March 16, 2023).
 - Rule allows exception for minors who were “being treated with puberty blocking, hormone, or hormone antagonist therapies prior to the effective date of this rule” (March 16, 2023) to continue that medical care.
 - In March 2023, a lawsuit was filed challenging this ban. See [Doe v. Ladapo](#).
 - See also [§254](#) (May 2023).
 - Law also makes providing such care a felony crime.
 - Law also bans state funds from covering best practice medical care for any transgender people, regardless of age.
 - Law also places obstacles to accessing healthcare for transgender adults, including the requirement that best-practice medical care only be provided by physicians—excluding other medical professionals such as nurse practitioners or physicians assistants—thereby reducing the number of available providers of medically necessary care to transgender adults.
 - In May 2023, the existing lawsuit [Doe v. Ladapo](#) against the state’s administrative ban was amended to include this new legislative ban on youth care, though not yet the parts of the ban restricting adult access to care.
 - In July 2023, the existing lawsuit was amended to include the provisions restricting adult access to care.
 - *On June 6, 2023, a federal judge [temporarily blocked](#) the state's bans on youth care from being enforced. This map and information will be updated as the case continues to unfold.



Georgia

- State bans* best practice medical care for transgender youth (“minors,” undefined). See [SB140](#) (March 2023, effective July 1, 2023).
 - Law allows exception for minors who are, prior to July 1, 2023, receiving “hormone replacement therapies” (undefined) to continue receiving that medical care.
- *In August 2023, a federal judge [temporarily blocked](#) the state’s ban on medication, but not on surgical care. See [Koe et al. v. Noggler](#) (filed June 2023).

Hawai`i

- State does not ban best practice medical care for transgender youth

Idaho

- State bans best practice medical care for transgender youth (ages <18). See [HB71](#) (April 2023, effective January 1, 2024).
 - Law also makes providing such care a felony crime.
- In May 2023, a lawsuit was filed challenging this ban. See [Poe v. Labrador](#).

Illinois

- State does not ban best practice medical care for transgender youth

Indiana

- State bans* best practice medical care for transgender youth (ages <18). See [SB480](#) (April 2023, effective July 1, 2023).
 - Law also bans any health care professional from “conduct that aids or abets” the provision of best practice medical care for transgender youth.
 - Law includes a “weaning off” clause that allows minors receiving prescription/medication prior to effective date to continue that care, but only through 12/31/23. See Section 13(d), page 5.
- *In June 2023, a federal judge [temporarily blocked](#) the parts of the state's law that ban medication for transgender youth and “aiding and abetting” the provision of this medically necessary health care. The rest of the law went into effect July 1, 2023. See [K.C. et al. v. Individual Members of the Medical Licensing Board et al](#) (filed April 2023).

Iowa

- State bans best practice medical care for transgender youth (ages <18). See [SF538](#) (March 2023, effective immediately).
 - Law also bans any health care professional from “conduct that aids or abets” the provision of best practice medical care for transgender youth.

Kansas

- State does not ban best practice medical care for transgender youth



Kentucky

- State bans best practice medical care for transgender youth (ages <18). See [SB150](#) (March 2023; effective June 29, 2023, 90 days after legislature adjourned).
 - Law includes a “weaning off” clause that allows minors receiving prescription/medication prior to effective date to continue that care, but only for an unspecified period of time with the explicit goal of “systematically reduc[ing]” the medication. See Section 4(6), page 9.
- Lawsuit status: See [Doe v. Thornbury](#).
 - May 2023: lawsuit filed.
 - June 28, 2023: a federal judge [temporarily blocked](#) the state’s ban from going into effect.
 - July 8, 2023: the 6th Circuit Court of Appeals [lifted](#) the temporary block of Tennessee’s ban. While the KY case was not affected by this decision, KY is also in the 6th Circuit.
 - July 14, 2023: the federal judge in KY’s case [ruled](#) that the 6th Circuit’s decision means the temporary block on KY’s law should be overturned. This means the state’s ban is in effect for now.

Louisiana

- State bans best practice medical care for transgender youth (ages <18). See [HB648](#) (2023; effective January 1, 2024).
 - Law includes a “weaning off” clause that allows minors receiving prescription/medication prior to effective date to continue that care, but only until December 31, 2024.

Maine

- State does not ban best practice medical care for transgender youth

Maryland

- State does not ban best practice medical care for transgender youth

Massachusetts

- State does not ban best practice medical care for transgender youth

Michigan

- State does not ban best practice medical care for transgender youth

Minnesota

- State does not ban best practice medical care for transgender youth



Mississippi

- State bans best practice medical care for transgender youth (ages <18). See [HB1125](#) (Feb 2023, effective immediately).
 - Law also bans the use of public funds for any provision of best practice medical care for transgender youth, and bans any person from “conduct that aids or abets” the provision of best practice medical care. This extends the scope of the ban from doctors and medical providers to parents and *any other individual* who might help or participate in getting a transgender minor access to best practice medicine. This is the first state ban on transgender youth medical care that includes the “aids or abets” language.

Missouri

- State bans best practice medical care for transgender youth (ages <18). See [SB49](#) (June 2023, effective August 28, 2023, but expires in four years on August 28, 2027).
 - Law also bans state funds from covering best practice medical care for any transgender people, regardless of age, specifically in the Medicaid program, and bans gender-affirming surgical care for anyone incarcerated by the state of Missouri.
- Lawsuit status: see [Noe v. Parson](#).
 - July 2023: lawsuit filed.
 - August 25, 2023: petition for temporary injunction to block the ban from going into effect was denied, which will allow the ban to go into effect August 28, 2023.
- Previously, state effectively banned best practice medical care for all transgender people, regardless of age, though the ban never went into effect. See [“Emergency Rule” 15 CSR 60-17.010](#) (issued April 13, 2023; intended to go into effect April 27, 2023 with expiration of February 6, 2024; rule terminated by attorney general on May 16, 2023).
 - The rule was initially set to go into effect April 27, 2023.
 - In April 2023, a lawsuit was filed challenging the ban. See [Southampton Community Healthcare v. Bailey](#). This case earned a temporary block on the law, delaying the effective date to at least July 24, 2023, with a further injunction possible at that time.
 - On May 16, 2023, the state’s attorney general filed to withdraw/terminate the emergency rule as a result of the legislative ban passed by the legislature.
 - While the regulation was presented as allowing medical care if patients/providers meet certain requirements, these requirements were extraordinarily burdensome if not effectively impossible to meet.

Montana

- State bans best practice medical care for transgender youth (ages <18). See [SB99](#) (April 2023, effective October 1, 2023).
 - Law also says “state property, facilities, or buildings may not be knowingly used to promote or advocate the use of social transitioning or the medical treatments prohibited” by this law. See Section 4(7). This is the first state to issue any sort of restrictions targeting social transition.
- In May 2023, a lawsuit was filed challenging this ban. See [van Garderen v. State of Montana](#).



Nebraska

- State bans best practice medical care for transgender youth (ages <19). See [LB574](#) (May 2023, effective October 1, 2023).
 - Law allows those with hormone prescriptions prior to the effective date of the bill (October 1, 2023) to continue those prescriptions.
 - If/when the law goes into effect, it explicitly bans surgical care for those <19, and bans new prescription medications for those <19 unless the individual can meet requirements to be determined by the state's chief medical officer. The bill specifies these requirements must address numerous elements, including but not limited to a minimum number of hours in therapy, a required waiting period, and other items likely to create significant obstacles to this medically necessary care.
- In May 2023, a lawsuit was filed challenging this ban. See [Planned Parenthood of the Heartland v. Hilgers](#).

