

HB 54 – Home Health Services → Now Anti-Puberty Blockers

Legislative Rubric from Science for Georgia

[HB 54](#) has had an amendment tacked onto it. The original bill is about home health services by licensed registered nurses and physician assistants. The tacked on amendment prevents minors from having puberty blockers.

Original Bill

Original Summary: This bill would expand the abilities of advanced practice registered nurses and physician assistants regarding the possession and administration of certain substances in home health settings, the ordering of home healthcare services for patients of licensed home health agencies, and other actions as delegated by a physician.

The original bill would have a mainly positive impact. It expands the abilities of advanced practice registered nurses and physician assistants, which would help to reduce physician patient load and assist patients in receiving the help they need sooner.

Amendment

Amendment summary: Recent amendments to HB 54 would (1) prevent minors with gender dysphoria from receiving puberty blockers, (2) would prohibit the State Health Benefit Plan from covering gender-affirming care, and (3) would prevent state-owned and operated healthcare facilities, as well as physicians and other healthcare providers employed by the state, from providing gender-affirming care to patients.

Criteria	Variables			
Impact Who is going to be impacted? Is it equitable? List stakeholders & opinions.	Negative		Positive	
	The amendments made to this bill restrict gender-affirming care (GAC) for transgender minors and reduce the accessibility of GAC for all transgender Georgians.			
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
	This law impacts all transgender and gender non-conforming youth who seek gender-affirming care. This bill targets a small but vulnerable portion of the population.			

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<p>Scientific Merit Does it utilize scientific research accurately?</p>	<p>YES - this does follow scientific research accurately. Here's why....</p>		<p>NO - this does not present scientific research accurately.</p>	
<p>The sponsor of this amendment reported that “Available evidence suggests that ... if you don’t give hormones, if you don’t do surgery or if you don’t use puberty blockers, they’ll go through a natural puberty and outgrow this.” This statement is misleading and relies on outdated and questionable science to advance a narrative. It rest primarily on one study using outdated definitions of gender dysphoria and a questionable sample of children. Current guidance from the Journal of Medical Ethics notes that practitioners support suppressing puberty when the long-term consequences of delayed treatment outweigh the long-term consequences of treatment. Children experiencing distress over gender incongruence that undergo puberty can face severe depression, suicidal ideation, bullying, abuse, and even drop out of school. Medical and psychological intervention is key to treatment; suppressing puberty reduces suicide risk, and delayed treatment causes distress and puberty changes that are more medically difficult to reverse. In addition, transgender and gender nonconforming adults commonly report accessibility and affordability issues as major barriers to receiving GAC. State laws preventing certain GAC services and lack of health insurance coverage place an undue burden on this population.</p>				
<p>Financial Feasibility Is it financially feasible? or does this have burdensome finances (higher taxes, future costs, etc)?</p>	<p>0 - Extremely high costs</p>	<p>1 - Expensive but can be done</p>	<p>2 - Slight</p>	<p>3 - No financial burden</p>
<p>Providing gender affirming care has been shown to have minimal costs to the general population. Instead, the risk of not providing gender affirming care (GAC) is much more costly. The cost of not providing GAC has been estimated to be more than \$23,000 over ten years, due to the costs of negative health outcomes, including depression, substance abuse, and suicide. Addressing gender dysphoria early on has also been shown to increase cost savings, as provision prevents more expensive medical interventions later.</p>				
<p>Political Feasibility Level of opposition and partisan disagreement.</p>	<p>0 - Majority disagreed, regardless of party.</p>	<p>1 – Split along party lines</p>	<p>2 - Minimal Opposition</p>	<p>3 - Complete consensus (zero to five 'Nays').</p>
<p>Split along party lines. This bill is entirely Republican sponsored. The amended version from the Senate has been returned to the House. The House must now agree to their changes.</p>				
<p>Measurable Metrics? We recommend looking at these 3 metrics. Is the data available or being measured?</p>	<p>0 - no data</p>	<p>1 - some data / not accessible</p>	<p>2 - most data / somewhat accessible</p>	<p>3 - complete transparency</p>
<p>Further long-term studies are needed on specific GAC treatments, but large amounts of data do exist and are transparent.</p>				