

PROTECT CHILDREN’S INNOCENCE ACT

SEPTEMBER 26, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. JORDAN, from the Committee on the Judiciary,  
submitted the following

R E P O R T

together with

DISSENTING VIEWS

[To accompany H.R. 3492]

The Committee on the Judiciary, to whom was referred the bill (H.R. 3492) to amend section 116 of title 18, United States Code, with respect to genital and bodily mutilation and chemical castration of minors, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all that follows after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Protect Children’s Innocence Act”.

**SEC. 2. GENITAL AND BODILY MUTILATION OF A MINOR; CHEMICAL CASTRATION OF A MINOR.**

(a) IN GENERAL.—Section 116 of title 18, United States Code, is amended to read as follows:

**“§ 116. Genital and bodily mutilation of a minor; chemical castration of a minor**

“(a) GENITAL OR BODILY MUTILATION.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly performs, or attempts to perform, genital or bodily mutilation on another person who is a minor, shall be fined under this title, imprisoned not more than 10 years, or both.

“(b) CHEMICAL CASTRATION OF A MINOR.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly chemically castrates a minor shall be fined under this title, imprisoned not more than 10 years, or both.

“(c) CERTAIN OFFENSE RELATED TO FEMALE GENITAL MUTILATION.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly—

“(1) facilitates or consents to female genital mutilation of a minor; or

“(2) transports a minor for the purpose of the performance of female genital mutilation on such minor,

shall be fined under this title, imprisoned not more than 10 years, or both.

“(d) CIRCUMSTANCES DESCRIBED.—For the purposes of subsections (a) and (b), the circumstances described in this subsection are that—

“(1) the defendant or victim traveled in interstate or foreign commerce, or traveled using a means, channel, facility, or instrumentality of interstate or foreign commerce, in furtherance of or in connection with the conduct described in subsection (a) or (b);

“(2) the defendant used a means, channel, facility, or instrumentality of interstate or foreign commerce in furtherance of or in connection with the conduct described in subsection (a) or (b);

“(3) any payment of any kind was made, directly or indirectly, in furtherance of or in connection with the conduct described in subsection (a) or (b) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce;

“(4) the defendant transmitted in interstate or foreign commerce any communication relating to or in furtherance of the conduct described in subsection (a) or (b) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce by any means or in manner, including by computer, mail, wire, or electromagnetic transmission;

“(5) any instrument, item, substance, or other object that has traveled in interstate or foreign commerce was used to perform the conduct described in subsection (a) or (b);

“(6) the conduct described in subsection (a) or (b) occurred within the special maritime and territorial jurisdiction of the United States, or any territory or possession of the United States; or

“(7) the conduct described in subsection (a) or (b) otherwise occurred in or affected interstate or foreign commerce.

“(e) PROHIBITION ON CERTAIN DEFENSE.—It shall not be a defense to a prosecution under subsection (a) that female genital mutilation is required as a matter of religion, custom, tradition, ritual, or standard practice.

“(f) PROHIBITION ON PROSECUTION OF VICTIM.—No person who is chemically castrated or on whom genital or bodily mutilation is performed may be arrested or prosecuted for an offense under this section.

“(g) EXCEPTIONS.—

“(1) PROCEDURES.—

“(A) IN GENERAL.—Genital or bodily mutilation or chemical castration is not a violation of this section if such genital or bodily mutilation or chemical castration is—

“(i) necessary to the health of the minor on whom it is conducted, and is conducted by a person licensed in the place of such conduct as a medical practitioner; or

“(ii) in the case of female genital mutilation, performed on a minor in labor or who has just given birth and is performed for medical purposes connected with that labor or birth by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.

“(B) HEALTH OF A MINOR.—For the purposes of subparagraph (A), the health of a minor does not include—

“(i) mental, behavioral, or emotional distress; or

“(ii) a mental, behavioral, or emotional disorder.

“(2) EXEMPTION.—Genital or bodily mutilation or chemical castration is not a violation of this section if such genital or bodily mutilation or chemical castration is conducted with respect to any of the following individuals:

“(A) An individual with both ovarian and testicular tissue.

“(B) An individual with respect to whom a physician 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.

“(C) An individual experiencing infection, disease, injury, or disorder caused or exacerbated by a previous genital or bodily mutilation procedure or chemical castration.

“(D) An individual suffering from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the individual in imminent danger of impairment of a major bodily function unless the procedure is performed.

“(E) An individual diagnosed with precocious puberty, to the extent such genital or bodily mutilation or chemical castration is for the purpose of normalizing puberty.

“(h) DEFINITIONS.—In this section:

“(1) GENITAL OR BODILY MUTILATION.—The term ‘genital or bodily mutilation’ means, with respect to an individual, any of the following:

“(A) Female genital mutilation.

“(B) Any surgery performed for the purpose of changing the body of such individual to correspond to a sex that differs from their biological sex, including—

“(i) castration;

“(ii) orchiectomy;

“(iii) scrotoplasty;

“(iv) vasectomy;

“(v) hysterectomy;

“(vi) oophorectomy;

“(vii) ovariectomy;

“(viii) metoidioplasty;

“(ix) penectomy;

“(x) phalloplasty;

“(xi) vaginoplasty;

“(xii) vaginectomy;

“(xiii) vulvoplasty;

“(xiv) reduction thyrochondroplasty;

“(xv) chondrolaryngoplasty; and

“(xvi) mastectomy.

“(C) Any plastic surgery that feminizes or masculinizes the facial or other physiological features for the purposes described in subparagraph (B).

“(D) Any placement of chest implants to create feminine breasts for the purposes described in subparagraph (B).

“(E) Any placement of fat or artificial implants in the gluteal region for the purposes described in subparagraph (B).

“(F) Any surgery to reconstruct the fixed part of the urethra, whether or not such surgery includes a metoidioplasty or a phalloplasty, for the purposes described in subparagraph (B).

“(2) CHEMICAL CASTRATION.—The term ‘chemical castration’ means administering, supplying, prescribing, dispensing, distributing, or otherwise conveying to an individual medications for the purposes described in paragraph (1)(B), including—

“(A) gonadotropin-releasing hormone (GnRH) analogues or other puberty-blocking drugs to stop or delay normal puberty;

“(B) testosterone or other androgens to biological females at doses that are supraphysiologic to the female sex; and

“(C) estrogen to biological males at doses that are supraphysiologic to the male sex.

“(3) BIOLOGICAL SEX.—The term ‘biological sex’ means, with respect to a person, the classification of the person as male or female at birth.

“(4) FEMALE GENITAL MUTILATION.—The term ‘female genital mutilation’ means any procedure performed for non-medical reasons that involves partial or total removal of, or other injury to, the external female genitalia, and includes—

“(A) a clitoridectomy or the partial or total removal of the clitoris or the prepuce or clitoral hood;

“(B) excision or the partial or total removal (with or without excision of the clitoris) of the labia minora or the labia majora, or both;

“(C) infibulation or the narrowing of the vaginal opening (with or without excision of the clitoris); or

“(D) other procedures that are harmful to the external female genitalia, including pricking, incising, scraping, or cauterizing the genital area.

“(5) MINOR.—The term ‘minor’ means any person under the age of eighteen years.

“(6) MALE.—The term ‘male’ means a person who naturally has, had, will have, or would have, but for a congenital anomaly, historical accident, or intentional or unintentional disruption, the reproductive system that at some point produces, transports, and utilizes sperm for fertilization.

“(7) FEMALE.—The term ‘female’ means a person who naturally has, had, will have, or would have, but for a congenital anomaly, historical accident, or intentional or unintentional disruption, the reproductive system that at some point produces, transports, and utilizes eggs for fertilization.”.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 7 of title 18, United States Code, is amended by striking the item related to section 116 and inserting the following:

“116. Genital and bodily mutilation of a minor; chemical castration of a minor.”.

## Purpose and Summary

H.R. 3492, the Protect Children’s Innocence Act, introduced by Rep. Marjorie Taylor Greene (R-GA), amends 18 U.S.C. 116 to prohibit doctors from performing genital or bodily mutilation or chemical castration procedures on minors.

## Background and Need for the Legislation

Left-wing activists and medical institutions have adopted a treatment model grounded in a radical ideology that requires practitioners to affirm the professed gender of minors, up to and including by performing surgical procedures, without sufficient regard for the consequences of these actions on the health and wellbeing of children. In particular, they first instruct vulnerable minors who are suffering from gender dysphoria to spend time “socially transitioning” while considering further medical intervention.<sup>1</sup> “Social transitioning” includes adopting an alternative name or changing one’s pronouns to match what they see as their “gender identity.”<sup>2</sup> It may also include altering one’s physical appearance to conform to an alternative gender role by cutting or growing out the hair, changing the clothes, or changing the person’s pitch of voice or social behavior entirely.<sup>3</sup>

<sup>1</sup>Izz Scott LaMagdeleine, *What is gender-affirming medical care for transgender children? Here’s what you need to know.*, TEXAS TRIBUNE (Aug. 4, 2021).