Nevada

- State does not ban best practice medical care for transgender youth

New Hampshire

- State does not ban best practice medical care for transgender youth

New Jersey

- State does not ban best practice medical care for transgender youth

New Mexico

- State does not ban best practice medical care for transgender youth

New York

- State does not ban best practice medical care for transgender youth

North Carolina

- State bans best practice medical care for transgender youth (ages <18). See [H808/S639](#) (Aug 2023, effective immediately).
 - Law allows exception for minors who were, prior to August 1, 2023, receiving medication to continue receiving that medical care.

North Dakota

- State bans best practice medical care for transgender youth (ages <18, including emancipated minors). See [HB1254](#) (April 2023, effective immediately).
 - Law also makes providing surgical care a felony crime, and providing medication a misdemeanor crime.
 - Law allows exception for minors who are, prior to April 19, 2023, receiving medication to continue receiving that medical care.



Ohio

- State does not ban best practice medical care for transgender youth

Oklahoma

- State bans* best practice medical care for transgender youth (ages <18). See [SB613](#) (May 2023, effective immediately).
 - Law also makes providing such care a felony crime.
 - Law allows minors who have a hormone prescription prior to the effective date of the bill (May 1, 2023) to continue that prescription but only for six months, “solely for the purpose of assisting the minor with gradually decreasing and discontinuing the use of the drugs or hormones.”
- *On May 18, 2023, the state’s attorney general [signed a binding agreement](#) to not enforce the state’s ban pending further legal challenge. This was a development of the ongoing lawsuit filed challenging the state’s ban, [Poe et al. v. Drummond et al](#) (May 2023).
- Previously, [SB3](#) (Oct 2022) provided over \$108 million in federal COVID-relief funding to the University of Oklahoma medical system, with the requirement that the system stop providing best practice medical care for transgender youth. The medical system agreed to this requirement. This did not ban best practice medical care statewide, but did reflect a clear effort to limit access to this medically necessary care.

Oregon

- State does not ban best practice medical care for transgender youth

Pennsylvania

- State does not ban best practice medical care for transgender youth

Rhode Island

- State does not ban best practice medical care for transgender youth

South Carolina

- State does not ban best practice medical care for transgender youth

South Dakota

- State bans best practice medical care for transgender youth (ages <18). See [HB1080](#) (Feb 2023, effective July 1, 2023).
 - Law allows minors who have a hormone prescription prior to July 1, 2023, to continue that prescription but only through Dec 31, 2023. Medical providers are expected to “systematically reduce” the prescription over that time period.



Tennessee

- State bans best practice medical care for transgender youth (ages <18). See [SB1/HB1](#) (March 2023, effective July 1, 2023).
 - Law also bans “a person” (i.e., not only medical providers) from providing hormones or puberty blocking medication to minors, and further specifically bans medical providers out of state from providing care via telehealth to minors in the state.
 - Law allows minors who have a hormone prescription prior to the effective date of the bill (July 1, 2023) to continue that prescription but only until March 31, 2024.
- Lawsuit status: See [L.W. et al. v. Skrmetti et al](#) (filed April 2023)
 - April 2023: lawsuit filed.
 - June 2023: a federal judge [temporarily blocked](#) the state’s ban on medication, but not on surgical care.
 - July 2023: the 6th Circuit Court of Appeals [lifted](#) the temporary block, allowing the state’s full ban to go into effect immediately. LGBTQ advocates are assessing next steps.
- Previously, [SB126](#) (2021) prohibited medical providers from providing hormone-related medication to “prepubertal minors” (emphasis added). Best practice medical care for transgender youth can (though does not always) include hormone-related medication, but only once a youth has entered puberty, not prior to it. In other words, this law banned something that did not happen, but it set a dangerous precedent for further restrictions of medical care for transgender youth.

Texas

- State bans best practice medical care for transgender youth (ages <18). See [SB14](#) (June 2023, effective September 1, 2023).
 - Law allows minors who have a hormone prescription prior to June 1, 2023, to continue that prescription but only over a limited amount of time (unspecified) with the expectation they will “wean off” the prescription.
- Lawsuit status: See [Loe v. Texas](#):
 - July 2023: lawsuit filed.
 - Aug 25, 2023: a state court [temporarily blocked](#) the state’s ban from going into effect. However, the state attorney general appealed the decision, a move that [automatically paused](#) the temporary block—allowing the ban to go into effect on Sept 1.
- Previously, and as reported by Equality Texas, “On February 18th [2022], in the middle of early voting for the Texas primary elections, Attorney General Ken Paxton released a non-binding opinion grossly mischaracterizing medically necessary, best-practice healthcare for transgender children as child abuse. Shortly after, Governor Abbott sent a letter to the Department of Family Protective Services (DFPS) directing them to enforce Paxton’s opinion.” These actions did not change the law in Texas and are not legally binding (in fact, their very legality is being directly challenged in court), but they have nonetheless caused harm and even initiated investigations into families of transgender children in the state. These investigations were temporarily halted by a statewide injunction, until a [Texas Supreme Court ruling](#) in May 2022 ended that injunction. However, the Texas Supreme Court also ruled that the governor had no authority to order such investigations. For more information and resources, see the [Transgender Education Network of Texas \(TENT\)](#) and [Equality Texas](#).



Utah

- State bans best practice medical care for transgender youth (ages <18). See [SB16](#) (Jan 2023, effective immediately).
 - This law provides a limited exception for hormone treatment for youth who were “diagnosed with gender dysphoria” prior to the bill’s passage, but the law also allows individuals to later retroactively revoke their consent.

Vermont

- State does not ban best practice medical care for transgender youth

Virginia

- State does not ban best practice medical care for transgender youth

Washington

- State does not ban best practice medical care for transgender youth

West Virginia

- State bans best practice medical care for transgender youth (ages <18). See [HB2007](#) (March 2023, effective January 1, 2024).
 - Law allows limited exception for minors to receive hormone medication under a burdensome set of conditions, but this exception does exist. Requirements include an official diagnosis of “severe gender dysphoria” from at least two medical providers, one of whom must be a mental health provider or adolescent medicine specialist, and both with “relevant training.” The conditions also require that the medication is “limited to the lowest titratable dosage necessary to treat the psychiatric condition and not for purposes of gender transition,” among other requirements/conditions on such care.

Wisconsin

- State does not ban best practice medical care for transgender youth

Wyoming

- State does not ban best practice medical care for transgender youth

U.S. Territories

American Samoa

- Territory does not ban best practice medical care for transgender youth

Guam

- Territory does not ban best practice medical care for transgender youth

Northern Mariana Islands

- Territory does not ban best practice medical care for transgender youth



movement advancement project ▶

Puerto Rico

- Territory does not ban best practice medical care for transgender youth

U.S. Virgin Islands

- Territory does not ban best practice medical care for transgender youth

First Regular Session of the 123rd General Assembly (2023)

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Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

SENATE ENROLLED ACT No. 480

AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 25-1-22 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]:

Chapter 22. Gender Transition Procedures for Minors

Sec. 1. As used in this chapter, "gender" means the psychological, behavioral, social, and cultural aspects of being male or female.

