March 13, 2023

RE: Testimony in **Opposition to Senate Bill 163** of the 2023 Nevada Legislature

Members of the Senate Committee on Commerce and Labor:

On behalf of Republicans in the great State of Nevada, I would like to communicate our opposition to Senate Bill 163.

Please vote no on Senate Bill 163. The 2010 Affordable Care Act roughly quadrupled health insurance premiums, primarily through elimination of medical underwriting and by forcing consumers to purchase coverage that they'll never need— for example, the Not-So Affordable Care Act famously requires maternity coverage, even for policies sold to men. As an insurance professional, I saw first hand the financial devastation caused by the Affordable Care Act.

SB163 continues this destructive path by forcing 100% of consumers to pay for coverage that only a small fraction of 1% of them will ever need— the 5th Version of the Diagnostic and Statistical Manual of Mental Disorders estimates that up to .014% of males and .003% of females will be diagnosed with Gender Dysphoria.

Worse, SB163 mandates that Medicaid will cover surgical treatment of gender dysphoria. There is no reason that Nevada taxpayers should be picking up the tab for unproven treatments.

However, the most disturbing feature of SB163 is that it enables the exploitation of minors by the medical and education industries. This bill allows children to obtain permanent surgical procedures, paid for by our tax dollars, and does not require any parental notification. **The only guidance needed for these children to permanently alter their bodies comes from those who profit from the procedures.**

Although there is disagreement in the medical field about the benefits and dangers of gender reassignment as a treatment for Gender Dysphoria, if consenting adults want to opt for the treatments described in SB163, that's their call— they have the maturity and ability to properly consider the risks and benefits. But it is unconscionable that we would encourage permanent mutilation of children, particularly without parental notification and guidance.

Do you wish you had followed through on every idea that popped into your head at age 14? I'm sure glad I didn't, but this bill allows children to make permanent decisions with lifelong consequences.

Please protect health insurance consumers, Nevada taxpayers, and vulnerable children— vote no on SB163.

Finally, we would respectfully request that the members under litigation for a Constitutional violation of the separation of powers clause (Article 3, Section 1, Nevada Constitution) for their
concurrent employment with government agencies while being state legislators—recuse themselves until the litigation is settled or they have fully resolved their violation of the Nevada Constitution. As this body is well aware:

    The powers of the Government of the State of Nevada shall be divided into three separate departments, the Legislature, the Executive and the Judicial; and no person charged with the exercise of powers properly belonging to one of these departments shall exercise any functions, appertaining to either of the others, except in the cases expressly directed or permitted in this constitution. Nevada Const. Art. 3, §1, ¶1.

For these reasons, the Nevada Republican Party strongly opposes SB163.

Sincerely,

Jim DeGraffenreid  
Republican National Committeeman, Nevada

Supporting Articles:

NY Times Reveals Painful Truth about Sex Change Surgery :  

I Thought I Was Saving Trans Kids - Now I'm Blowing the Whistle :  
https://www.thefp.com/p/i-thought-i-was-saving-trans-kids

4 out of 5 Kids who question gender 'grow out of it' :  
Monday, March 13, 2023

To the Chair and Members of the Commerce and Labor Committee,

We at the Libertarian Party of Nevada write to you in opposition to SB 163. Coverage mandates negatively impact the health insurance and health care market overall and will result in higher costs of care and higher premiums. Furthermore, pharmaceutical and surgical interventions for gender dysphoria should not be legally available to minors, much less subsidized by taxpayers or by all ordinary Nevadans with health insurance coverage.

Speaking generally, the state should not be mandating that anything be covered by insurance companies. Decades of state and federal intervention in the health care and health insurance market is the primary reason for the high costs of healthcare today. Insurers ought to be able to price for risk and offer various coverage options based on the needs of their customers. Top-down mandates prevent innovation and competition, resulting in a health care market where all options are uniformly mediocre and expensive. The only way for a vibrant, affordable, high quality market of diverse options to emerge will be to reintroduce price discovery and open up competition. This bill is a step in the wrong direction and will drive up the cost of health insurance in Nevada.

