KELLY: Good morning, ladies and gentlemen. Welcome to the judge-- George W. Norris Legislative Chamber for the forty-eighth day of the One Hundred Eighth Legislature, First Session. Our chaplain today is Senator DeBoer. Please rise.

DeBOER: Join me in an attitude of prayer. Oh, Divine One, in this season of strife, when war rocks the world, when the last grips of winter hold the Earth in that moment before bring-- spring bursts forth, remind us that spring will come again and that which lies dormant and dead will live again. But in these moments of strife, remind us to hope and that this strife will not win the day. There is hope. And as you commanded us to love our enemies, remind us that you commanded them to love us too. You didn't tell us not to have enemies, but to love and be loved by them. Help us to hope in love, in you, and that spring will come again. In the name of the one who is, who was, and always will be, amen.

KELLY: Thank you, Senator. The Pledge of Allegiance today is from Sergeant Tom Brown, Marine Corps, a guest of Senator McDonnell.

TOM BROWN: Will you please join me in the Pledge of Allegiance? I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

KELLY: Thank you. I call to order the forty-eighth day of the One Hundred Eighth Legislature, First Session. Senators, please record your presence. Roll call. Mr. Clerk, please record.

CLERK: There's a quorum present, Mr. President.

KELLY: Thank you, Mr. Clerk. Are there any corrections for the Journal?

CLERK: I have no corrections this morning.

KELLY: Are there any messages, reports or announcements?

CLERK: There are, Mr. President: an Attorney General's Opinion addressed to Senator Erdman (re LB397). That'll be placed in the Journal. Additionally, new A bill: LB769A, from Senator Holdcroft. It's a bill for an act relating to appropriations; appropriates funds to aid in the carrying out of the provisions of LB769. And a new LR: LR64, from Senator Holdcroft. That'll be laid over. Finally, Mr. President, announcement: Speaker Arch announces that the

Appropriations Committee will conduct its hearing on Wednesday, March 22, 2023 in room 1507, and the Government, Military and Veterans Affairs Committee will conduct its hearing in room 1525. That's all I have at this time, Mr. President.

KELLY: Thank you, Mr. Clerk. While the Legislature is in session and capable of transacting business, I propose to sign and do hereby sign legislative resolutions LR60, LR61, LR62, and LR63. Senator Geist would like to recognize the physician of the day, Dr. George Voigtlander of Lincoln, Nebraska. Please stand and be recognized by your Nebraska Legislature. Mr. Clerk, for items.

CLERK: Mr. President, first item is LB574. When the Legislature left-- last left, there was a vote taken on the indefinitely postpone motion. There's also a reconsideration pending, Mr. President.

KELLY: Senator Kauth, you're recognized for a one-minute refresh.

KAUTH: Good morning. Thank you, Mr. President. We're talking about LB574, the Let Them Grow bill, and this bill is designed to protect children from gender-altering surgeries, cross-sex hormones and puberty blockers. The use of these drugs has not been FDA approved for this purpose. There are no long-term studies proving that these procedures and prescriptions resolve the gender dysphoria, and there are studies in countries with much greater experience in gender transitions that advocate watchful waiting because the risk for youth to receive these prescriptions and procedures is simply too great. For the rest of the day, we'll be talking about this bill and going through a lot of the different questions and comments about it. How much time do I have left?

KELLY: 0:20.

KAUTH: 0:20? OK. We will be talking about the different studies that have been done. We'll be talking about some of the fast facts, some of the information about this bill, the social contagion aspect of it. I'd ask everyone who is willing and interested to speak on this bill about what you think about it and get that information out in the public. Thank you.

KELLY: Thank you, Senator. Mr. Clerk, for a motion.

CLERK: Mr. President, Senator Hunt would move to reconsider the vote taken on MO9, the indefinite postponement pursuant to Rule 6, Section 3(f).

KELLY: Senator Hunt, you're recognized to open on your motion.