Sec. 2. As used in this chapter, "gender reassignment surgery" means any medical or surgical service that seeks to surgically alter or remove healthy physical or anatomical characteristics or features that are typical for the individual's sex, in order to instill or create physiological or anatomical characteristics that resemble a sex different from the individual's sex, including genital gender reassignment surgery or nongenital gender reassignment surgery knowingly performed for the purpose of assisting an individual with a gender transition.

Sec. 3. As used in this chapter, "gender transition" means the process in which an individual shifts from identifying with and living as a gender that corresponds to his or her sex to identifying with and living as a gender different from his or her sex, and may involve social, legal, or physical changes.

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Sec. 4. As used in this chapter, "gender transition hormone therapy" means:

- (1) testosterone;**
- (2) estrogen; or**
- (3) progesterone;**

given to an individual in an amount greater than would normally be produced endogenously in a healthy individual of that individual's age and sex.

Sec. 5. (a) As used in this chapter, "gender transition procedures" means any medical or surgical service, including physician's services, practitioner's services, inpatient and outpatient hospital services, or prescribed drugs related to gender transition, that seeks to:

- (1) alter or remove physical or anatomical characteristics or features that are typical for the individual's sex; or**
- (2) instill or create physiological or anatomical characteristics that resemble a sex different from the individual's sex, including medical services that provide puberty blocking drugs, gender transition hormone therapy, or genital gender reassignment surgery or nongenital gender reassignment surgery knowingly performed for the purpose of assisting an individual with a gender transition.**

(b) The term does not include the following:

(1) Medical or surgical services to an individual born with a medically verifiable disorder of sex development, including an individual with:

- (A) external sex characteristics that are irresolvably ambiguous;**
- (B) forty-six (46) XX chromosomes with virilization;**
- (C) forty-six (46) XY chromosomes with undervirilization;**
- or**
- (D) both ovarian and testicular tissue.**

(2) Medical or surgical services provided when a physician or practitioner has diagnosed a disorder or condition of sexual development that the physician or practitioner has determined through genetic or biochemical testing that the individual does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action.

(3) The treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of gender transition procedures.



(4) Any medical or surgical service undertaken because the individual suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician or practitioner, place the individual in imminent danger of death or impairment of major bodily function unless the medical or surgical service is performed.

(5) Mental health or social services other than gender transition procedures as defined in subsection (a).

(6) Services for a disorder or condition of sexual development that is unrelated to a diagnosis of gender dysphoria or gender identity disorder.

Sec. 6. As used in this chapter, "genital gender reassignment surgery" means a medical procedure knowingly performed for the purpose of assisting an individual with a gender transition, including the following:

(1) Surgical procedures, including a penectomy, orchiectomy, vaginoplasty, clitoroplasty, or vulvoplasty for a male sex patient or hysterectomy or ovariectomy for a female sex patient.

(2) Reconstruction of the fixed part of the urethra with or without a metoidioplasty.

(3) Phalloplasty, vaginectomy, scrotoplasty, or implantation of erection or testicular prostheses for a female sex patient.

Sec. 7. As used in this chapter, "minor" means an individual who is less than eighteen (18) years of age.

Sec. 8. As used in this chapter, "nongenital gender reassignment surgery" means medical procedures knowingly performed for the purpose of assisting an individual with a gender transition, including the following:

(1) Surgical procedures for a male sex patient, including augmentation mammoplasty, facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation, hair reconstruction, or associated aesthetic procedures.

(2) Surgical procedures for a female sex patient, including subcutaneous mastectomy, voice surgery, liposuction, lipofilling, pectoral implants, or associated aesthetic procedures.

Sec. 9. As used in this chapter, "physician" means an individual who is licensed under IC 25-22.5.

Sec. 10. As used in this chapter, "practitioner" means an individual who provides health services and holds:



- (1) an unlimited license, certificate, or registration;
- (2) a limited or probationary license, certificate, or registration;
- (3) a temporary license, certificate, registration, or permit;
- (4) an intern permit; or
- (5) a provisional license;

issued by a board regulating the profession in question.

Sec. 11. As used in this chapter, "puberty blocking drugs" means:

- (1) gonadotropin releasing hormone analogues or other synthetic drugs used to stop luteinizing hormone and follicle stimulating hormone secretion; or
- (2) synthetic antiandrogen drugs used to block the androgen receptor;

when used for the purpose of assisting an individual with a gender transition.

Sec. 12. As used in this chapter, "sex" means the biological state of being male or female, based on the individual's sex organs, chromosomes, and endogenous hormone profiles.

Sec. 13. (a) Except as provided in subsections (c) and (d), a physician or other practitioner may not knowingly provide gender transition procedures to a minor.

(b) Except as provided in subsection (c), a physician or other practitioner may not aid or abet another physician or practitioner in the provision of gender transition procedures to a minor.

(c) This section does not prohibit a physician or other practitioner from providing any of the following to a minor:

- (1) Services to individuals born with a medically verifiable disorder of sex development, including an individual with external biological sex characteristics that are irresolvably ambiguous, including individuals born with forty-six (46) XX chromosomes with virilization, born with forty-six (46) XY chromosomes with undervirilization, or having both ovarian and testicular tissue.
- (2) Services provided when a physician or practitioner has diagnosed a disorder of sexual development that the physician or practitioner has determined through genetic or biochemical testing that the individual does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action.
- (3) The treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of



gender transition procedures.

(4) Any medical or surgical service undertaken because the individual suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician or practitioner, place the individual in imminent danger of death or impairment of major bodily function unless the medical or surgical service is performed.

(d) A physician or practitioner within the practitioner's scope of practice may continue to prescribe to an individual, who was taking a gender transition hormone therapy on June 30, 2023, as part of a gender transition procedure, gender transition hormone therapy until December 31, 2023. This subsection expires January 1, 2024.

Sec. 14. Health care services furnished in the following situations may not include gender transition procedures to a minor:

(1) By or in a health care facility owned by the state, a county, or a municipality.

(2) By a physician or other practitioner employed by state, county, or local government.

Sec. 15. A physician or practitioner that takes any action that aids or abets another physician or practitioner in the provision of gender transition procedures for a minor violates the standards of practice under IC 25-1-9 and is subject to discipline by the board regulating the physician or practitioner.

Sec. 16. An:

(1) individual who has received gender transition procedures in violation of this chapter; or

(2) individual's parent or guardian;

may assert an actual or threatened violation of this chapter as a claim or defense in a judicial or administrative proceeding and may seek to obtain compensatory damages, injunctive relief, declaratory relief, or any other appropriate relief.

Sec. 17. (a) Except as provided in subsections (b) and (c), an individual must bring a claim for a violation of this chapter not more two (2) years after the day the cause of action accrues.

(b) A minor, through a parent, guardian, custodian, or next friend, may bring an action for a violation of this chapter.

(c) If an individual was less than eighteen (18) years of age when the cause of action for a violation of this chapter accrued, when the individual is eighteen (18) years of age or older, the individual may bring a cause of action at any time until the individual reaches



twenty-eight (28) years of age.

Sec. 18. (a) Notwithstanding any other law, an action under this chapter may be commenced, and relief may be granted, in a judicial proceeding without regard to whether the person commencing the action has sought or exhausted available administrative remedies.

(b) In an action or proceeding to enforce a provision of this chapter, a prevailing party who establishes a violation of this chapter is entitled to recover reasonable attorney's fees.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

SEA 480



First Regular Session of the 123rd General Assembly (2023)

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Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1447

AN ACT to amend the Indiana Code concerning education.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 20-23-18-3, AS AMENDED BY P.L.125-2022, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 3. (a) Except as provided in subsection (c), the Muncie Community school corporation is subject to all applicable federal and state laws.