<sup>2</sup>Sarah Perry and Thomas Jipping, *Public School Gender Policies That Exclude Parents Are Unconstitutional*, CITY JOURNAL (June 12, 2024).

<sup>3</sup>Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, Policy Statement, PEDIATRICS 1, 1–2 (2023).

The World Professional Association for Transgender Health (WPATH) is a nonprofit that provides standards for “treatment of gender dysphoria” for medical professionals across the globe.<sup>4</sup> The WPATH Standards of Care (SOC), originally published in 1979 and updated in 2022,<sup>5</sup> recommend “three categories of physical interventions for adolescents,” including “fully reversible” interventions such as puberty blockers, “partially” reversible interventions such as hormone therapy, and “irreversible” interventions such as “gender-reassignment” surgeries.<sup>6</sup> WPATH promotes the use of puberty blockers as soon as puberty starts in children,<sup>7</sup> as young as 8 years old for females and 9 years old for males.<sup>8</sup> It suggests hormone therapy at the age of majority, as low as 15 in some countries, and irreversible surgeries at 18, “except for chest ‘masculinizing’ mastectomy, which [has] an age minimum of 16 years.”<sup>9</sup>

Other recommendations include refraining from offering “reparative” therapy that tries to make a person’s “gender expression more congruent with the sex assigned at birth,” instructing children on “chest binding and genital tucking,” and involving the parent(s) or guardian(s) in decision making “*unless* their involvement is determined to be harmful to the adolescent or not feasible.”<sup>10</sup>

WPATH and other leftist medical institutions aim to advance the narrative that childhood gender dysphoria is *not* a mental health disorder, but rather an “expected aspect of general human development.”<sup>11</sup> The WPATH SOC is based on the principle that “any” therapy that attempts to counsel a child with gender dysphoria to “identify with, or behave in accordance with, the gender associated with the sex assigned at birth” is “harmful” and far from the mission of transgender health care professionals (HCP).<sup>12</sup>

There is no standard age at which a child may be allowed to consent to a medical intervention for gender dysphoria, as transgender health care professionals say that it varies depending on “developmental differences.”<sup>13</sup> The process of informed consent for “gender affirming care” is outlined so that an adolescent, as young as 8 years old, must comprehend the medical treatment and process, potentially disastrous side effects, and the long-term risk and consequences associated with the treatment.<sup>14</sup> In cases where a “minor is consenting for their own treatment without parental permission,” transgender health care professionals will provide “extra care” to the child, even discussing potential costs and helping them develop a “support” plan.<sup>15</sup>

<sup>4</sup> *About WPATH*, WPATH, <https://wpath.org/about/mission-and-vision/> (Last visited Mar. 24, 2025).

<sup>5</sup> *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8* INTERNATIONAL JOURNAL OF TRANSGENDER HEALTH, 5, 43–67 (2022).

<sup>6</sup> *Id.* at 43.

<sup>7</sup> *Id.*

<sup>8</sup> *Puberty*, CLEVELAND CLINIC, <https://my.clevelandclinic.org/health/body/puberty>, (last visited Mar. 24, 2025).

<sup>9</sup> *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, *supra* note 5.

<sup>10</sup> *Id.* at 548.

<sup>11</sup> *Id.* at 567.

<sup>12</sup> *Id.*

<sup>13</sup> *Id.* at 561.

<sup>14</sup> *Id.*

<sup>15</sup> *Id.* at 562.

THE LACK OF EVIDENCE-BASED MEDICINE IN U.S.  
TRANSGENDER CLINICS

The American Academy of Pediatrics (AAP), one of the largest organizations of pediatricians in the U.S.,<sup>16</sup> advocates that medical professionals should immediately begin the process of affirming children who “assert an identity of TGD (transgender and gender diverse),” because they “know their gender . . . clearly and consistently.”<sup>17</sup> It recommends against the “outdated approach” in which a child should wait to be “affirmed” until after puberty begins.<sup>18</sup> This delayed approach is called “watchful waiting.”<sup>19</sup> The AAP claims that “watchful waiting” is a disservice to the child because it assumes the “false” premise that “gender diversity become[s] fixed at a certain age” and that “gender diversity” is abnormal or “pathologized.”<sup>20</sup>

While U.S. medical institutions like the AAP push a politically motivated “gender-affirming care” agenda, medical professionals in progressive European countries are skeptical of the research backing hormone therapy in minors.<sup>21</sup> A growing number of experts in Europe now assert that there is limited existing evidence supporting “gender-affirming” treatments in children with gender dysphoria.<sup>22</sup>

For example, the National Health Service (NHS) of England<sup>23</sup> and the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU)<sup>24</sup> conducted two recent systematic reviews to assess the evidence of the effectiveness of hormone therapy, puberty blockers, and “gender reassignment” surgeries in adolescents with gender dysphoria. The Swedish study determined that the “scientific evidence is insufficient” to accurately evaluate the effects of these treatments in minors, though both studies concluded that there is some support to suggest that the hormone given to delay puberty, GnRH, may inhibit normal bone development in children.<sup>25</sup>

In 2022, in response to the SBU study, the Swedish National Board of Health and Welfare (NBHW) changed its recommendations for treatment of minors with gender dysphoria, stating that due to “uncertain science and newly acquired knowledge,” it “recommends restraint when it comes to hormone treatment.”<sup>26</sup> The NBHW warned that based on the results of numerous observational studies,<sup>27</sup> “the risks [of hormone treatment] outweigh the benefits at this time.”<sup>28</sup> It also noted that there have recently been “increasing reports of detransition and transition-related regret” in

<sup>16</sup> *About the AAP*, AAP, <https://www.aap.org/en/about-the-aap/>, (last visited Mar. 25, 2025).

<sup>17</sup> Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, *Policy Statement*, 142, PEDIATRICS 1, 1–14 (2023).

<sup>18</sup> *Id.* at 6.

<sup>19</sup> *Id.* at 4.

<sup>20</sup> *Id.*

<sup>21</sup> Leor Sapir, *Why Europe and America are going in opposite directions on youth transgender medicine*, THE HILL (June 28, 2023).

<sup>22</sup> *Id.*

<sup>23</sup> *Nice Evidence Reviews*, THE NATIONAL ARCHIVES, <https://webarchive.nationalarchives.gov.uk/ukgwa/20250310144323/https://cass.independent-review.uk/nice-evidence-reviews/>, (last accessed Mar. 25, 2025).

<sup>24</sup> *Hormone treatment for gender dysphoria—children and young people*, SBU (Feb. 2, 2022).

<sup>25</sup> *Id.*

<sup>26</sup> *Updated recommendations for hormone therapy for gender dysphoria in young people*, SOCIALSTYRELSEN, THE NATIONAL BOARD OF HEALTH AND WELFARE, 2, 2–6 (2022).

<sup>27</sup> *Id.* at 3.

<sup>28</sup> *Id.* at 3.

minors who have received so-called “gender-affirmation” medical treatments.<sup>29</sup>

There is also recent research that calls into question the soundness of the leading study supporting so-called gender affirmation. The “Dutch Protocol,” a methodology from two Swedish studies from the mid-1990s,<sup>30</sup> has become the “foundation” of the modern “Gender Affirmative Model of Treatment.”<sup>31</sup> This study was the first that proposed the use of puberty blocking hormone, GnRH, to “treat” minors with gender dysphoria.<sup>32</sup> Since its publication in 2006, the implications of the “Dutch Protocol” have influenced other studies that aim to provide a basis for “gender transition” procedures for minors and are often referenced in U.S. so-called “gender-affirming care” practices.<sup>33</sup>

Multiple evidence-based studies have since disproven and called into question the validity of the findings of the “Dutch Protocol.”<sup>34</sup> According to a 2023 study, the premise of the Dutch study is flawed on account of “three methodological biases [that] undermine the research.”<sup>35</sup> These include “dropping” subjects from the study who experienced unsuccessful results, altering the gender dysphoria “scoring mechanism” *after* the treatments were conducted in order to guarantee “a significant post-surgical drop in ‘gender dysphoria’ scores,” and compromising findings of “psychological benefits” of hormone therapy by conflating the results of several treatments and factors such as “gender reassignment, therapy, [and] psychological maturation.”<sup>36</sup> Intentionally skewed data discredits the original information source for “gender-affirming care” for minors, which has been referred to by experts as the “gold standard” in the field.<sup>37</sup> The results of the Dutch study “have never been replicated,” even though prominent gender clinics have tried.<sup>38</sup>

The puberty blocking hormone endorsed by the “Dutch Protocol” and used by “gender-affirming care” clinics, GnRH, has not been approved to treat gender identity disorders in both the United States and Europe.<sup>39</sup> Pediatric endocrinologists use Food and Drug Administration (FDA)-approved GnRH hormones to treat “precocious,” or early, puberty,<sup>40</sup> which can be detrimental to a child’s long-term health by causing metabolic disorders, increased risk of cancer, psychological and behavioral issues, underdeveloped physical growth, and more.<sup>41</sup> In 2022, the FDA released a warning that the use of GnRH hormones in children may result in “pseudotumor

<sup>29</sup> *Id.* at 4.