However, our greater concern is that this bill also requires insurance companies to cover pharmaceutical and surgical ‘gender transition services’ for minors. This forces all policyholders and employers who pay premiums into funding a set of procedures that are highly controversial and to which they may have a strong moral or religious objection.

A diagnosis of gender dysphoria is not a medical diagnosis that can be objectively verified. It is a psychological diagnosis of mental disorder, where the patient reports a perceived difference between their sex and their sense of “gender identity”. This bill would require coverage for pharmaceutical treatments and surgical procedures that bring the physical appearance of the body into closer alignment with the desired gender presentation of the patient. Consenting adults have every right to seek out services of this nature (although no right to require that others assume the cost).

Children however, are unable to consent to such interventions. To insist that a child can know, with certainty, what their ‘gender identity’ as an adult will be is farcical. Children are engaged in a process of identity formation, and their sense of self is developing and changeable. Their sense of what it means to be a man or a woman is nascent. A child is not capable of agreeing to pharmaceutical or surgical interventions that interrupt or permanently alter their process of development into an adult.
These interventions are experimental and risky, with a wide range of known side effects. Despite what activists and financially interested providers may insist, “puberty blockers” are neither safe nor reversible. The human body is a complex system and its natural development cannot simply be “paused” and resumed without consequence. The research into this area is inadequate to justify such strong claims of safety by its proponents, and several studies exist which suggest permanent harm to bone and brain development. Similarly, the use of cross-sex hormones involves a host of known side effects and risks, including permanent damage to fertility and sexual health. Surgical interventions are even more uncertain and irreversible. Mastectomies are not a minor surgical procedure, and the range of possible complications from “bottom surgeries” is staggering.

The vast majority of children who experience gender dysphoria and are not subject to any intervention will find that their feelings of discomfort in their body resolve naturally with time\(^1\). However, there is strong evidence to suggest that “affirming care” which encourages children with gender dysphoria to transition socially leads to far higher rates of persistence\(^2\). Children who are placed on puberty blockers proceed almost invariably to hormone therapies and often on to further interventions. These interventions are sold as “medically necessary” to prevent the child from committing suicide, but there is no evidence that transition of any kind reduces the risk of suicide\(^3\). Assertions to the contrary are emotional manipulation.

Minor children who experience gender dysphoria deserve love, acceptance and compassion. They deserve the opportunity to grow into their adult identity without being locked into a cycle of intervention and transformed into a lifelong medical patient. It is the position of the Libertarian Party of Nevada that “gender affirming” pharmaceutical and surgical interventions on minors constitute medical malpractice or medical abuse. To require Nevadans to financially support these unethical practices is absolutely unacceptable.

We urge you to vote NO on SB 163.

Thank you for your consideration.

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Please vote no on Senate Bill 163.

There is no reason that the state of Nevada should be paying for surgical treatment of gender dysphoria. As I'm sure you know, biological sex happens at the point of conception, and there are fundamental differences between men and women. This bill would allow children to obtain permanent surgical procedures, paid for by our tax dollars. Do you wish you had done every idea that popped into your head at 14? I'm sure glad I didn't, but these kids may have to live with the consequences of that for the rest of their lives.

Additionally, this bill allows the government to punish providers who refuse to comply with revocation of their certificate to operate. In a time where Nevada has well documented healthcare shortcomings (https://thenevadaindependent.com/.../nevada-needs-more...), do you want to drive religiously affiliated healthcare institutions out of Nevada?

The sex identification of embryos is done using preimplantation genetic testing (PGT), which involves taking a few cells from an embryo as it develops in the lab, and determining the sex, boy or girl, of the embryos through genetic analysis.

Supporting Articles:

NY Times Reveals Painful Truth about Sex Change Surgery : https://www.heritage.org/.../new-york-times-reveals...