(b) If a provision of this chapter conflicts with any other law, including IC 20-23-4, the provision in this chapter controls.

(c) Notwithstanding subsection (a), to provide all administrative and academic flexibility to implement innovative strategies, the Muncie Community school corporation is subject only to the following IC 20 and IC 22 provisions:

(1) IC 20-26-5-10 (criminal history).

(2) IC 20-26-21 (personal analyses, evaluations, or surveys by third party vendors).

~~(2)~~ **(3)** IC 20-28-5-8 (conviction of certain felonies or misdemeanors; notice and hearing; permanent revocation of license; data base of school employees who have been reported).

~~(3)~~ **(4)** IC 20-28-10-17 (school counselor immunity).

~~(4)~~ **(5)** IC 20-29 (collective bargaining) to the extent required by

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subsection (e).

~~(5)~~ **(6)** IC 20-30-3-2 and IC 20-30-3-4 (patriotic commemorative observances).

~~(6)~~ **(7)** The following:

(A) IC 20-30-5-0.5 (display of the United States flag; Pledge of Allegiance).

(B) IC 20-30-5-1, IC 20-30-5-2, and IC 20-30-5-3 (the constitutions of Indiana and the United States; writings, documents, and records of American history or heritage).

(C) IC 20-30-5-4 (system of government; American history).

(D) IC 20-30-5-5 (morals instruction).

(E) IC 20-30-5-6 (good citizenship instruction).

~~(7)~~ **(8)** IC 20-32-4, concerning graduation requirements.

~~(8)~~ **(9)** IC 20-32-5.1, concerning the Indiana's Learning Evaluation Assessment Readiness Network (ILEARN) program.

~~(9)~~ **(10)** IC 20-32-8.5 (iRead3).

~~(10)~~ **(11)** IC 20-33-2 (compulsory school attendance).

~~(11)~~ **(12)** IC 20-33-8-16 (firearms, ~~and~~ deadly weapons, **or destructive devices**).

~~(12)~~ **(13)** IC 20-33-8-19, IC 20-33-8-21, and IC 20-33-8-22 (student due process and judicial review).

~~(13)~~ **(14)** IC 20-33-7 (parental access to education records).

~~(14)~~ **(15)** IC 20-33-9 (reporting of student violations of law).

~~(15)~~ **(16)** IC 20-34-3 (health and safety measures).

~~(16)~~ **(17)** IC 20-35 (concerning special education).

~~(17)~~ **(18)** IC 20-39 (accounting and financial reporting procedures).

~~(18)~~ **(19)** IC 20-40 (government funds and accounts).

~~(19)~~ **(20)** IC 20-41 (extracurricular funds and accounts).

~~(20)~~ **(21)** IC 20-42 (fiduciary funds and accounts).

~~(21)~~ **(22)** IC 20-42.5 (allocation of expenditures to student instruction and learning).

~~(22)~~ **(23)** IC 20-43 (state tuition support).

~~(23)~~ **(24)** IC 20-44 (property tax levies).

~~(24)~~ **(25)** IC 20-46 (levies other than general fund levies).

~~(25)~~ **(26)** IC 20-47 (related entities; holding companies; lease agreements).

~~(26)~~ **(27)** IC 20-48 (borrowing and bonds).

~~(27)~~ **(28)** IC 20-49 (state management of common school funds; state advances and loans).

~~(28)~~ **(29)** IC 20-50 (concerning homeless children and foster care children).



~~(29)~~ **(30)** IC 22-2-18, before its expiration on June 30, 2021 (limitation on employment of minors).

(d) The Muncie Community school corporation is subject to required audits by the state board of accounts under IC 5-11-1-9.

(e) Except to the extent required under a collective bargaining agreement entered into before July 1, 2018, the Muncie Community school corporation is not subject to IC 20-29 unless the school corporation voluntarily recognizes an exclusive representative under IC 20-29-5-2. If the school corporation voluntarily recognizes an exclusive representative under IC 20-29-5-2, the school corporation may authorize a school within the corporation to opt out of bargaining allowable subjects or discussing discussion items by specifying the excluded items on the notice required under IC 20-29-5-2(b). The notice must be provided to the education employment relations board at the time the notice is posted.

SECTION 2. IC 20-26-5.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2024]:

Chapter 5.5. School Library

Sec. 1. (a) The governing body of a school corporation or charter school shall establish a:

(1) procedure for each school to prepare a catalogue of materials available in the school library;

(2) procedure for each school to allow a:

(A) parent or guardian of a student enrolled in the school;

or

(B) community member:

(i) within the school district; or

(ii) within the school district in which the charter school is located;

to submit a request to remove material from the school library that is obscene (as described in IC 35-49-2-1) or harmful to minors (as described in IC 35-49-2-2); and

(3) response and appeal procedure for each school to respond to a removal request submitted by a parent, guardian, or community member described in subdivision (2).

(b) The response and appeal procedure established under subsection (a)(3) must require the governing body to review the request at the next public meeting.

Sec. 2. The governing body of a school corporation or charter school shall:

(1) publish on the website of each school; and



(2) make available in hard copy for an individual upon request;
the catalogue of material available in the school library and each policy established under this chapter.

Sec. 3. A school corporation or charter school may not make available materials that contain:

- (1) obscene matter (as described in IC 35-49-2-1); or
 - (2) matter harmful to minors (as described in IC 35-49-2-2);
- within the school library.

SECTION 3. IC 20-26-21 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]:

Chapter 21. Personal Analyses, Evaluations, or Surveys by Third Party Vendors

Sec. 1. As used in this chapter, "qualified school" means the following:

- (1) A school maintained by a school corporation.
- (2) A charter school.
- (3) A laboratory school established under IC 20-24.5-2.
- (4) The Indiana School for the Blind and Visually Impaired established by IC 20-21-2-1.
- (5) The Indiana School for the Deaf established by IC 20-22-2-1.

Sec. 2. This chapter does not apply to the following:

- (1) An academic test or academic assessment, scoring keys, or other tools directly related to measuring a student's academic performance in understanding a particular curricular subject matter, as prescribed by the department.
- (2) A career aptitude or career interest survey.
- (3) An assessment or screening instrument administered by a third party employed:
 - (A) psychologist licensed under IC 25-33; or
 - (B) social worker, clinical social worker, marriage and family therapist, or mental health counselor licensed under IC 25-23.6;

if the third party provider described in clause (A) or (B) is referred by school personnel in a crisis situation in which the school personnel and the third party provider reasonably believe that the student is in immediate danger of self harm, harming another person, or experiencing harm resulting from abuse or neglect.

- (4) An assessment, screening instrument, or evaluation survey



administered by a third party employed:

(A) psychologist licensed under IC 25-33; or

(B) social worker, clinical social worker, marriage and family therapist, or mental health counselor licensed under IC 25-23.6;

who has received a consent for services from a student, if the student is an adult or emancipated minor, or parent of a student, if the student is an unemancipated minor.

(5) A survey or evaluation administered to a student of a school by a third party vendor that gauges or attempts to gauge student satisfaction with or participation in the school's programming, technology platform, or approved curriculum.