<sup>30</sup> *The Dutch Protocol*, OUR DUTY, <https://ourduty.group/education/the-dutch-protocol/>, (last accessed Mar. 25, 2025).

<sup>31</sup> *Id.*

<sup>32</sup> *Id.*

<sup>33</sup> *The Dutch Studies*, DEMOCRATS FOR AN INFORMED APPROACH FOR GENDER (DIAG), <https://www.di-ag.org/the-dutch-studies>, (last accessed Mar. 25, 2025).

<sup>34</sup> E. Abbruzzese, Stephen B. Levine, and Julia W. Mason, *The Myth of ‘Reliable Research’ in Pediatric Gender Medicine: A Critical Evaluation of the Dutch Studies—and Research That Has Followed*, 49, JOURNAL OF SEX & MARITAL THERAPY 673, 673–99 (2023).

<sup>35</sup> *Id.*

<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

<sup>38</sup> *Supra* note 33.

<sup>39</sup> Stephanie A. Roberts, and Jeremi M Carswell, *Growth, growth potential, and influences on adult height in the transgender and gender-diverse population*, 9, NAT’L INSTITUTE OF HEALTH 1679, 1679–1688 (2021).

<sup>40</sup> *Precocious Puberty and Why it Matters*, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER (Feb. 16, 2023).

<sup>41</sup> *Id.*

cerebri,”<sup>42</sup> a side effect that mimics a brain tumor, causing brain swelling, severe headaches and nausea, and potentially permanent vision loss.<sup>43</sup>

Doctors across the U.S. and in other countries are beginning to take a stand against those in the medical community who insist that these are “lifesaving procedures” and should not be questioned, especially well-known medical organizations. In February 2024, the American College of Pediatricians (ACPeds) released a position statement detailing how “social transition, puberty blockers and cross-sex hormones have no demonstrable, long-term benefit on the psychosocial well-being of adolescents with gender dysphoria . . . .”<sup>44</sup>

In June 2023, Ian Kingsbury, Ph.D. and Dr. Roy Eappen—a member of the Endocrine Society—authored an op-ed in the *Wall Street Journal* about the Endocrine Society’s “Dangerous Transgender Politicization.”<sup>45</sup> Founded in 1912, the Endocrine Society is an international organization in the field of endocrinology that aims to be a “global community focused on improving patient care, shaping effective policy, and ensuring the future of [our] field.”<sup>46</sup> Mr. Kingsbury and Dr. Eappen wrote: “over the past decade transgender activists have co-opted the Endocrine Society and other professional organizations to promote such treatments for adolescents and even young children. Their guidelines are based on flimsy evidence, giving the appearance that invasive and irreversible treatments are beneficial for young patients despite a growing body of evidence to the contrary . . . .”<sup>47</sup> The two authors also described attending the Endocrine Society’s annual meeting, where many of the doctors admitted that the organization’s evidence for pediatric gender transition is “weak at best,” but are were afraid to voice their concerns.<sup>48</sup>

The Endocrine Society President, Dr. Stephen Hammes, published a response to Mr. Kingsbury’s and Dr. Eappen a week later, in which he argued that “[m]ore than 2,000 studies published since 1975 form a clear picture: Gender-affirming care improves the well-being of transgender and gender-diverse people and reduces the risk of suicide.”<sup>49</sup> In response to Dr. Hammes, 21 leading experts on pediatric gender medicine from nine countries then wrote a letter to the *Journal* expressing strong disagreement with the Endocrine Society over its views and treatment of youth gender dysphoria.<sup>50</sup> The doctors pointed out that there is no reliable evidence to suggest that hormonal therapy or transition is an effective measure to prevent suicide.<sup>51</sup>

<sup>42</sup>Food and Drug Administration, *Risk of pseudotumor cerebri added to labeling for gonadotropin-releasing hormone agonists*, AAP NEWS (July 1, 2022).

<sup>43</sup>Alec Schemmel, *FDA warns puberty blocker may cause brain swelling, vision loss in children*, CBS Austin (July 26, 2022).

<sup>44</sup>Melissa Rudy ‘Gender-affirming’ treatments don’t benefit youth, says pediatricians group: ‘Irreversible consequences’, FOX NEWS (Feb. 8, 2024).

<sup>45</sup>Roy Eappen and Ian Kingsbury, *The Endocrine Society’s Dangerous Transgender Politicization*, WALL ST. J. (Jun. 28, 2023).

<sup>46</sup>THE ENDOCRINE SOCIETY, <https://www.endocrine.org/> (last accessed Mar. 28, 2025).

<sup>47</sup>*Id.*

<sup>48</sup>*Id.*

<sup>49</sup>Stephen R. Hammes, M.D., *Endocrine Society Responds on Gender-Affirming Care*, WALL ST. J. (Jul. 5, 2023).

<sup>50</sup>Jesus L. Penabad, M.D., *Youth Gender Transition is Pushed Without Evidence*, WALL ST. J. (Jul. 13, 2023).

<sup>51</sup>*Id.*



## STATE LAWS RELATING TO SO-CALLED “GENDER-AFFIRMING” CARE

How the states approach so-called “gender-affirming” care is instructive about the prevailing attitude of the country on this issue. To date, 27 states have adopted laws to protect children from receiving so-called “gender-affirming” care.

### *Supreme Court Precedent on Parental Rights*

For over 100 years since *Meyer v. Nebraska*, the Supreme Court has held that the Due Process Clause of the Fourteenth Amendment protects a parent’s fundamental right “to make decisions as to the care, custody, and control of their children.”<sup>52</sup> This landmark case established that parents’ liberty interest in raising their children is protected and enshrined in the Constitution. More recently in *Troxel v. Granville*, the Court explained that the “liberty interest” of “parents in the care, custody, and control of their children are perhaps the oldest of the fundamental liberty interests recognized by this Court.”<sup>53</sup> The Court noted the Due Process Clause of the Fourteenth Amendment “provides heightened protection against government interference with certain fundamental rights and liberty interests.”<sup>54</sup> These cases serve as crucial building blocks as states look to best protect the rights of both children and the fundamental rights of parents—especially protecting parental rights when doctors are forcing so-called “gender-affirming care” on minors.

### *State Laws*

Despite the radical left’s insistence that children be allowed to “socially transition,” 27 states have passed laws to protect children, which either limit or completely prohibit minors’ from receiving so-called “gender affirming” care.<sup>55</sup>

### *Washington and California*

While some states have passed laws to protect children from so-called “gender-affirming care,”<sup>56</sup> two leftist states—Washington and California—went in the opposite direction. Under the Washington law enacted in 2023, shelters serving runaway and homeless youth are not required to inform parents of kids in their shelters of the child’s whereabouts if there are “compelling reasons” not to do so.<sup>57</sup> The bill specifies that one of these compelling reasons is for children receiving so-called “gender affirming treatment.”<sup>58</sup>

<sup>52</sup> *Meyer v. Nebraska*, 262 U.S. 390, 399 (1923).

<sup>53</sup> *Troxel v. Granville*, 530 U.S. 57 (2000).

<sup>54</sup> *Id.* (citing *Washington v. Glucksberg*, 521 U.S. 702, 720 (1997)).

<sup>55</sup> KFF, *Policy Tracker, Youth Access to Gender Affirming Care and State Policy Restrictions* <https://www.kff.org/other/dashboard/gender-affirming-care-policy-tracker/> (last accessed March 20, 2025).

<sup>56</sup> Movement Advancement Project, “Equality Maps: Bans on Transgender Youth Participation in Sports,” [https://www.mapresearch.org/equality-maps/youth/sports\\_participation\\_bans](https://www.mapresearch.org/equality-maps/youth/sports_participation_bans) (last accessed Mar. 28, 2025).

<sup>57</sup> SB 5599, Wash. State. Leg., <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/Senate/5599-S.SL.pdf?q=20230616072207>.