I Thought I Was Saving Trans Kids - Now I'm Blowing the Whistle : https://www.thefp.com/p/i-thought-i-was-saving-trans-kids

4 out of 5 Kids who question gender 'grow out of it' : https://nypost.com/.../four-out-of-five-kids-who...

The Clark County Republican Party
Please vote no on Senate Bill 163.

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Natalie Thomas
March 15, 2023

Senator Pat Spearman, Chair  
Senate Committee on Commerce and Labor  
Nevada State Legislature

RE: SB 163

Dear Committee Members,

I am in opposition of SB 163 and encourage you to vote it down. Please allow me to make five specific points, upon which I can elaborate if needed.

1) Nevada ranks dead last in behavioral health care but instead of compelling coverage for preventative mental health care or adopting an any-willing provider law to expand access, it is instead apparently more interested in compelling coverage for surgical bodily alterations to address mental illness. The least intrusive methods should come long before the most intrusive ones, as delineated by the State's own Medicaid Services Manual. As such, this bill seems to run afoul of current regulatory policy.

2) Allowing children to make permanent, irreversible, sterilizing, physically altering treatment to address a temporary, fleeting mental disorder is not ethical by any printed standards, anywhere, nor is it researched to any degree that would even approach fidelity. All research in support of these measures has either been debunked as fraudulent or had serious statistical concerns raised.
   a) This bill, if passed, will create an open door for blank checks to be written for all sorts of psychiatric disorders, not the least of which would be body dysmorphia and anorexia. This is a dangerous precedent to set, and one that Nevada should not indulge.

3) Mental disorders, their definitions, diagnostic criteria, and even their names are subject to change at the behest of robust dialogue and research conducted by the American Psychiatric Association. Codifying a mental illness in statute inherently places the non-expert lay legislators in a position of medical authority, which they cannot and should not hold. Doing this communicates that citizen lawmakers - not medical professionals - have the final say on what constitutes a diagnosis. This, too, is a dangerous precedent to set and raises the question of what a clinician should use as a guideline for practice; the DSM or various state laws? Again, it is not something Nevada should indulge.

4) Presuming "any insurer" means Medicaid, this unethical medical treatment will be subsidized by taxpayers as well as private companies. The filing of multiple lawsuits against this body as a result of this bill's passage is not only assured, but when they arrive will cost the taxpayers even more money.

5) SB 163 appears to be in direct conflict with NRS 200.5083 (the prohibition of female genital mutilation) and how LCB squares these two seemingly contradictory laws, I have no idea, but perhaps this is the first time it has been brought to its attention.

I thank you for your audience here. Unfortunately I cannot be present in person for the hearing but I am available for any questions you might have. My cell phone is 775.287.1099.

Appreciatively,

[Signature]

Jake Wiskerchen  
Marriage and Family Therapist  
National Certified Counselor
February 27, 2023
TO: Nevada Senate Committee on Commerce & Labor

I write to urge this committee to vote NO on SB163. It is disturbing to consider life-altering and permanent treatments for minors without parental or guardian consent. Furthermore, the rise in clinics and hospitals eager to provide hormones and/or gender surgeries should be alarming to everyone. In many cases, the underlying causes for gender dysphoria are ignored, with a rush to provide hormone therapy and/or surgeries without meaningful and extensive therapy prior to life-altering interventions. Also, the process to determine the need for gender dysphoria treatment varies from one clinic to another. Moreover, there is a growing body of evidence, provided by detransitioners, of serious complications and/or regrets about undergoing gender surgeries.