Sec. 3. If a school corporation or qualified school uses a third party vendor in providing a personal analysis, evaluation, or survey that reveals, identifies, collects, maintains, or attempts to affect a student's attitudes, habits, traits, opinions, beliefs, or feelings, the third party vendor and the school corporation or qualified school may not record, collect, or maintain the responses to or results of the analysis, evaluation, or survey in a manner that would identify the responses or results of an individual student.

Sec. 4. (a) This section does not apply to a personal analysis, evaluation, or survey for which consent is required under IC 20-30-5-17(b).

(b) Before a school corporation or qualified school may administer a personal analysis, evaluation, or survey described in section 3 of this chapter, the school corporation or qualified school must provide the parent of the student or the student, if the student is an adult or an emancipated minor, with a written request for consent for administration. A consent form provided to a parent of a student or a student under this subsection must accurately summarize the contents and nature of the personal analysis, evaluation, or survey that will be provided to the student and indicate that a parent of a student or an adult or emancipated minor student has the right to review and inspect all materials related to the personal analysis, evaluation, or survey. The written consent form may be sent in an electronic format. The parent of the student or the student, if the student is an adult or an emancipated minor, may return the consent form indicating that the parent of the student or the adult or emancipated student:

(1) consents to the personal analysis, evaluation, or survey; or

(2) declines the personal analysis, evaluation, or survey.

If a student does not participate in the personal analysis,



evaluation, or survey, the school corporation or qualified school shall provide the student with alternative academic instruction during the same time frame that the personal analysis, evaluation, or survey is administered.

(c) If the parent of the student or the student, if the student is an adult or an emancipated minor, does not respond to the written request provided by the school corporation or qualified school under subsection (b) within twenty-one (21) calendar days after receiving the request under subsection (b), the school corporation or qualified school shall provide the parent of the student or the student, if the student is an adult or an emancipated minor, a written notice requesting that the parent of the student, or the student, if the student is an adult or an emancipated minor, indicate, in a manner prescribed by the school corporation or qualified school, whether the parent of the student or the adult or emancipated student:

- (1) consents to the personal analysis, evaluation, or survey; or
- (2) declines the personal analysis, evaluation, or survey.

A notice provided to a parent of a student or a student under this subsection must accurately summarize the contents and nature of the personal analysis, evaluation, or survey that will be provided to the student and indicate that a parent of a student or an adult or emancipated minor student has the right to review and inspect all materials related to the personal analysis, evaluation, or survey. The notice may be sent in an electronic format. If the school corporation or qualified school does not receive a response within ten (10) days after the notice, the student will receive the personal analysis, evaluation, or survey unless the parent or the adult or emancipated student subsequently opts out of the personal analysis, evaluation, or survey for the student.

(d) Each school corporation or qualified school shall:

- (1) post a copy of a personal analysis, evaluation, or survey described in subsection (b) on the school corporation's or qualified school's website; and
- (2) send with each notice an explanation of the reasons that the school corporation or qualified school is administering the personal analysis, evaluation, or survey.

(e) The department and the governing body shall give parents and students notice of the parents' and students' rights under this section.

Sec. 5. A parent of a student or a student, if the student is an adult or emancipated minor, who is enrolled in a qualified school



may submit a complaint for a violation of this chapter under the grievance procedure maintained by the qualified school in accordance with section 6 of this chapter.

Sec. 6. Each qualified school shall establish and maintain a grievance procedure for the resolution of a complaint submitted by a parent of a student or student, if the student is an adult or emancipated minor, under section 5 of this chapter.

Sec. 7. The department shall:

- (1) develop guidance materials for school corporations and qualified schools to assist school corporations and qualified schools in implementing this chapter; and
- (2) post the guidance materials on the department's website.

Sec. 8. Nothing in this section prohibits qualified schools from administering state or federally required assessments.

Sec. 9. After June 30, 2023, if a school corporation or a qualified school contracts with a third party vendor to provide a personal analysis, survey, or evaluation described in section 3 of this chapter, the contract must include a provision stating that if the third party vendor does not comply with the requirements described in section 3 of this chapter, the third party vendor has committed a breach of contract.

SECTION 4. IC 20-33-1.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]:

Chapter 1.5. Neutrality Regarding Certain Activities

Sec. 1. As used in this chapter, "qualified school" has the meaning set forth in IC 20-26-21-1.

Sec. 2. As used in this chapter, "state agency" has the meaning set forth in IC 4-13-1.4-2.

Sec. 3. If a state agency, school corporation, or qualified school or an employee of a state agency, school corporation, or qualified school requires, makes part of a course, awards a grade or course credit, including extra credit, or otherwise incentivizes a student to engage in:

- (1) political activism;
- (2) lobbying; or
- (3) efforts to persuade members of the legislative or executive branch at the federal, state, or local level;

the state agency, school corporation, or qualified school or the employee of the state agency, school corporation, or qualified school shall not require the student to adopt, affirm, affiliate, or take any action that would result in favoring any particular



position on the issue or issues involved without offering an alternative option for the student to complete the assignment or receive extra credit or other incentivization that allows for the favoring of an alternative position.

SECTION 5. IC 35-49-3-3, AS AMENDED BY P.L.158-2013, SECTION 648, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2024]: Sec. 3. (a) Except as provided in subsection (b) **and section 4 of this chapter**, a person who knowingly or intentionally:

- (1) disseminates matter to minors that is harmful to minors (**as described in IC 35-49-2**);
- (2) displays matter that is harmful to minors in an area to which minors have visual, auditory, or physical access, unless each minor is accompanied by the minor's parent or guardian;
- (3) sells, rents, or displays for sale or rent to any person matter that is harmful to minors within five hundred (500) feet of the nearest property line of a school or church;
- (4) engages in or conducts a performance before minors that is harmful to minors;
- (5) engages in or conducts a performance that is harmful to minors in an area to which minors have visual, auditory, or physical access, unless each minor is accompanied by the minor's parent or guardian;
- (6) misrepresents the minor's age for the purpose of obtaining admission to an area from which minors are restricted because of the display of matter or a performance that is harmful to minors; or
- (7) misrepresents that the person is a parent or guardian of a minor for the purpose of obtaining admission of the minor to an area where minors are being restricted because of display of matter or performance that is harmful to minors;

commits a Level 6 felony.

(b) This section does not apply if a person disseminates, displays, or makes available the matter described in subsection (a) through the Internet, computer electronic transfer, or a computer network unless:

- (1) the matter is obscene under IC 35-49-2-1;
- (2) the matter is child pornography under IC 35-42-4-4; or
- (3) the person distributes the matter to a child less than eighteen (18) years of age believing or intending that the recipient is a child less than eighteen (18) years of age.

SECTION 6. IC 35-49-3-4, AS AMENDED BY P.L.266-2019, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JANUARY 1, 2024]: Sec. 4. (a) It is a defense to a prosecution under section 3 of this chapter for the defendant to show:

- (1) that the matter was disseminated or that the performance was performed for legitimate scientific ~~or educational~~ purposes;
- (2) that the matter was disseminated or displayed to or that the performance was performed before the recipient by a bona fide ~~school~~, **college, university**, museum, **college library**, or public library that qualifies for certain property tax exemptions under IC 6-1.1-10, **or university library**, or by an employee of such a school, **college, university**, museum, **college library**, or public library, **or university library** acting within the scope of the employee's employment;
- (3) that the defendant had reasonable cause to believe that the minor involved was eighteen (18) years of age or older and that the minor exhibited to the defendant a draft card, driver's license, birth certificate, or other official or apparently official document purporting to establish that the minor was eighteen (18) years of age or older; or
- (4) that the defendant was a salesclerk, motion picture projectionist, usher, or ticket taker, acting within the scope of the defendant's employment and that the defendant had no financial interest in the place where the defendant was so employed.