<sup>58</sup> *Id.*

State Landscape Youth Impacted Litigation Current Legal Status

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**KFF**

In 2022, California passed a similar law directly aimed at undermining the rights of parents in states that have passed laws to protect minors.<sup>60</sup> The bill allows minors to obtain puberty blockers, cross-sex hormones, and irreversible surgeries without parental consent, while also denying parents access to the medical information of their children.<sup>61</sup> In 2023, the California State Assembly passed A.B. 957, legislation that allows judges to consider a parent's decision to affirm their child's gender identity when making custody decisions in family court.<sup>62</sup> The bill construes the refusal to affirm a gender identity as an affront to a child's "health, safety, and welfare" and effectively construes non-affirmation of gender identity as abuse.<sup>63</sup> This opens the way for much broader applications. In a surprising decision, California Governor Gavin Newsom

<sup>63</sup> *Id.*

vetoed the bill, saying its approach “could be used to diminish the civil rights of vulnerable communities.”<sup>64</sup>

However, in July 2024, Governor Newsom signed into law a bill that prevents schools from requiring teachers and other administrators to notify parents of a child’s change in sexual orientation or gender identity.<sup>65</sup> This law chills parental rights throughout the state. A southern California school district is suing Governor Newsom, arguing that the legislation violates the constitutional rights of parents as legal guardians of their children.<sup>66</sup>

Other states such as Colorado, Illinois, Maryland, New Mexico, Minnesota, and Maine passed bills to “shield” transgender healthcare through legal protections and healthcare access.<sup>67</sup> For example, in 2023, Governor Tim Walz in Minnesota signed a bill into law that would prevent state courts or officials from complying with child removal requests, extraditions, arrests, or subpoenas related to “gender-affirming health care” a person is receiving or provides in the state.<sup>68</sup> Both Minnesota and California are considered “sanctuary” states for “gender-affirming care.”<sup>69</sup>

### *Tennessee*

Some states are taking an active stance against so-called “gender-affirming care.” One such state is Tennessee. A video published in 2022 showed a doctor from Vanderbilt University Medical Center (VUMC) touting pediatric “gender-affirming procedures” as “huge money makers” for hospitals.<sup>70</sup> The video also showed the doctor speaking favorably on the profits that hospitals can make from performing double mastectomies on young girls and other procedures to help “masculinize gender affirmation.”<sup>71</sup>

Tennessee lawmakers sprang into action. In 2023, Tennessee enacted the Prohibited Medical Procedures for Minors Act.<sup>72</sup> This law prohibits medical providers from knowingly providing to minors any procedures for: “(A) enabling the minor to identify with, or live as, a purported identity inconsistent with the minor’s sex; or (B) treating purported discomfort or distress from a discordance between the minor’s sex and asserted identity.”<sup>73</sup>

In July 2023, the Biden-Harris DOJ intervened in a lawsuit challenging the constitutionality of the Tennessee law.<sup>74</sup> On June 28, 2023, a judge in the U.S. District Court for the Middle District of Tennessee blocked the enforcement of the Tennessee law.<sup>75</sup> Later in September 2023, a 2–1 panel on the U.S. Court of Appeals for the Sixth Circuit ruled that Tennessee (as well as Kentucky) could

<sup>64</sup> Jonathan Ayestas *Newsom vetoes California bill involving parent’s affirmation of child’s identity in custody cases*, KCRA (September 22, 2023).

<sup>65</sup> David Zimmerman, *Southern California School District Sues Newsom over Transgender Parental-Notification Law*, THE NATIONAL REVIEW (July 17, 2024).

<sup>66</sup> *Id.*

<sup>67</sup> Bente Birkeland, Dana Ferguson, Colin Jackson, Scott Maucione, Rick Pluta, Acai Squires, *Minnesota to join at least 4 other states in protecting transgender care this year*, NPR (Apr. 21, 2023).

<sup>68</sup> *Id.*

<sup>69</sup> *Id.*

<sup>70</sup> Kimberlee Kruesi, *Social Media Posts Spark Calls to Investigate Tenn.’s VUMC*, AP (Sept. 21, 2022).

<sup>71</sup> *Id.*

<sup>72</sup> T.C.A. § 68–33–103.

<sup>73</sup> T.C.A. § 68–33–103(a)(1)(A)(B).

<sup>74</sup> Spencer Kimball, *DOJ sues Tennessee, alleging it discriminates against transgender youth with new law*, CNBC (April 27, 2023).

<sup>75</sup> Press Release, American Civil Liberties Union, Federal Judge Blocks Tennessee’s Ban on Trans Youth’s Health Care (June 28, 2023).

continue to ban these treatments and procedures for minors.<sup>76</sup> In December 2024, the Supreme Court heard oral arguments on the case.<sup>77</sup> In February 2025, President Trump’s Justice Department withdrew the challenge of the Tennessee law.<sup>78</sup> While the Trump Administration withdrew the challenge, it encouraged the Supreme Court to still issue a decision.<sup>79</sup> In June 2025, the Court issued a decision upholding Tennessee’s law.<sup>80</sup>

#### TRUMP ADMINISTRATION EFFORTS TO PROTECT CHILDREN

##### *Executive Order 14187*

President Trump has been vocal about the abuse children experience through forced transgender procedures. As a presidential candidate, in August 2024, President Trump stated: “I will sign an executive order instructing every federal agency to cease the promotion of sex or gender transition at any age. They’re not going to do it anymore . . .”<sup>81</sup> In October 2024, the Trump campaign highlighted Vice President Kamala Harris’ extreme views on so-called “gender-affirming care,” with an ad stating, “Kamala is for they/ them. President Trump is for you.”<sup>82</sup>

Within the first 30 days of the new administration, President Trump issued five executive orders pertaining to “gender-affirming care.”<sup>83</sup> Most notably, on January 28, 2025, President Trump issued an executive order titled, “Protecting Children from Chemical and Surgical Mutilation.”<sup>84</sup> This order defunds chemical and surgical mutilation of children and halts the use of federal funds supporting “gender-affirming medical care” for youth under 19 years old.<sup>85</sup> The order directs the Attorney General to enforce the ban on so-called “gender-affirming care” through 18 U.S.C. 116, which prohibits female genital mutilation (FGM) on minors.<sup>86</sup> It also convenes law enforcement entities, including state attorneys general, to coordinate the enforcement of laws against FGM throughout the country.<sup>87</sup> Lastly, the executive order directs the Secretary of the Department of Health and Human Services (HHS) to “review existing literature” on best practices for promoting the health of children who assert gender dysphoria or other “identity-based confusion.”<sup>88</sup>

Shortly after President Trump issued the executive order, far-left organizations began challenging the executive order in court. On February 4, 2025, the American Civil Liberties Union (ACLU) and other transgender rights organizations filed a lawsuit in the U.S. District Court for the District of Maryland challenging the execu-

<sup>76</sup> Jonathan Mattise, *Judges maintain bans on gender-affirming care for youth in Tennessee and Kentucky*, ASSOCIATED PRESS (Sep. 29, 2023).

<sup>77</sup> U.S. v. Skrmetti, No. 23–477v (6th Cir.).

<sup>78</sup> John Fritze, *Trump administration withdraws from gender-affirming care dispute at the Supreme Court*, CNN (Feb. 7, 2025).

<sup>79</sup> *Id.*

<sup>80</sup> U.S. v. Skrmetti, 605 U.S. \_\_\_\_\_ (2025).

<sup>81</sup> Michael Martin and Mansee Khurana, *What Trump’s win could mean for transgender health care access, athletes*, NPR (Nov. 16, 2024).

<sup>82</sup> Susan Davis, *GOP ads on transgender rights are dominating airwaves in the election’s closing days*, NPR (Oct. 19, 2024).

<sup>83</sup> Ivana Saric, *All of the anti-trans executive orders Trump has signed*, AXIOS (Feb. 5, 2025).

<sup>84</sup> Exec. Order No. 14187.

<sup>85</sup> *Id.*

<sup>86</sup> *Id.*

<sup>87</sup> *Id.*

<sup>88</sup> *Id.*

tive order on behalf of a handful of transgender adolescents and their families.<sup>89</sup> On March 3, 2025, Judge Brendan Hurson of the U.S. District Court for the District of Maryland issued a preliminary injunction and blocked enforcement of the order, citing that cutting care and the hardships faced by cutting “essential care” would be “potentially catastrophic.”<sup>90</sup> On March 7, 2025, the ACLU and others filed an emergency motion to enforce the preliminary injunction.<sup>91</sup> On March 21, 2025, the Trump Administration appealed the injunction.<sup>92</sup> On March 28, 2025, Judge Hurson denied ACLU’s emergency motion, emphasizing it was dismissed without prejudice.<sup>93</sup> The government’s appeal of the preliminary injunction is currently pending before the U.S. Court of Appeals for the Fourth Circuit.<sup>94</sup>

While no attorneys general have challenged the executive order yet in court, Massachusetts Attorney General Andrea Campbell and a coalition of 14 Democrat attorneys general released a statement “reaffirming their commitment” to “protecting access to gender-affirming care.”<sup>95</sup>

#### *Department of Health and Human Services Report*

As directed by President Trump’s executive order, on May 1, 2025, HHS released a detailed report titled “Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices.”<sup>96</sup> The report examined the increasing number of children questioning their gender identity, the questionable “gender-affirming care model” with its devastating yet downplayed side effects, and other evidence-based information about the medical transition of minors.<sup>97</sup> Among other things, the review found the current leading organizations and their guidance on drugs and surgeries (such as the Endocrine Society and American Academy of Pediatrics) are problematic because these drugs and surgeries “carry risk of significant harms including infertility/sterility, sexual dysfunction, impaired bone density accrual, adverse cognitive impacts, cardiovascular disease and metabolic disorders, psychiatric disorders, surgical complications, and regret.”<sup>98</sup> On the release of the report, Jay Bhattacharya, the Director of the National Institutes of Health, stated, “Our duty is to protect our nation’s children—not expose them to unproven and irreversible medical interventions

<sup>89</sup> PFLAG v. Trump, No. 8:25-cv-337 (D. Md. 2025).

<sup>90</sup> Chloe Atkins, *Judge blocks Trump order threatening funding for institutions that provide gender-affirming care for youths* NBC (March 4, 2025).

<sup>91</sup> PFLAG v. Trump, No. 8:25-cv-337 (D. Md. 2025), *emergency motion to enforce prelim. Injunction* (4th Cir. March 7, 2025).