One website, run by Walt Heyer, a detransitioned male, states that up to 20% of people who underwent gender reassignment surgeries regret their decision. “10 to 15 years after surgical reassignment the suicide rate is 20 time higher than comparable peers.” sexchangeregret.com

Another website devoted to stopping the medical transition of children is Trevoices.org, is from “Transman” Scott Newgent, who works tirelessly to stop irreversible medical transitions of children. trevoice.org

Dr. Lisa Litman, President and Director of the Institute for Comprehensive Gender Dysphoria Research (ICGDR) conducted a study of detransitioners to discover the reasons for detransitioning. Here are just a few:

My personal definition of female or male changed and I became more comfortable identifying as my natal sex... 65.2% Natal Females, 48% Natal Males

My mental health did not improve while transitioning... 45% Natal Females, 36% natal males

I discovered that my gender dysphoria was caused by something specific (ex, trauma, abuse, mental health condition)... 41% NF 32% NM

https://link.springer.com/content/pdf/10.1007/s10508-021-02163-w.pdf

A study by Levine, Abbruzzese, and Mason, published in March 2022, finds that “the informed-consent process is too often more of a box-checking exercise than a serious discussion and
deliberation. In ‘Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults,’ the authors lament that clinicians in the trans industry have gone beyond simple negligence or incompetence; instead, they are engaging in demonstrably unethical practices. Levine describes a Wild West mentality in the rapidly proliferating “gender clinics” (including, increasingly, Planned Parenthood facilities) that desperate parents consult to handle their children’s gender dysphoria. Perhaps as early as preschool, or suddenly as adolescents or college students, skyrocketing numbers of youth are demanding medical interventions that raise—or should raise—a host of ethical concerns. These concerns “are amplified by the dramatic growth in demand for youth gender transition witnessed in the last several years that has led to a perfunctory informed consent process” (emphasis in the original).

The numbers are startling. Incidence of trans identity began to rise around 2006 and soared in 2015. According to Levine, this boom in demand, coupled with the absence of any well-considered standards of ethical practice, **has led to the development of a new “informed consent model of care.”** Under this model, mental health evaluations are not required, and hormones can be provided after just one visit following the collection of a patient’s or guardian’s consent signature . . . Taking the easy path means that many clinicians are ushering children and adolescents onto the conveyor belt of lifetime medicalization without any meaningful examination of what underlies their gender dysphoria.

https://washingtonstand.com/commentary/under-the-radar-the-detransitioner-movement-is-surring

Our children need emotional health services, not medical or surgical interventions.

Please vote NO on SB163.

Kathleen Seline
Fallon, NV
Dear Commerce & Labor Committee: 03/10/23

SB163

Please OPPOSE SB163. This bill requires insurance agencies, private and public healthcare plans, which also include Medicaid, to cover treatments relating to gender dysphoria, gender incongruence and other sexual development disorders. Medicaid is taxpayer funded and is already in trouble. Putting this added burden on Medicaid would be devastating plus raise the insurance rates for all Nevadans.

This bill also removes parental consent for kids 17 years and under which violates NRS126.036 which protect fundamental parental rights. The purpose of the government is to protect our fundamental rights, not undermine them.

Eligibility for this procedure is to have 2 of the “Strong Desire to be of the opposite gender than assigned at birth” clauses and sustained for 6 months; anyone could say that and could not be proven otherwise.

Insurers don’t insure cosmetic surgeries for a reason. They are very expensive and not life threatening. It is only cosmetic.

This bill was presented in the last legislature as SB139 and it was defeated. This bill also needs to be defeated. Vote NO on SB163

Thank You,

Ann Sweder
Sparks, Nv. 89441
Please do NOT support Bill SB 163

A child's brain does not fully mature until the mid- to late 20s. (According to the National Institute of Mental Health (NIH) website.) Even so, the current gender-affirming approach embraced by public institutions in media, education, and the legal system, and recommended by most national medical organizations, tells parents to treat their children as the gender they desire, and to place them on puberty blockers around age 11 or 12 if they are gender dysphoric. If by age 16, the children still insist that they are trapped in the wrong body, they may be placed on cross-sex hormones, and biological girls may obtain a double mastectomy. SB 163 would penalize medical organizations that do not follow this approach.