(b) Except as provided in subsection (c), it is a defense to a prosecution under section 3 of this chapter if all the following apply:

- (1) A cellular telephone, another wireless or cellular communications device, or a social networking web site was used to disseminate matter to a minor that is harmful to minors.
- (2) The defendant is not more than four (4) years older or younger than the person who received the matter that is harmful to minors.
- (3) The relationship between the defendant and the person who received the matter that is harmful to minors was a dating relationship or an ongoing personal relationship. For purposes of this subdivision, the term "ongoing personal relationship" does not include a family relationship.
- (4) The crime was committed by a person less than twenty-two (22) years of age.
- (5) The person receiving the matter expressly or implicitly acquiesced in the defendant's conduct.

(c) The defense to a prosecution described in subsection (b) does not apply if:

- (1) the image is disseminated to a person other than the person:
 - (A) who sent the image; or



- (B) who is depicted in the image; or
- (2) the dissemination of the image violates:
- (A) a protective order to prevent domestic or family violence or harassment issued under IC 34-26-5 (or, if the order involved a family or household member, under IC 34-26-2 or IC 34-4-5.1-5 before their repeal);
 - (B) an ex parte protective order issued under IC 34-26-5 (or, if the order involved a family or household member, an emergency order issued under IC 34-26-2 or IC 34-4-5.1 before their repeal);
 - (C) a workplace violence restraining order issued under IC 34-26-6;
 - (D) a no contact order in a dispositional decree issued under IC 31-34-20-1, IC 31-37-19-1, or IC 31-37-5-6 (or IC 31-6-4-15.4 or IC 31-6-4-15.9 before their repeal) or an order issued under IC 31-32-13 (or IC 31-6-7-14 before its repeal) that orders the person to refrain from direct or indirect contact with a child in need of services or a delinquent child;
 - (E) a no contact order issued as a condition of pretrial release, including release on bail or personal recognizance, or pretrial diversion, and including a no contact order issued under IC 35-33-8-3.6;
 - (F) a no contact order issued as a condition of probation;
 - (G) a protective order to prevent domestic or family violence issued under IC 31-15-5 (or IC 31-16-5 or IC 31-1-11.5-8.2 before their repeal);
 - (H) a protective order to prevent domestic or family violence issued under IC 31-14-16-1 in a paternity action;
 - (I) a no contact order issued under IC 31-34-25 in a child in need of services proceeding or under IC 31-37-25 in a juvenile delinquency proceeding;
 - (J) an order issued in another state that is substantially similar to an order described in clauses (A) through (I);
 - (K) an order that is substantially similar to an order described in clauses (A) through (I) and is issued by an Indian:
 - (i) tribe;
 - (ii) band;
 - (iii) pueblo;
 - (iv) nation; or
 - (v) organized group or community, including an Alaska Native village or regional or village corporation as defined in or established under the Alaska Native Claims Settlement



Act (43 U.S.C. 1601 et seq.);
that is recognized as eligible for the special programs and
services provided by the United States to Indians because of
their special status as Indians;
(L) an order issued under IC 35-33-8-3.2; or
(M) an order issued under IC 35-38-1-30.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

HEA 1447 — CC 1



First Regular Session of the 123rd General Assembly (2023)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1608

AN ACT to amend the Indiana Code concerning education.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 20-28-10-17, AS ADDED BY P.L.1-2005, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 17. (a) Except as provided in **IC 20-33-7.5 and IC 31-32-11-1**, a school counselor is immune from disclosing privileged or confidential communication made to the counselor as a counselor by a student.

(b) Except as provided in **IC 20-33-7.5 and IC 31-32-11-1**, the matters communicated are privileged and protected against disclosure.

SECTION 2. IC 20-28-12-5, AS ADDED BY P.L.1-2005, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]: Sec. 5. A school psychologist who is endorsed under this chapter may not disclose any information acquired from persons with whom the school psychologist has dealt in a professional capacity, except under the following circumstances:

- (1) Trials for homicide when the disclosure relates directly to the fact or immediate circumstances of the homicide.
- (2) Proceedings:
 - (A) to determine mental competency; or
 - (B) in which a defense of mental incompetency is raised.
- (3) Civil or criminal actions against a school psychologist for malpractice.
- (4) Upon an issue as to the validity of a document.

HEA 1608 — Concur



(5) If the school psychologist has the express consent of the client or, in the case of a client's death or disability, the express consent of the client's legal representative.

(6) Circumstances under which privileged communication is lawfully invalidated.

(7) Disclosures required by IC 20-33-7.5.

SECTION 3. IC 20-30-17 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]:

Chapter 17. Prohibited Instruction

Sec. 1. As used in this chapter, "school" means any of the following:

- (1) A public school, including a charter school.**
- (2) A laboratory school established under IC 20-24.5-2.**
- (3) The Indiana School for the Blind and Visually Impaired established by IC 20-21-2-1.**
- (4) The Indiana School for the Deaf established by IC 20-22-2-1.**

Sec. 2. A school, an employee or staff member of a school, or a third party vendor used by a school to provide instruction may not provide any instruction to a student in prekindergarten through grade 3 on human sexuality.

Sec. 3. Nothing in this chapter may be construed to prohibit a teacher from providing instruction on academic standards developed by the department under IC 20-31-3-2 or instruction required under IC 20-30-5-5.7.

Sec. 4. Nothing in this chapter may be construed to prevent a school employee or a school staff member from responding to a question from a student regarding the topic described in section 2 of this chapter.

SECTION 4. IC 20-33-7.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2023]:

Chapter 7.5. Parental Notification Regarding Identification

Sec. 1. As used in this chapter, "school" has the meaning set forth in IC 20-30-17-1.

Sec. 2. (a) A school shall notify in writing at least one (1) parent of a student, if the student is an unemancipated minor, of a request made by the student to change the student's:

- (1) name; or**
 - (2) pronoun, title, or word to identify the student.**
- (b) Not later than five (5) business days after the date on which**



a school receives a request described in subsection (a), the school shall provide notification to a parent as required by subsection (a).

Sec. 3. This chapter does not:

- (1) change an individual's duty to report child abuse or neglect, as required under IC 31-33-5; or
- (2) permit a school to establish a policy described in IC 20-26-5-35.5.