<sup>92</sup> PFLAG v. Trump, No. 8:25-cv-337 (D. Md. 2025), *appeal docketed*, (4th Cir. March 21, 2025).

<sup>93</sup> PFLAG v. Trump, No. 8:25-cv-337 (D. Md. 2025), *order on emergency motion to enforce prelim. Injunction* (4th Cir. March 28, 2025).

<sup>94</sup> PFLAG v. Trump, No. 8:25-cv-00337 (4th Cir. 2025), *briefing order* (4th Cir. Jun. 25, 2025).

<sup>95</sup> Press Release, Massachusetts Office of the Attorney General, AG Campbell Leads 14 AGs In Issuing Statement On Protecting Access To Gender-Affirming Care (Feb. 5, 2025).

<sup>96</sup> Dept of Health and Human Services, *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* (May 1, 2025).

<sup>97</sup> *Id.* at 9.

<sup>98</sup> *Id.* at 10.

. . . . We must follow the gold standard of science, not activist agendas.”<sup>99</sup>

While the HHS report stirred criticism from some far-left publications,<sup>100</sup> even left-leaning news outlets like the *Washington Post* conceded there are “serious concerns” about the scientific basis of interfering with the growth process of children and “better evidence and reasoned discussion about the trade-offs involved in intervening with the biological process of puberty in children who experience gender dysphoria” is necessary.<sup>101</sup>

#### *DOJ Memorandum*

On April 23, 2025, Attorney General Pam Bondi issued a memorandum regarding “Preventing the Mutilation of American Children,” as required by President Trump’s executive order.<sup>102</sup> In this memorandum, Attorney General Bondi directed all U.S. Attorneys to investigate suspected cases of FGM, which includes “gender-affirming care.”<sup>103</sup> She also directed the Civil Division to investigate and hold accountable pharmaceutical companies and medical providers misrepresenting about the long-term side effects of chemical and surgical mutilations.<sup>104</sup> Attorney General Bondi directed DOJ to partner with state coalitions to hold medical professionals accountable who hurt children.<sup>105</sup> Finally, she directed the DOJ Office of Legislative Affairs (OLA) draft legislation amending 18 U.S.C. 116 to “enhance protections for children whose healthy body parts have been damaged by medical professionals practicing chemical and surgical mutilation.”<sup>106</sup>

#### *Protecting Children’s Innocence Act*

The Protect Children’s Innocence Act of 2025 would complement the Trump Administration’s efforts to protect America’s minors by amending 18 U.S.C 116 to explicitly prohibit “gender-affirming care.” The bill expands covered offenses to include the bodily mutilation and the chemical castration of a minor. Victims are protected by ensuring that they cannot be arrested or prosecuted if one of these or other prohibited procedures are performed on them. The bill also contains an exception for cases where there is a legitimate medical need for a certain procedure.

### **Hearings**

For the purposes of clause 3(c)(6)(A) of House rule XIII, the following hearing was used to develop H.R. 3492: “Ending Lawfare Against Whistleblowers Who Protect Children,” a hearing held on April 9, 2025, before the Subcommittee on the Constitution and

<sup>99</sup> Press Release, Dep’t of Health and Human Services, HHS Releases Comprehensive Review of Medical Interventions for Children and Adolescents with Gender Dysphoria, (May 1, 2025), <https://www.hhs.gov/press-room/gender-dysphoria-report-release.html>.

<sup>100</sup> Selena Simmons-Duffin, *Health care for transgender children questioned in 400-page Trump administration report* NPR (May 1, 2025).

<sup>101</sup> Fenit Nirappil, *Youth gender transition care criticized in HHS report that conceals authors*, WASH. POST (May 2, 2025).

<sup>102</sup> U.S. Dep’t of Justice, Office of the Atty General, Memorandum for Select Component Heads: Preventing the Mutilation of American Children (April 23, 2025).

<sup>103</sup> See 18 U.S.C. § 116(a)(1).

<sup>104</sup> U.S. Dep’t of Justice, Office of the Atty General, Memorandum for Select Component Heads: Preventing the Mutilation of American Children (April 23, 2025).

<sup>105</sup> *Id.*

<sup>106</sup> *Id.*

Limited Government of the House Judiciary Committee. The subcommittee heard from the following witnesses:

- Dr. Eithan Haim, General Surgeon and Texas Children’s Hospital Whistleblower
- Mark Lytle, Attorney for Dr. Haim
- Vanessa Sivadge, Former Texas Children’s Hospital Nurse and Whistleblower
- Bruce Lesley, President, First Focus on Children

The hearing examined how Dr. Eithan Haim and nurse Vanessa Sivadge anonymously came forward with proof that Texas Children’s Hospital secretly continued to perform “transgender” medical procedures on minors, contrary to the hospital’s public assertions.

### **Committee Consideration**

On June 10, 2025, the Committee met in open session and ordered the bill, H.R. 3492, favorably reported with an amendment in the nature of a substitute, by a roll call vote of 17–10, a quorum being present.

### **Committee Votes**

In compliance with clause 3(b) of House rule XIII, the following roll call votes occurred during the Committee’s consideration of H.R. 3492:

1. Vote on Amendment #2 to the H.R. 3492 ANS, offered by Ms. Jayapal—failed 8 ayes to 12 nays.
2. Vote on Amendment #3 to the H.R. 3492 ANS, offered by Ms. Balint—failed 10 ayes to 15 nays.
3. Vote on Amendment #4 to the H.R. 3492 ANS, offered by Mr. Massie—failed 13 ayes to 15 nays.
4. Vote on favorably reporting H.R. 3492, as amended—passed 17 ayes to 10 nays.

## COMMITTEE ON THE JUDICIARY

119<sup>th</sup> CONGRESS

25-19

## ROLL CALL

Date: 6/10/25

Vote on: Jayapal Amndt (#2) to H.R. 8492 ANS

Roll Call #: 5

REPUBLICANS	AYE	NO	PRESENT	DEMOCRATS	AYE	NO	PRESENT
MR. JORDAN (OH) <i>Chairman</i>		✓		MR. RASKIN (MD) <i>Ranking Member</i>	✓		
MR. ISSA (CA)		✓		MR. NADLER (NY)	✓		
MR. BIGGS (AZ)		✓		MS. LOFGREN (CA)			
MR. McCLINTOCK (CA)		✓		MR. COHEN (TN)			
MR. TIFFANY (WI)				MR. JOHNSON (GA)	✓		
MR. MASSIE (KY)		✓		MR. SWALWELL (CA)			
MR. ROY (TX)				MR. LIEU (CA)			
MR. FITZGERALD (WI)				MS. JAYAPAL (WA)	✓		
MR. CLINE (VA)		✓		MR. CORREA (CA)			
MR. GOODEN (TX)				MS. SCANLON (PA)			
MR. VAN DREW (NJ)				MR. NEGUSE (CO)			
MR. NEHLS (TX)				MS. McBATH (GA)			
MR. MOORE (AL)		✓		MS. ROSS (NC)	✓		
MR. KILEY (CA)				MS. BALINT (VT)	✓		
MS. HAGEMAN (WY)		✓		MR. GARCIA (IL)	✓		
MS. LEE (FL)				MS. KAMLAGER-DOVE (CA)	✓		
MR. HUNT (TX)				MR. MOSKOWITZ (FL)			
MR. FRY (SC)				MR. GOLDMAN (NY)			
MR. GROTHMAN (WI)		✓		MS. CROCKETT (TX)			
MR. KNOTT (NC)							
MR. HARRIS (NC)		✓					
MR. ONDER (MO)		✓					
MR. SCHMIDT (KS)		✓					
MR. GILL (TX)							
MR. BAUMGARTNER (WA)							

Roll Call Totals:

Ayes: 8

Nays: 12

Present: X

Passed: \_\_\_\_\_

Failed: \_\_\_\_\_



## COMMITTEE ON THE JUDICIARY

119<sup>th</sup> CONGRESS

25-19

ROLL CALL

Date: 6/10/25

Vote on: Balint Amndt (#3) to HR 3492 ANSRoll Call #: 6

REPUBLICANS	AYE	NO	PRESENT	DEMOCRATS	AYE	NO	PRESENT
MR. JORDAN (OH) <i>Chairman</i>		✓		MR. RASKIN (MD) <i>Ranking Member</i>	✓		
MR. ISSA (CA)		✓		MR. NADLER (NY)	✓		
MR. BIGGS (AZ)		✓		MS. LOFGREN (CA)	✓		
MR. McCLINTOCK (CA)		✓		MR. COHEN (TN)			
MR. TIFFANY (WI)				MR. JOHNSON (GA)	✓		
MR. MASSIE (KY)		✓		MR. SWALWELL (CA)			
MR. ROY (TX)		✓		MR. LIEU (CA)			
MR. FITZGERALD (WI)				MS. JAYAPAL (WA)	✓		
MR. CLINE (VA)		✓		MR. CORREA (CA)			
MR. GOODEN (TX)				MS. SCANLON (PA)			
MR. VAN DREW (NJ)				MR. NEGUSE (CO)			
MR. NEHLS (TX)				MS. McBATH (GA)			
MR. MOORE (AL)		✓		MS. ROSS (NC)	✓		
MR. KILEY (CA)		✓		MS. BALINT (VT)	✓		
MS. HAGEMAN (WY)		✓		MR. GARCIA (IL)	✓		
MS. LEE (FL)				MS. KAMLAGER-DOVE (CA)	✓		
MR. HUNT (TX)				MR. MOSKOWITZ (FL)			
MR. FRY (SC)		✓		MR. GOLDMAN (NY)			
MR. GROTHMAN (WI)		✓		MS. CROCKETT (TX)	✓		
MR. KNOTT (NC)							
MR. HARRIS (NC)							
MR. ONDER (MO)		✓					
MR. SCHMIDT (KS)		✓					
MR. GILL (TX)							
MR. BAUMGARTNER (WA)		✓					