All of these procedures are happening even though there is not a single long-term study to demonstrate the safety or efficacy of them. (According to the American College of Pediatricians, article entitled "Transgender Interventions Harm Children."). The New York Times investigated the deleterious effects that puberty blockers have on bone health, and published an article, "They Paused Puberty, But Is There a Cost?" after reviewing the scientific literature and interviewing over 50 doctors and academic experts around the world. (New York Times, November 14, 2022)

Gender dysphoric children who are treated using a “watchful waiting” approach largely desist, no longer identify as transgender as adults, and accept their bodies as they are. Those who are subjected to medical intervention do not. (According to article entitled "The Myth of the 'Desistance Myth", The Journal of the Witherspoon Institute in Public Discourse.) This is affirmed by The Italian Psychoanalytic Society, who noted: "Only a minority of children who state that they do not identify with their gender confirm this position in adolescence, after puberty." They state that a body of research indicates that roughly 60–90% of children who identify as transgender, but do not socially or medically transition, will no longer identify as transgender in adulthood. (According to the website of the Italian Psychoanalytic Society.)

Children are our future and, as such, must be protected. At least until the reach 18 or 19, these 'gender-affirming' procedures should NOT be endorsed nor required by a bill like SB 163!

Patricia K. Miller
RE: SB163

Dear Senate Commerce and Labor Committee,

Please consider (below) the most recent study in the field of gender dysphoria (of particular interest is the published correction). This is not only the largest study in this field, it is also the longest study to date. This study does not support the conclusion that gender reassignment, via surgery or hormones, is either a necessity nor does it increase the quality of life of the gender dysphoric. If the scientific research does not support the value of such options, should you?

Sincerely, 
Reva Crump

SB163

Summary: This bill is an attempt to force insurance companies to pay for gender reassignment options, some of which the most current scientific studies do not support.

- The largest study, (and a long study: 10 years) to date on individuals who received a diagnosis of gender incongruence, published in the American Journal of Psychiatry on 4 Oct 2019 ¹ recently published a correction², on 1 Aug 2020 to their original findings. Outcome measures were mood and anxiety disorder health care visits, antidepressant and anxiolytic prescriptions, and hospitalization after a suicide attempt. In their correction to the original study, the authors point out that on one score—treatment for anxiety disorders—patients who had sex-reassignment surgeries did worse than those who did not: "Individuals diagnosed with gender incongruence who had received gender-affirming surgery were more likely to be treated for anxiety disorders compared with individuals diagnosed with gender incongruence who had not received gender-affirming surgery."²

- Stated in the aforementioned correction is that neither hormonal transition nor surgery showed signs of improvement in mental health. In summary, the largest dataset on sex-reassignment procedures, both hormonal and surgical, reveals that such procedures do not bring the promised mental health benefits.
- The term "medically necessary treatment" as defined in this bill is not supported by the largest and most current scientific study on gender incongruence.
- Why is there no fiscal impact assessment in the fiscal notes of this bill when it clearly states that there will be one?
- This bill mandates that insurance companies cover procedures that are not proven to be medically necessary.

***This bill is a recycled bill from Legislative Session 81 known as SB139.

Written Testimony Submitted by:

Shari Bainter  
15065 Goldenrod Dr. Reno, NV 89511  
bainters@protonmail.com 775-560-1263

Representing: Self - Citizen of Washoe County

February 24, 2023, In the Year of Our Lord

Senate Commerce and Labor Committee

SB 163 - Opposing

Minors can’t buy cigarettes or booze, and can’t get a driver’s license until age 18. Parents approve whether they can go out with friends and parents enforce curfews. Why should they be free to pursue gender surgery without parental consent? Gender Surgery is not a cake walk. There are risks that every individual contemplating gender surgery need to understand. Below is just a small sample of studies with very negative results. There are several more at the following website:  
https://statsforgender.org/surgery/

Female-to-male genital reconstruction surgery has a high negative outcome rate, including urethral compromise and worsened mental health.

The results of a 2021 international survey [1] of 129 female-to-male patients who underwent genital reconstruction surgery support anecdotal reports that complication rates following genital reconstruction are higher than are commonly reported in the surgical literature.