Sec. 4. Nothing in this chapter may be construed to require a school psychologist, a school nurse, a school social worker, or a school counselor to violate a federal law or regulation.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

HEA 1608 — Concur



CLINICAL PRACTICE GUIDELINE

Gender Dysphoria/Gender Incongruence Guideline Resources

September 01, 2017

Full Guideline: Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline *JCEM* September 2017

Wylie C. Hembree (Chair), Peggy T. Cohen-Kettenis, Louis Gooren, Sabine E. Hannema, Walter J. Meyer, M. Hassan Murad, Stephen M. Rosenthal, Joshua D. Safer, Vin Tangpricha, Guy G. T'Sjoen

The 2017 guideline on endocrine treatment of gender dysphoric/gender incongruent persons:

- > Establishes a framework for the appropriate treatment of these individuals
- > Standardizes terminology to be used by healthcare professionals
- > Reaffirms the role of the endocrinologist
- > Emphasizes that a broader healthcare team is needed to provide mental health services and other treatments, such as gender-affirmation surgery
- > **Clinical Education** (Free CME) | Endocrine Society

- › **Educational Slide Deck** | Endocrine Society
- › **Guideline Pocket Card** | Guideline Central
- › **Interview with the Chair** | Endocrine News
- › **Patient Resources** | Endocrine Library
- › **App and point of care tools** | Endocrine Society
- › Executive Summary Translations | Endocrine Society
 - › **Español**
 - › **Português**

Endocrine Treatment of Gender Incongruent/Gender Dysphoric Persons: An Endocrine Society Clinical Practice Guideline

Essential Points

- › Diagnosing clinicians, mental health providers for adolescents, and mental health professionals for adults all should be knowledgeable about the diagnostic criteria for gender-affirming treatment, have sufficient training and experience in assessing related mental health conditions, and be willing to participate in the ongoing care throughout the endocrine transition
- › Gender-dysphoric/gender-incongruent persons should receive a safe and effective hormone regimen that will suppress the body's sex hormone secretion, determined at birth and manifested at puberty, and maintain levels of sex steroids within the normal range for the person's affirmed gender.
- › Hormone treatment is not recommended for pre-pubertal gender-dysphoric /gender-incongruent persons;

- › For the care of youths during puberty and older adolescents, an expert multi-disciplinary team comprised of medical professionals and mental health professionals should manage treatment;
- › For adult gender-dysphoric/gender-incongruent persons, the treating clinicians (collectively) should have expertise in transgender-specific diagnostic criteria, mental health, primary care, hormone treatment, and surgery, as needed by the patient;
- › All individuals seeking gender-affirming medical treatment should receive information and counsel on options for fertility preservation prior to initiating puberty suppression in adolescents and prior to treating with hormonal therapy in both adolescents and adults;
- › Removal of gonads may be considered when high doses of sex steroids are required to suppress the body's secretion of hormones, and/or to reduce steroid levels in advanced age; and
- › During sex steroid treatment, clinicians should monitor, in both transgender males (female to male) and/or transgender females (male to female), prolactin, metabolic disorders, and bone loss, as well as cancer risks in individuals who have not undergone surgical treatment

Summary of Recommendations

- 1.0 Evaluation of Youth and Adults

1.1. We advise that only trained mental health professionals (MHPs) who meet the following criteria should diagnose gender dysphoria (GD)/gender incongruence in adults: (1) competence in using the Diagnostic and Statistical Manual of Mental Disorders (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD) for diagnostic purposes, (2) the ability to diagnose GD/gender incongruence and make a distinction between GD/gender

incongruence and conditions that have similar features (e.g., body dysmorphic disorder), (3) training in diagnosing psychiatric conditions, (4) the ability to undertake or refer for appropriate treatment, (5) the ability to psychosocially assess the person's understanding, mental health, and social conditions that can impact gender-affirming hormone therapy, and (6) a practice of regularly attending relevant professional meetings. (Ungraded Good Practice Statement)

1.2. We advise that only MHPs who meet the following criteria should diagnose GD/gender incongruence in children and adolescents: (1) training in child and adolescent developmental psychology and psychopathology, (2) competence in using the DSM and/or the ICD for diagnostic purposes, (3) the ability to make a distinction between GD/gender incongruence and conditions that have similar features (e.g., body dysmorphic disorder), (4) training in diagnosing psychiatric conditions, (5) the ability to undertake or refer for appropriate treatment, (6) the ability to psychosocially assess the person's understanding and social conditions that can impact gender-affirming hormone therapy, (7) a practice of regularly attending relevant professional meetings, and (8) knowledge of the criteria for puberty blocking and gender-affirming hormone treatment in adolescents. (Ungraded Good Practice Statement)

1.3. We advise that decisions regarding the social transition of prepubertal youths with GD/gender incongruence are made with the assistance of an MHP or another experienced professional. (Ungraded Good Practice Statement).

1.4. We recommend against puberty blocking and gender-affirming hormone treatment in prepubertal children with GD/gender incongruence. (1 | ⊕⊕○○)

1.5. We recommend that clinicians inform and counsel all individuals seeking gender-affirming medical treatment regarding options for fertility preservation prior to initiating puberty suppression in adolescents and prior to treating with hormonal therapy of the affirmed gender in both adolescents and adults. (1 | ⊕⊕⊕○)

- 2.0 Treatment of Adolescents

- 2.1. We suggest that adolescents who meet diagnostic criteria for GD/gender incongruence, fulfill criteria for treatment, and are requesting treatment should initially undergo treatment to suppress pubertal development. (2 |⊕⊕OO)
- 2.2. We suggest that clinicians begin pubertal hormone suppression after girls and boys first exhibit physical changes of puberty. (2 |⊕⊕OO)
- 2.3. We recommend that, where indicated, GnRH analogues are used to suppress pubertal hormones. (1 |⊕⊕OO)
- 2.4. In adolescents who request sex hormone treatment (given this is a partly irreversible treatment), we recommend initiating treatment using a gradually increasing dose schedule after a multidisciplinary team of medical and MHPs has confirmed the persistence of GD/gender incongruence and sufficient mental capacity to give informed consent, which most adolescents have by age 16 years. (1 |⊕⊕OO).
- 2.5. We recognize that there may be compelling reasons to initiate sex hormone treatment prior to the age of 16 years in some adolescents with GD/gender incongruence, even though there are minimal published studies of gender-affirming hormone treatments administered before age 13.5 to 14 years. As with the care of adolescents ≥16 years of age, we recommend that an expert multidisciplinary team of medical and MHPs manage this treatment. (1 |⊕OOO)
- 2.6. We suggest monitoring clinical pubertal development every 3 to 6 months and laboratory parameters every 6 to 12 months during sex hormone treatment. (2 |⊕⊕OO)

- 3.0 Hormonal Therapy for Transgender Adults

- 3.1. We recommend that clinicians confirm the diagnostic criteria of GD/gender incongruence and the criteria for the endocrine phase of gender transition before beginning treatment. (1 |⊕⊕⊕O)
- 3.2. We recommend that clinicians evaluate and address medical conditions that

can be exacerbated by hormone depletion and treatment with sex hormones of the affirmed gender before beginning treatment. (1 |⊕⊕⊕○)

3.3. We suggest that clinicians measure hormone levels during treatment to ensure that endogenous sex steroids are suppressed and administered sex steroids are maintained in the normal physiologic range for the affirmed gender. (2 |⊕⊕○○)

3.4. We suggest that endocrinologists provide education to transgender individuals undergoing treatment about the onset and time course of physical changes induced by sex hormone treatment. (2 |⊕○○○)

- 4.0 Adverse Outcome Prevention and Long-Term Care

4.1. We suggest regular clinical evaluation for physical changes and potential adverse changes in response to sex steroid hormones and laboratory monitoring of sex steroid hormone levels every 3 months during the first year of hormone therapy for transgender males and females and then once or twice yearly. (2 |⊕⊕○○)

4.2. We suggest periodically monitoring prolactin levels in transgender females treated with estrogens. (2 |⊕⊕○○)

4.3. We suggest that clinicians evaluate transgender persons treated with hormones for cardiovascular risk factors using fasting lipid profiles, diabetes screening, and/or other diagnostic tools. (2 |⊕⊕○○)

4.4. We recommend that clinicians obtain bone mineral density (BMD) measurements when risk factors for osteoporosis exist, specifically in those who stop sex hormone therapy after gonadectomy. (1 |⊕⊕○○)