Roll Call Totals:

Ayes:

10

Nays:

15

Present:

X

Passed: \_\_\_\_\_

Failed: \_\_\_\_\_

## COMMITTEE ON THE JUDICIARY

119<sup>th</sup> CONGRESS

25-19

ROLL CALL

Date: 6/10/25

Vote on: Massie Amendment (#4) to HR 3492 AMJ

Roll Call #: 7

REPUBLICANS	AYE	NO	PRESENT	DEMOCRATS	AYE	NO	PRESENT
MR. JORDAN (OH) <i>Chairman</i>		✓		MR. RASKIN (MD) <i>Ranking Member</i>	✓		
MR. ISSA (CA)		✓		MR. NADLER (NY)	✓		
MR. BIGGS (AZ)		✓		MS. LOFGREN (CA)	✓		
MR. McCLINTOCK (CA)		✓		MR. COHEN (TN)			
MR. TIFFANY (WI)				MR. JOHNSON (GA)	✓		
MR. MASSIE (KY)	✓			MR. SWALWELL (CA)			
MR. ROY (TX)	✓			MR. LIEU (CA)			
MR. FITZGERALD (WI)				MS. JAYAPAL (WA)	✓		
MR. CLINE (VA)		✓		MR. CORREA (CA)			
MR. GOODEN (TX)				MS. SCANLON (PA)			
MR. VAN DREW (NJ)				MR. NEGUSE (CO)			
MR. NEHLS (TX)				MS. McBATH (GA)			
MR. MOORE (AL)		✓		MS. ROSS (NC)	✓		
MR. KILEY (CA)		✓		MS. BALINT (VT)	✓		
MS. HAGEMAN (WY)		✓		MR. GARCIA (IL)	✓		
MS. LEE (FL)				MS. KAMLAGER-DOVE (CA)	✓		
MR. HUNT (TX)				MR. MOSKOWITZ (FL)			
MR. FRY (SC)		✓		MR. GOLDMAN (NY)			
MR. GROTHMAN (WI)		✓		MS. CROCKETT (TX)	✓		
MR. KNOTT (NC)	✓						
MR. HARRIS (NC)		✓					
MR. ONDER (MO)		✓					
MR. SCHMIDT (KS)		✓					
MR. GILL (TX)		✓					
MR. BAUMGARTNER (WA)		✓					

Roll Call Totals:

Ayes: 13 Nays: 15 Present: X

Passed: \_\_\_\_\_

Failed: \_\_\_\_\_

## COMMITTEE ON THE JUDICIARY

119<sup>th</sup> CONGRESS

25-19

## ROLL CALL

Date: 9/10/25

Vote on: Final Passage of HR 3492, as amended

Roll Call #: 8

REPUBLICANS	AYE	NO	PRESENT	DEMOCRATS	AYE	NO	PRESENT
MR. JORDAN (OH) <i>Chairman</i>	✓			MR. RASKIN (MD) <i>Ranking Member</i>		✓	
MR. ISSA (CA)	✓			MR. NADLER (NY)		✓	
MR. BIGGS (AZ)	✓			MS. LOFGREN (CA)		✓	
MR. McCLINTOCK (CA)	✓			MR. COHEN (TN)			
MR. TIFFANY (WI)				MR. JOHNSON (GA)		✓	
MR. MASSIE (KY)				MR. SWALWELL (CA)			
MR. ROY (TX)				MR. LIEU (CA)			
MR. FITZGERALD (WI)	✓			MS. JAYAPAL (WA)		✓	
MR. CLINE (VA)	✓			MR. CORREA (CA)			
MR. GOODEN (TX)				MS. SCANLON (PA)			
MR. VAN DREW (NJ)				MR. NEGUSE (CO)			
MR. NEHLS (TX)				MS. McBATH (GA)			
MR. MOORE (AL)	✓			MS. ROSS (NC)		✓	
MR. KILEY (CA)	✓			MS. BALINT (VT)		✓	
MS. HAGEMAN (WY)	✓			MR. GARCIA (IL)		✓	
MS. LEE (FL)				MS. KAMLAGER-DOVE (CA)		✓	
MR. HUNT (TX)				MR. MOSKOWITZ (FL)			
MR. FRY (SC)	✓			MR. GOLDMAN (NY)			
MR. GROTHMAN (WI)	✓			MS. CROCKETT (TX)		✓	
MR. KNOTT (NC)	✓						
MR. HARRIS (NC)	✓						
MR. ONDER (MO)	✓						
MR. SCHMIDT (KS)	✓						
MR. GILL (TX)	✓						
MR. BAUMGARTNER (WA)	✓						

Roll Call Totals: ~~X~~ Ayes: 17 Nays: 10 Present: \_\_\_\_\_  
 Passed: ~~X~~ Failed: \_\_\_\_\_

### **Committee Oversight Findings**

In compliance with clause 3(c)(1) of House rule XIII, the Committee advises that the findings and recommendations of the Committee, based on oversight activities under clause 2(b)(1) of rule X of the Rules of the House of Representatives, are incorporated in the descriptive portions of this report.

### **New Budget Authority and Tax Expenditures**

With respect to the requirements of clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a) of the *Congressional Budget Act of 1974* and with respect to the requirements of clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the *Congressional Budget Act of 1974*, the Committee has requested but not received a cost estimate for this bill from the Director of the Congressional Budget Office. The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures. The Chairman of the Committee shall cause such estimate and statement to be printed in the *Congressional Record* upon its receipt by the Committee.

### **Congressional Budget Office Cost Estimate**

With respect to the requirement of clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, a cost estimate provided by the Congressional Budget Office pursuant to section 402 of the *Congressional Budget Act of 1974* was not made available to the Committee in time for the filing of this report. The Chairman of the Committee shall cause such estimate to be printed in the *Congressional Record* upon its receipt by the Committee.

### **Committee Estimate of Budgetary Effects**

With respect to the requirements of clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the *Congressional Budget Act of 1974*.

### **Duplication of Federal Programs**

Pursuant to clause 3(c)(5) of House rule XIII, no provision of H.R. 3492 establishes or reauthorizes a program of the federal government known to be duplicative of another federal program.

### **Performance Goals and Objectives**

The Committee states that pursuant to clause 3(c)(4) of House rule XIII, H.R. 3492 would amend 18 U.S.C. 116 to prohibit doctors from performing genital or bodily mutilation or chemical castration procedures on minors.

### **Advisory on Earmarks**

In accordance with clause 9 of House rule XXI, H.R. 3492 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clauses 9(d), 9(e), or 9(f) of House Rule XXI.

### **Federal Mandates Statement**

An estimate of federal mandates prepared by the Director of the Congressional Budget office pursuant to section 423 of the *Unfunded Mandates Reform Act* was not made available to the Committee in time for the filing of this report. The Chairman of the Committee shall cause such estimate to be printed in the *Congressional Record* upon its receipt by the Committee.

### **Advisory Committee Statement**

No advisory committees within the meaning of section 5(b) of the *Federal Advisory Committee Act* were created by this legislation.

### **Applicability to Legislative Branch**

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the *Congressional Accountability Act* (Pub. L. 104–1).

### **Section-by-Section Analysis**

#### *Section 1. Short title*

The “Protect Children’s Innocence Act.”

#### *Section 2. Genital and bodily mutilation of a minor; chemical castration of a minor*

This section amends 18 U.S.C. 116 as follows:

(a)–(b) *Genital and Bodily Mutilation of a Minor; Chemical Castration of a Minor.* These subsections state that anyone who knowingly performs or attempts to perform genital or bodily mutilation or chemical castration of a minor shall be fined, imprisoned not more than 10 years, or both.

(c)–(d) *Circumstances Described.* This subsection sets forth the circumstances when the prohibitions in subsections (a) and (b) apply, including: 1) when the defendant or victim traveled in interstate commerce; 2) the defendant used a means of interstate or foreign commerce in furtherance of the genital or bodily mutilation or chemical castration; 3) a payment was made using means of interstate or foreign commerce; 4) the defendant transmitted in interstate or foreign commerce any communication relating to the above conduct; 5) any instrument to perform the conduct traveled in interstate commerce; 6) the conduct occurred in the special maritime or any territorial jurisdiction of the United States; or 7) the conduct otherwise occurred or affected interstate or foreign commerce.

