

HB 1170 Sections 2 & 3: Banning Puberty Blockers

Legislative Rubric from Science for Georgia

[HB 1170](#) Sections 2 & 3 were added to the bill after it had already passed the Georgia House and are unrelated to putting opioid overdose kits in government buildings. This bill would add puberty blockers to the list of medications that are prohibited to being prescribed to minors who have been diagnosed with [gender dysphoria](#). Last session the legislature passed [SB 140](#) which prevents the use of hormone therapy and surgical procedures to treat transgender youth.

Criteria	Variables			
Impact Who is going to be impacted? Is it equitable? List stakeholders & opinions.	Negative		Positive	
	Groups that advocate for LGBTQ+ populations, the American Academy of Pediatrics , and other respected medical institutions have released statements supporting gender affirming care for trans youth. This bill would force trans youth to undergo puberty that does not match the gender they identify with.			
Reach Does it reach its target audience?	0 - No impact on target audience.	1 - Impacts narrow segment	2 - Impacts majority; exceptions.	3 - Impacts entire target audience
	The bill would prevent minors from being prescribed puberty blockers and would force minors who are already receiving them to stop treatment.			
Scientific Merit Does it utilize scientific research accurately?	YES - this does follow scientific research accurately. Here's why...		NO - this does not present scientific research accurately	
	There is a long list of studies on the impacts of gender affirming care. The main conclusion has been that this care is vital for the mental health of teens. Concerns have been raised by advocates of the bill of the irreversible nature of puberty blockers and long-term side effects. A critical review of the literature has taken these effects into account but concluded that the mental health impacts outweigh negative impacts, and more research is needed. When prescribed and monitored through quality care, puberty blockers align with standard medical practice .			
Financial Feasibility Is it financially feasible? or does this have burdensome finances (higher taxes, future costs, etc)?	0 - Extremely high costs	1 - Expensive but can be done	2 - Slight financial burden	3 - No financial burden
	There no financial costs associated with the bill. However, it may impact tax revenue from the sale of these drugs and ability of care providers to operate. Furthermore, it creates financial barriers to families seeking care as those who cannot go out of state to receive treatment will not be able to receive any care.			
Political Feasibility Level of opposition and partisan disagreement.	0 - Majority disagreed, regardless of party	1 - Split along party lines	2 - Minimal Opposition	3 - Complete consensus (zero to five 'Nays')
	The substitute passed along party lines in the Senate Health and Human Services committee after hearing testimony from only those who are in			

	support of the bill. Opponents were blindsided with these sections were being presented and therefore only one opinion was given.			
Measurable Metrics? We recommend looking at these 3 metrics. Is the data available or being measured?	0 - no data	1 - some data / not accessible	2 - most data / somewhat accessible	3 - complete transparency
	This is an outright ban and does not involve the measurement of any data.			