Complication rates, including urethral compromise, and worsened mental health outcomes remain high for gender affirming penile reconstruction. In total, the 129 patients reported 281 complications requiring 142 revisions.

Another paper [2] found a 70% complication rate in one type of female-to-male genital reconstruction surgery.

Even with the “radial forearm free flap” method of creating a synthetic penis — “considered by many as the gold standard for phallicoplasty” [3] — there are high rates of complications, with up to 84% urethroplasty related complications [4].

REFERENCES


As a parent who raised two children to adulthood, a minor cannot fully comprehend so many risks at such a young age. Please oppose SB 163. Thank you.
March 14, 2023

SENATE COMMITTEE ON COMMERCE AND LABOR
Legislative Building, Room 2134
401 S. Carson St.
Carson City, NV 89701

Re: Senate Bill No. 163 – Oppose

Dear Chair and Honorable Members of the Senate Committee on Commerce and Labor:

Please consider this the formal opposition statement to Senate Bill No. 163 (S.B. 163), to be heard on March 15, 2023, on behalf of Pacific Justice Institute – Center for Public Policy.

SUMMARY

The Bill as drafted violates federal and state law. It must be amended, at a minimum, simply to accord with current state law. The following amendment is necessary to conform with existing state law and to begin to comply with the federal and state constitution:

An insurer that offers or issues a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage required by [newly added S.B. 163] if the insurer objects on religious grounds.

This amendment must be included in each of the following six chapters that may be amended by SB 163: NRS 689A, NRS 689B, NRS 689C, NRS 695A, NRS 695C and NRS 695G.

BACKGROUND

S.B. 163 will create a statewide mandate that requires all insurers—and all Nevadans—to fund surgical interventions for gender dysphoria, including gender affirmation surgery and genital transformation (“bottom surgeries”) for children.

There is no recognition for religious organizations in the Bill. There is no consideration for personal conscience in the Bill. What option is there for a religious organization affiliated with an insurer? What option is there for an individual who cannot collaborate with this statewide scheme due to their personal conscience? Per the Legislative Council’s Digest, there is only mandatory participation in—and payment for—a statewide system that violates the faith of many but nonetheless demands

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1 See, NRS § 689a.0418(7); NRS § 689B.0378(7); NRS § 689C.1676(7); NRS § 695A.1865(7); NRS § 695C.1696(7); and NRS § 695G.1715(7); Nev. Const. art. I, § 4; U.S. Const. amend. I; 42 U.S.C. § 1983.
2 Id.
3 S.B. 163 endeavors to reach all insurers who provide health care to Nevadans, including any participant or provider by revising mandates for each of the following: Individual Plans (NRS 689A), Group and Blanket Health Insurance plans (NRS 689B), Health Insurance for Small Employers (NRS 689C), Fraternal Benefit Societies (NRS 695A), Health Maintenance Organizations (NRS 695C), Managed Care (NRS 695G), and/or Medicaid (NRS 422). S.B. 163 §§1-15.
compliance from any individual, from any religious organization and from an (unfunded) state mandate. The Bill is discriminatory and violates the very principles of inclusivity and diversity it claims to protect.

**LEGAL ARGUMENTS IN OPPOSITION**

The Bill as drafted violates federal and state law. S.B. 163, as proposed, violates the rights of religious organizations by mandating participation in, and payment for, actions that violate sincerely held religious beliefs. One need only look at current state law to see this glaring and unlawful feature of S.B. 163. Nevada state law only allows mandated insurance coverage, when provisions by an entity on the express basis that the rights of insurers affiliated with religious organizations are explicitly protected. The issue of mandated contraception coverage clarified and codified Nevada’s legal obligation to respect the rights of religious organizations. Because of this legal obligation to respect the rights of religious organizations, the NRS provides that an insurer “which is affiliated with a religious organization” is not required to provide coverage “if the insurer objects on religious grounds.”