(e). *Prohibition on Certain Defense.* This subsection states that a defendant cannot use religion, custom, tradition, or ritual as a defense to prosecution under the above sections.

(f)–(g). *Prohibition on Prosecution of Victim; Exceptions.* This subsection states that a victim of bodily mutilation or chemical castration may not be arrested or prosecuted. The subsection also provides exceptions for legitimate medical purposes and is necessary to the health of the minor. However, the health of a minor does not include a mental health disorder.

(h) *Definitions:* This section provides definitions for terms described above including genital or bodily mutilation (including female genital mutilation), and chemical castration.

### **Changes in Existing Law Made by the Bill, as Reported**

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

## **TITLE 18, UNITED STATES CODE**

\* \* \* \* \*

### **PART I—CRIMES**

\* \* \* \* \*

### **CHAPTER 7—ASSAULT**

Sec.

\* \* \* \* \*

**[116. Female genital mutilation.]**

*116. Genital and bodily mutilation of a minor; chemical castration of a minor.*

\* \* \* \* \*

#### **[§ 116. Female genital mutilation**

**[(a)** Except as provided in subsection (b), whoever, in any circumstance described in subsection (d), knowingly—

**[(1)** performs, attempts to perform, or conspires to perform female genital mutilation on another person who has not attained the age of 18 years;

**[(2)** being the parent, guardian, or caretaker of a person who has not attained the age of 18 years facilitates or consents to the female genital mutilation of such person; or

**[(3)** transports a person who has not attained the age of 18 years for the purpose of the performance of female genital mutilation on such person,

shall be fined under this title, imprisoned not more than 10 years, or both.

**[(b)** A surgical operation is not a violation of this section if the operation is—

**[(1)** necessary to the health of the person on whom it is performed, and is performed by a person licensed in the place of its performance as a medical practitioner; or

**[(2)** performed on a person in labor or who has just given birth and is performed for medical purposes connected with

that labor or birth by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.

[(c) It shall not be a defense to a prosecution under this section that female genital mutilation is required as a matter of religion, custom, tradition, ritual, or standard practice.

[(d) For the purposes of subsection (a), the circumstances described in this subsection are that—

[(1) the defendant or victim traveled in interstate or foreign commerce, or traveled using a means, channel, facility, or instrumentality of interstate or foreign commerce, in furtherance of or in connection with the conduct described in subsection (a);

[(2) the defendant used a means, channel, facility, or instrumentality of interstate or foreign commerce in furtherance of or in connection with the conduct described in subsection (a);

[(3) any payment of any kind was made, directly or indirectly, in furtherance of or in connection with the conduct described in subsection (a) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce;

[(4) the defendant transmitted in interstate or foreign commerce any communication relating to or in furtherance of the conduct described in subsection (a) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce by any means or in manner, including by computer, mail, wire, or electromagnetic transmission;

[(5) any instrument, item, substance, or other object that has traveled in interstate or foreign commerce was used to perform the conduct described in subsection (a);

[(6) the conduct described in subsection (a) occurred within the special maritime and territorial jurisdiction of the United States, or any territory or possession of the United States; or

[(7) the conduct described in subsection (a) otherwise occurred in or affected interstate or foreign commerce.

[(e) For purposes of this section, the term “female genital mutilation” means any procedure performed for non-medical reasons that involves partial or total removal of, or other injury to, the external female genitalia, and includes—

[(1) a clitoridectomy or the partial or total removal of the clitoris or the prepuce or clitoral hood;

[(2) excision or the partial or total removal (with or without excision of the clitoris) of the labia minora or the labia majora, or both;

[(3) infibulation or the narrowing of the vaginal opening (with or without excision of the clitoris); or

[(4) other procedures that are harmful to the external female genitalia, including pricking, incising, scraping, or cauterizing the genital area.】

**§ 116. Genital and bodily mutilation of a minor; chemical castration of a minor**

(a) *GENITAL OR BODILY MUTILATION.*—*Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly performs, or attempts to perform, genital or bodily*

*mutilation on another person who is a minor, shall be fined under this title, imprisoned not more than 10 years, or both.*

(b) *CHEMICAL CASTRATION OF A MINOR.*—*Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly chemically castrates a minor shall be fined under this title, imprisoned not more than 10 years, or both.*

(c) *CERTAIN OFFENSE RELATED TO FEMALE GENITAL MUTILATION.*—*Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly—*

*(1) facilitates or consents to female genital mutilation of a minor; or*

*(2) transports a minor for the purpose of the performance of female genital mutilation on such minor,*  
*shall be fined under this title, imprisoned not more than 10 years, or both.*

(d) *CIRCUMSTANCES DESCRIBED.*—*For the purposes of subsections (a) and (b), the circumstances described in this subsection are that—*

*(1) the defendant or victim traveled in interstate or foreign commerce, or traveled using a means, channel, facility, or instrumentality of interstate or foreign commerce, in furtherance of or in connection with the conduct described in subsection (a) or (b);*

*(2) the defendant used a means, channel, facility, or instrumentality of interstate or foreign commerce in furtherance of or in connection with the conduct described in subsection (a) or (b);*

*(3) any payment of any kind was made, directly or indirectly, in furtherance of or in connection with the conduct described in subsection (a) or (b) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce;*

*(4) the defendant transmitted in interstate or foreign commerce any communication relating to or in furtherance of the conduct described in subsection (a) or (b) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce by any means or in manner, including by computer, mail, wire, or electromagnetic transmission;*

*(5) any instrument, item, substance, or other object that has traveled in interstate or foreign commerce was used to perform the conduct described in subsection (a) or (b);*

*(6) the conduct described in subsection (a) or (b) occurred within the special maritime and territorial jurisdiction of the United States, or any territory or possession of the United States; or*

*(7) the conduct described in subsection (a) or (b) otherwise occurred in or affected interstate or foreign commerce.*

(e) *PROHIBITION ON CERTAIN DEFENSE.*—*It shall not be a defense to a prosecution under subsection (a) that female genital mutilation is required as a matter of religion, custom, tradition, ritual, or standard practice.*

(f) *PROHIBITION ON PROSECUTION OF VICTIM.*—*No person who is chemically castrated or on whom genital or bodily mutilation is per-*



formed may be arrested or prosecuted for an offense under this section.

(g) *EXCEPTIONS.*—

(1) *PROCEDURES.*—

(A) *IN GENERAL.*—Genital or bodily mutilation or chemical castration is not a violation of this section if such genital or bodily mutilation or chemical castration is—

(i) necessary to the health of the minor on whom it is conducted, and is conducted by a person licensed in the place of such conduct as a medical practitioner; or

(ii) in the case of female genital mutilation, performed on a minor in labor or who has just given birth and is performed for medical purposes connected with that labor or birth by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.

(B) *HEALTH OF A MINOR.*—For the purposes of subparagraph (A), the health of a minor does not include—

(i) mental, behavioral, or emotional distress; or

(ii) a mental, behavioral, or emotional disorder.

(2) *EXEMPTION.*—Genital or bodily mutilation or chemical castration is not a violation of this section if such genital or bodily mutilation or chemical castration is conducted with respect to any of the following individuals:

(A) An individual with both ovarian and testicular tissue.

(B) An individual with respect to whom a physician 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.

(C) An individual experiencing infection, disease, injury, or disorder caused or exacerbated by a previous genital or bodily mutilation procedure or chemical castration.

(D) An individual suffering from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the individual in imminent danger of impairment of a major bodily function unless the procedure is performed.

(E) An individual diagnosed with precocious puberty, to the extent such genital or bodily mutilation or chemical castration is for the purpose of normalizing puberty.

(h) *DEFINITIONS.*—In this section:

(1) *GENITAL OR BODILY MUTILATION.*—The term “genital or bodily mutilation” means, with respect to an individual, any of the following:

(A) Female genital mutilation.

(B) Any surgery performed for the purpose of changing the body of such individual to correspond to a sex that differs from their biological sex, including—

(i) castration;

(ii) orchiectomy;

(iii) scrotoplasty;

(iv) vasectomy;

- (v) hysterectomy;
- (vi) oophorectomy;
- (vii) ovariectomy;
- (viii) metoidioplasty;
- (ix) penectomy;
- (x) phalloplasty;
- (xi) vaginoplasty;
- (xii) vaginectomy;
- (xiii) vulvoplasty;
- (xiv) reduction thyrochondroplasty;
- (xv) chondrolaryngoplasty; and
- (xvi) mastectomy.

(C) Any plastic surgery that feminizes or masculinizes the facial or other physiological features for the purposes described in subparagraph (B).

(D) Any placement of chest implants to create feminine breasts for the purposes described in subparagraph (B).

(E) Any placement of fat or artificial implants in the gluteal region for the purposes described in subparagraph (B).

(F) Any surgery to reconstruct the fixed part of the urethra, whether or not such surgery includes a metoidioplasty or a phalloplasty, for the purposes described in subparagraph (B).