4.5. We suggest that transgender females with no known increased risk of breast cancer follow breast-screening guidelines recommended for non-transgender females. (2 |⊕⊕○○)

4.6. We suggest that transgender females treated with estrogens follow individualized screening according to personal risk for prostatic disease and prostate cancer. (2 |⊕○○○)

4.7. We advise that clinicians determine the medical necessity of including a total hysterectomy and oophorectomy as part of gender-affirming surgery. (Ungraded Good Practice Statement)

- 5.0 Surgery for Sex Reassignment and Gender Confirmation

5.1. We recommend that a patient pursue genital gender-affirming surgery only after the MHP and the clinician responsible for endocrine transition therapy both agree that surgery is medically necessary and would benefit the patient's overall health and/or well-being. (1 |⊕⊕OO)

5.2. We advise that clinicians approve genital gender-affirming surgery only after completion of at least 1 year of consistent and compliant hormone treatment, unless hormone therapy is not desired or medically contraindicated. (Ungraded Good Practice Statement)

5.3. We advise that the clinician responsible for endocrine treatment and the primary care provider ensure appropriate medical clearance of transgender individuals for genital gender-affirming surgery and collaborate with the surgeon regarding hormone use during and after surgery. (Ungraded Good Practice Statement)

5.4. We recommend that clinicians refer hormone-treated transgender individuals for genital surgery when: (1) the individual has had a satisfactory social role change, (2) the individual is satisfied about the hormonal effects, and (3) the individual desires definitive surgical changes. (1 |⊕OOO)

5.5. We suggest that clinicians delay gender-affirming genital surgery involving gonadectomy and/or hysterectomy until the patient is at least 18 years old or legal age of majority in his or her country. (2 |⊕⊕OO).

5.6. We suggest that clinicians determine the timing of breast surgery for transgender males based upon the physical and mental health status of the individual. There is insufficient evidence to recommend a specific age requirement. (2 |⊕OOO)



File #: 230385

RESOLUTION NO. 230385

Declaring the City of Kansas City a Safe Haven for Gender-Affirming Healthcare through adoption of a Gender-Affirming Healthcare Policy.

WHEREAS, as of the date of this legislation, Missouri law does not restrict access to gender-affirming healthcare or ban insurance exclusions for gender-affirming healthcare; and

WHEREAS, in 2023, members of the Missouri state legislature have introduced a record number of bills criminalizing access to gender affirming healthcare across Missouri; and

WHEREAS, some of the states bordering Missouri have proposed bills restricting or criminalizing access to gender-affirming healthcare and passed other legislation limiting the rights of transgender youth, and local clinics and advocates have heard from families living all over the continental United States who are considering moving away to access gender-affirming healthcare for their children; and

WHEREAS, other states may adopt or expand laws that impose criminal punishment, civil liability, administrative penalties, or professional sanctions on health care professionals who provide gender-affirming healthcare and on persons who seek, receive, or assist another in receiving gender-affirming healthcare in the City of Kansas City; and

WHEREAS, gender-affirming healthcare has been proven to be evidence-based, medically necessary, and lifesaving by the American Medical Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the Endocrine Society, the American Psychiatric Association, and the World Professional Association for Transgender Health, amongst other institutions; and

WHEREAS, studies have shown that gender transition, including access to gender-affirming healthcare, improves the overall wellbeing of transgender people and that access to gender-affirming healthcare for youth is associated with better mental health outcomes and lower risks of suicide; and

WHEREAS, over 94 percent of LGBTQ+ youth surveyed by the Trevor Project in late 2021 said recent politics have negatively impacted their mental health, and 93 percent of transgender and nonbinary youth surveyed by the Trevor Project in 2022 said they have worried about transgender people being denied access to gender affirming medical care due to state or local laws; and

WHEREAS, multiple healthcare institutions across the country, including in Missouri, have scaled back or have considered scaling back gender-affirming healthcare services in response to legal challenges, perception of legal risk, harassment, or threats of violence; and

WHEREAS, a large number of the institutions providing gender-affirming healthcare in the State of Missouri are located in Kansas City, and local advocates already report long waitlists and difficulty accessing medically necessary gender-affirming healthcare; and

WHEREAS, the City of Kansas City has consistently declared its commitment to furthering transgender equity and supporting its growing transgender community; and

WHEREAS, healthcare professionals providing as well as persons seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare in the City of Kansas City should be protected from attempts to impose criminal punishment, civil liability, administrative penalties, or professional sanctions based on the laws of other states when gender-affirming healthcare is lawful in the State of Missouri and meets standards for good professional practice; and

WHEREAS, a majority of U.S. adults agree that transgender minors should have access to gender-affirming care; and

WHEREAS, it is necessary and appropriate to exercise the authority vested in the City of Kansas City Charter, including the coordinated and integrated direction, supervision, and control of all City of Kansas City departments, boards, commissions, and other agencies, to protect healthcare professionals and persons lawfully seeking, receiving, and assisting another individual in seeking or receiving of gender-affirming healthcare in the City of Kansas City; NOW, THEREFORE,

BE IT RESOLVED BY THE COUNCIL OF KANSAS CITY:

Section 1. That the Mayor and Council hereby declare the City of Kansas City a Safe Haven for Gender-Affirming Healthcare.

Section 2. That the City of Kansas City hereby adopts the following Gender-Affirming Healthcare Policy:

1. City personnel shall not criminally prosecute or impose administrative penalties on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare.
2. In the event any law or regulation is passed in the State of Missouri which imposes criminal punishment, civil liability, administrative penalties, or professional sanctions, on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare, City personnel shall make enforcement of said law or regulation their lowest priority.

3. City personnel shall not enforce laws of other jurisdictions that impose criminal punishment, civil liability, administrative penalties, or professional sanctions, on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare and shall decline any request to stop, arrest, detain, continue to detain, or transfer into out-of-state custody individuals on the basis of such conduct being criminalized, penalized, or prosecuted in said jurisdiction.
 4. Except as required by lawful authority, City personnel shall not respond to any request for information from another jurisdiction if the request is related to that jurisdiction's laws, rules, or regulations imposing criminal punishment, civil liability, administrative penalties, or professional sanctions, on an individual or organization for providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare.
 5. Except as required by lawful authority, City personnel shall not enforce or facilitate the collection of any judgment of another jurisdiction to the extent the judgment arises out of a cause of action in that jurisdiction based on providing, seeking, receiving, or assisting another individual who is seeking or receiving gender-affirming healthcare.
 6. That the Kansas City, Missouri Police Department is hereby encouraged to adopt a similar Gender-Affirming Healthcare Policy.
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Authenticated as Passed



Quinton Lucas, Mayor



Marilyn Sanders, City Clerk

MAY 11 2023

Date Passed



KANSAS CITY MISSOURI

Resolution #230385 is Proactive & The First Step

- This is an example of harm reduction to minimize violence towards trans people accessing gender affirming care.
- The resolution is critical for protecting health outcomes & access for trans people.
- Many trans communities of color & trans youth without supportive guardians also don't have access to current gender affirming care options.

Call to Action / Next Steps

- Vote to pass Resolution No. 230385 to show support & active commitment to KC's trans and nonbinary communities.
- Encourage an amendment added to encourage Jackson, Clay & Platte Counties not to prosecute those seeking or providing gender affirming care.
- Kansas City needs to continue to financially invest in trans communities and identify the barriers to health access, as well as uplift services & sustainable programs that serve trans communities.