As a legal baseline, then, the same constitutional protections must be maintained with respect to S.B. 163 and its contemplated revisions to NRS health insurance mandates. Revisions to the contrary are inconsistent with federal and state law.

The following amendment is therefore necessary to conform with existing state law and to comply with the federal and state constitution:

An insurer that offers or issues a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage required by [newly added S.B. 163] if the insurer objects on religious grounds.

The foregoing amendment must be included to maintain Nevada’s legal recognition of fundamental religious liberty rights and freedom of conscience; the amendment does not add new protections to state law but merely preserves those already codified in current state law in recognition of federal and state constitutional requirements.

This foregoing amendment must be included each of the following six chapters amended by SB 163: NRS 689A, NRS 689B, NRS 689C; NRS 695A, NRS 695C and NRS 695G.

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2. Sw. NRS § 689a.0418(7); NRS § 689B.0378(7); NRS § 689C.1676(7); NRS § 695A.1865(7); NRS § 695C.1696(7); and NRS § 695G.1715(7); Nev. Const. art. I, § 4; U.S. Const. amend. I; 42 U.S.C. § 1983.
4. Sw. NRS § 689a.0418(7); NRS § 689B.0378(7); NRS § 689C.1676(7); NRS § 695A.1865(7); NRS § 695C.1696(7); and NRS § 695G.1715(7); Nev. Const. art. I, § 4; U.S. Const. amend. I; 42 U.S.C. § 1983.
5. Sw. NRS § 689a.0418(7); NRS § 689B.0378(7); NRS § 689C.1676(7); NRS § 695A.1865(7); NRS § 695C.1696(7); and NRS § 695G.1715(7).
6. Id.
7. Id., supra, fn. 5.
8. Id.
9. Id.
Medically and ethically, the Bill is unsound at best and repugnant at worse. There is no age requirement for a child to qualify for state-funded surgical intervention under S.B. 163: **This Bill says no child is too young for sex-reassignment surgery.** According to the Cleveland Clinic, the surgeries and treatments on offer for children include puberty blockers, plastic surgery, and genital transformation and reconstruction.\(^{12}\) S.B. 163 specifically funds these interventions. Genital transformation is a “common” type of transgender surgery, according to the Cleveland Clinic.\(^{13}\) S.B. 163 explicitly covers *pediatric* endocrinologists, and surgical and medica interventions for children under age 17. The religious objections from a diversity of churches and religions organizations need not be restated here. What must be stated is that forced participation by religious-affiliated insurers, in this proposed scheme, is patently unlawful.

We will leave medical objections to the experts, their sworn testimony,\(^{14}\) and the experienced voices about the manifold medical and psychological implications for patients, parents and children. Instead, we restate our fundamental legal objection to the Bill which will violate federal and state law if not amended.

**CONCLUSION**

The Bill will enact a statewide scheme that ignores religious rights all together, in violation of federal and state law. S.B. 163 unlawfully discriminates in the name of inclusion, and it violates the very principles of diversity it proposes to support. We urge you to oppose S.B. 163 if not amended.

Respectfully submitted,

\[Signature\]

Emily C. Mimnaugh  
*Nevada Resident and Attorney*

PACIFIC JUSTICE INSTITUTE – CENTER FOR PUBLIC POLICY  
P.O. Box 276600  
Sacramento, CA 95827  
Tel: (916) 857-6900  
E-mail: emimnaugh@pji.org

\(^{12}\) See *Cleveland Clinic, “Gender Affirmation (Confirmation) or Sex Reassignment Surgery”*, available at https://my.clevelandclinic.org/health/treatments/21526-gender-affirmation-confirmation-or-sex-reassignment-surgery.