(2) **CHEMICAL CASTRATION.**—The term “chemical castration” means administering, supplying, prescribing, dispensing, distributing, or otherwise conveying to an individual medications for the purposes described in paragraph (1)(B), including—

(A) gonadotropin-releasing hormone (GnRH) analogues or other puberty-blocking drugs to stop or delay normal puberty;

(B) testosterone or other androgens to biological females at doses that are supraphysiologic to the female sex; and

(C) estrogen to biological males at doses that are supraphysiologic to the male sex.

(3) **BIOLOGICAL SEX.**—The term “biological sex” means, with respect to a person, the classification of the person as male or female at birth.

(4) **FEMALE GENITAL MUTILATION.**—The term “female genital mutilation” means any procedure performed for non-medical reasons that involves partial or total removal of, or other injury to, the external female genitalia, and includes—

(A) a clitoridectomy or the partial or total removal of the clitoris or the prepuce or clitoral hood;

(B) excision or the partial or total removal (with or without excision of the clitoris) of the labia minora or the labia majora, or both;

(C) infibulation or the narrowing of the vaginal opening (with or without excision of the clitoris); or

(D) other procedures that are harmful to the external female genitalia, including pricking, incising, scraping, or cauterizing the genital area.

(5) **MINOR.**—The term “minor” means any person under the age of eighteen years.

(6) **MALE.**—The term “male” means a person who naturally has, had, will have, or would have, but for a congenital anom-

*aly, historical accident, or intentional or unintentional disruption, the reproductive system that at some point produces, transports, and utilizes sperm for fertilization.*

*(7) FEMALE.—The term “female” means a person who naturally has, had, will have, or would have, but for a congenital anomaly, historical accident, or intentional or unintentional disruption, the reproductive system that at some point produces, transports, and utilizes eggs for fertilization.*

\* \* \* \* \*

### Dissenting Views

I oppose H.R. 3492, the so-called Protect Children’s Innocence Act of 2025. This deeply troubling bill would make it a crime, punishable by up to ten years in prison, to provide gender-affirming healthcare to minors. It would criminalize more than a dozen medical interventions and procedures that are used to treat gender dysphoria, including puberty blockers and hormone therapy.

One of the basic tactics in every authoritarian’s playbook is to pick out a small minority group in society and scapegoat them, castigate them, demonize them, eliminate their basic rights and freedoms, dehumanize them, and deny their very existence. History is, sadly, replete with examples of this—Jews and gypsies in Nazi Germany, Christians in Pakistan today, African Americans in Jim Crow America, gay people in Putin’s Russia, Uyghurs and Tibetans in China. Authoritarians say to themselves, “just pick out a minority and mobilize the society against them, and you won’t have to answer tough questions about your own authoritarianism or corruption.”

Every day, I hear from constituents whose children are transgender that they are considering leaving this country—their country—because they fear that this anti-trans campaign deliberately waged by Republicans have made this country unsafe for their families.

And, indeed, the campaign of demonization, vilification, and scapegoating began on his very first day in office, when President Trump issued an executive order denying the very existence of transgender Americans.<sup>1</sup> That is an order that George Orwell would have recognized well. President Trump’s Administration also purged government websites of any reference to transgender Americans, just “disappearing” them.<sup>2</sup> He issued an executive order directing that Americans serving honorably in the Armed Forces for years or decades be summarily kicked out for being transgender.<sup>3</sup> He has threatened to defund schools just for supporting transgender students.<sup>4</sup> He is trying to bully schools into banning

<sup>1</sup>*Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, THE WHITE HOUSE (Jan. 20, 2025), <https://www.whitehouse.gov/presidential-actions/2025/01/defending-women-from-gender-ideology-extremism-and-restoring-biological-truth-to-the-federal-government/>.

<sup>2</sup>Karen Yourish, et al., *Disappearing in the New Trump Administration*, N.Y. TIMES (Mar. 7, 2025), <https://www.nytimes.com/interactive/2025/03/07/us/trump-federal-agencies-websites-words-dei.html>.

<sup>3</sup>*Prioritizing Military Excellence and Readiness*, THE WHITE HOUSE (Jan. 27, 2025), <https://www.whitehouse.gov/presidential-actions/2025/01/prioritizing-military-excellence-and-readiness/>.

<sup>4</sup>Sareen Habeshian, *Trump Threatens Funding for Schools that Accommodate Transgender Children*, AXIOS (Jan. 29, 2025), <https://www.axios.com/2025/01/29/trump-funding-schools-transgender-children>.

transgender girls from playing sports with other girls.<sup>5</sup> He ordered transgender women incarcerated in women’s facilities to be immediately transferred out and placed in male facilities, putting their bodily safety into jeopardy.<sup>6</sup>

And now, House Republicans seek to deny and criminalize transgender youth access to potentially life-saving healthcare, access to the treatments and medications prescribed to them by their physicians, following established standards of care, and in accordance with the wishes of their family. All major medical associations in America agree evidence-based gender-affirming care is necessary and, in many instances, life-saving for transgender youth.<sup>7</sup> And while my colleagues across the aisle claim that there are young people across the country being mutilated by evil, malicious doctors, that is not the real story.

Like all medical care, gender-affirming care is tailored to the age and unique needs of individual patients in consultation with medical doctors, mental health professionals, and—in the case of youth seeking care—their parents. Before puberty, no medical treatment is even recommended. And the majority of medical experts agree that the standards of care for minors very rarely require surgery. A recent study from the Harvard T.H. Chan School of Public Health confirmed that U.S. surgeons are following these guidelines and largely not performing gender-affirming care that includes surgery on minors.<sup>8</sup>

Let’s not turn the Congress of the United States into a supreme medical board for the country that will override not only states and the localities that protect this type of care and the medical associations and the physicians, but even the wishes of the parents. Let’s stop attacking transgender kids. Let’s instead fight to support the programs all of us need. My colleagues recently passed a law that threatens healthcare for over 37 million children who rely on Medicaid and CHIP, the Children’s Health Insurance Program.<sup>9</sup> They support cutting benefits for nearly 15 million children who rely on SNAP benefits to get adequate nutrition in America.<sup>10</sup> They want to gut the Department of Education, which ensures nearly 26 million low-income students and 7.5 million students with disabilities will have access to meaningful educational opportunities.<sup>11</sup>

<sup>5</sup> Marina Dunbar, *Trump Signs Executive Order Banning Trans Athletes from Women’s Sports*, THE GUARDIAN (Feb. 5, 2025), <https://www.theguardian.com/us-news/2025/feb/05/trump-trans-athletes-ban>.

<sup>6</sup> Kaley Johnson & Sam Levin, *Trans Women Transferred to Men’s Prisons Despite Rulings against Trump’s Order*, THE GUARDIAN (Mar. 7, 2025), <https://www.theguardian.com/us-news/2025/mar/07/transgender-women-prison-trump>.

<sup>7</sup> *Medical Association Statements in Support of Health Care for Transgender People and Youth*, GLAAD (June 26, 2024), <https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/>.

<sup>8</sup> Maya Brownstein, *Gender-affirming Surgeries Rarely Performed on Transgender Youth*, HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH (July 8, 2024), <https://hsph.harvard.edu/news/gender-affirming-surgeries-rarely-performed-on-transgender-youth/>.

<sup>9</sup> *An Assault on Children: The Devastating Impact of Proposed Budget Cuts on America’s Kids*, FIRST FOCUS ON CHILDREN (Apr. 3, 2025), <https://firstfocus.org/resource/an-assault-on-children-the-devastating-impact-of-proposed-budget-cuts-on-americas-kids/>.

<sup>10</sup> Bobby Kogan, *Trump’s Proposed Sweeping Spending Pause Would Harm Americans*, CENTER FOR AMERICAN PROGRESS (Jan. 28, 2025), <https://www.americanprogress.org/article/trumps-proposed-sweeping-spending-pause-would-harm-americans/>.

<sup>11</sup> *Fact Sheet: President Donald J. Trump Empowers Parents, States, and Communities to Improve Education Outcomes*, THE WHITE HOUSE (Mar. 20, 2025), <https://www.whitehouse.gov/fact-sheets/2025/03/fact-sheet-president-donald-j-trump-empowers-parents-states-and-communities-to-improve-education-outcomes/>; Michael C. Bender & Dana Goldstein, *Education Department Fires 1,300 Workers, Gutting Staff*, N.Y. TIMES (Mar. 11, 2025), <https://www.nytimes.com/2025/03/11/us/politics/trump-education-department-firings.html>.

If we want to talk about children in America, let's talk about children in America. Let's not demonize and scapegoat less than one-half of one percent of the population. Somewhere around 2.8 million people in America are transgender.<sup>12</sup> So let's not pounce on them and demonize them and vilify them and the people who love them and are trying to take care of them.

H.R. 3492 is the Republicans' latest effort to attack, demean, and scapegoat transgender Americans. I will not stand for it. I oppose this legislation, and I urge all of my colleagues to do the same.

JAMIE RASKIN,  
*Ranking Member.*



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<sup>12</sup>*How Many Adults and Youth Identify as Transgender in the United States?*, UCLA SCHOOL OF LAW WILLIAMS INST. (Aug. 2025), <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>.