\(^{13}\) Examples of "common" surgery options include the following: Facial reconstructive surgery to make facial features more masculine or feminine; Chest or “Top” surgery to remove breast tissue for a more masculine appearance or enhance breast size and shape for a more feminine appearance; Genital or “Bottom” surgery to transform and reconstruct the genitalia.” (emphasis added). Additional “treatments” include hormone therapy and voice therapy. *Id.*

\(^{14}\) See, e.g. Stephen B. Levine, M.D., Affidavit (*Deborah Figueroa et al., v. The School Board of the City of Harrisonburg, Virginia, et al.*, Case No.: CL22-1304, Dec., 2 2022).
Dear Senate of the State of Nevada,

I wish to send my urgent request for representation on opposing bill SB163.

This is controversial subject that has me and many of my other local friends and family in heated upheaval. And we are restricted from communicating about it opening online or on social media platforms as it's a subject that has brought violence on those who oppose it.

My biggest concern here is that we are reducing women to just aesthetics, with the medical industry now calling mothers a birthing person, a breastfeeding is now chestfeeding. Literally everybody was born from a women and has a mother. We degrade women to say that a biological man can become one when he will never bleed or be able to create life.

I have watched the sad reality of transwomen entering into women’s sports and dominating. Transwomen taking up awards and celebrations reserved for women.

Women have fought very hard for these spaces and now men are taking them from us.

It’s as though politics and the medical industry HATE Women.

Health insurance and the medical industry PUTS profits before people and in bill SB163 this is evident.

They do not TEST for gender disorders. It’s assumed.

Its weak diagnostics and treatment.

Are we really treating someone hooking them into a lifetime medical subscription that requires monthly rx and multiple surgeries??

Think about what this will cost insurance companies.

It’s a LIFE long need for RX and surgeries with complications along the way. If someone stops taking their RX their bodies go back to its natural birth gender and that cannot be altered by science with surgeries. Treating a mental disorder should take step-therapy into consideration, dealing with the traumas first before rushing someone into changing their gender.

The Trans movement has and always will be about aesthetics, medical subscription and having everyone pretend a trans-person is something they are not.

Insurance rates are already higher than mortgages, how can Health Insurance companies possibly sustain this? It’s impossible and it has nothing to do with a person’s health and everything to do with lining the pockets of dirty politicians and the medical industry making power grabs every chance they get.

**WOMEN and their children ARE SACRED!!**

I DO NOT CONCENT TO MOVING FORWARD WITH BILL SB163.

KEEP NEVADA OUT OF THIS. WE HAVE ENOUGH TO DEAL WITH ALREADY.

Sincerely,

Danielle Abbott
I’m Don Nelson. I live in Sparks Nevada. I represent myself, not the organizations I’m affiliated with. I oppose SB163. Gender dysphoria is a serious mental illness and is rare. It is said to affect men the most but occurs in less than 1 in 10,000. But lately there’s been a social contagion with huge outbreaks, especially among young girls. Many of them are on the autism spectrum. There are a growing number of transitioners who deeply regret the mutilations of their precious bodies. They are wondering why no one ever told them no, or questioned what they were doing? They are furious with those who they feel should have protected them. They are girls and women who transitioned who will never nurse, have children, and probably never ever have an orgasm. There are boys who will never father a child or have orgasms. How could they possibly have known the value of these things and experiences and the consequences, including medical consequences, of these life changing decisions when they are so young? And almost all kids struggling with their identity come to identify with their sex.

We should not force insurance companies and subscribers to insure this for children. It’s a cash cow for the medical industry creating lifelong patients, but we don’t know what we are doing and we don’t have solid long term research to support it. The UK shut down the famous Tavistock clinic due to lack of evidence and to risk of harm. Finland, Sweden and the UK recently placed severe restrictions on hormones for kids.

Instead, Nevada should join a growing number of other states in prohibiting “transition affirming care” for kids under 18. When kids tell us they might be the wrong sex, we shouldn’t agree with them anymore than agree with those with anorexia that they are fat. We don’t treat mental illness by chopping off limbs. We shouldn’t allow treatment for child and teen sexual identity anxieties by cutting out or gutting sexual organs. It’s unethical experimentation. If the state doesn’t stop it, an army of attorneys will.

Please vote no on SB163.