HUNT: Thank you, Mr. President. Good morning, colleagues. Nebraskans, for Senator Kathleen Kauth, protecting children means making it impossible for them to be trans and survive. This motion is a reconsideration motion on the vote to indefinitely postpone the bill. I filed this motion minutes after Senator Kathleen Kauth filed LB574 in anticipation of some hateful, bigoted, anti-trans bill like she introduced, and we took up the motion yesterday. We had less than an hour of debate on the motion. Many, many people who had original thoughts, who wanted to speak to their constituents, who wanted to make points to their colleagues, ask questions did not get a chance to speak before Senator Slama called the question. The Chair rightfully ruled that out of order, as there hadn't been full and fair debate. Senator Slama motioned to overrule the Chair and was successful. So, colleagues, what this precedent means is that somebody like Senator Slama has demonstrated that she has at least 25 votes to overrule the Chair at any time, basically rendering every single rule that we've agreed upon in this body null. I asked Senator Hughes if she understood what she was voting on. I could ask the same thing of every single person in this body, particularly the freshmen members who voted for that motion. And Senator Hughes said that she supported it because she wanted to move on to debate. And I said, do you think that that was enough time for everybody to weigh in and, and share their thoughts on the pending matter? And her answer wasn't clear. And I think what is clear is that a lot of you are taking marching orders, you aren't using your own minds and you don't know what's going on procedurally. And that's fine. Like, it takes a long time to learn. I don't even know what's going on a lot of the time. But what we've set here is a pretty dangerous precedent. I would like to reconsider that vote. I would like to return to my motion to indefinitely postpone so that people have the chance to speak to their constituents and get their thoughts on the record before we continue with other amendments that are pending. I would like to yield the remainder of my time to Senator Fredrickson.

KELLY: Senator Fredrickson, you have 7:27.

FREDRICKSON: Thank you, Mr. President. And thank you, Senator Hunt. Good morning, colleagues. Good morning, Nebraskans. I rise in support of Senator Hunt's motion to reconsider. You know, it's so funny. Last night, when I was going to bed, there were so many things to keep me awake last night. But one thing that I, I really, truly couldn't stop thinking about was this overruling of the Chair that happened yesterday. And I, I think the thing that really struck me about that

was that-- you know, colleagues, we weren't-- we're not debating the budget. We're not debating tax cuts or school funding. We're debating the most fringe bill that has been introduced this year, and we overruled the Chair for that. That's-- yeah. And it's funny because the whole intention of overruling the Chair, it was said, was to actually talk about the bill at hand. And, ironically, by doing that, we weren't able to talk about the bill at hand. Debate was stunted. We had one time to speak. We couldn't ask questions. We couldn't yield time to the experts in the body. We're better than that. So I am going to speak about the bill this morning. And I was considering a lot of what I heard on the mike yesterday and, you know, I think, I think it's really important that we get on the record some clarity regarding gender-affirming care and that process and what that looks like because I think this is a really important de-- debate to have. And, you know, I-- so I'm, I'm a mental health provider. I'm licensed in the state here to assess, treat, diagnose, provide psychotherapy services. And I found it fascinating listening to this sort of idea that as licensed professionals, we don't have standards of care or, or codes of ethics that we follow. And I, I, I want to offer myself as a resource to colleagues. And I, I don't mean this in a-- I genuinely don't mean this in a partisan way whatsoever. If there are genuine questions about what does an assessment process look like for an adolescent or a child who might be experiencing gender dysphoria, what are the steps that one takes in assessing whether or not treatment should be provided, I'm, I'm happy to sort of provide information about that. I, I assure you I will do my best not to do this in a partisan way. I think folks know where I stand on this bill. But if it's, if it's truly an education gap on what that actually looks like, I, I genuinely want to offer myself as a resource for that. One thing I do want to read is a little bit about some of the guidelines that are in place at Nebraska Medicine. And again, I really hope folks are listening to this because this is an important thing to understand. First of all, parental involvement and consent are always required. There's this misconception that these kids are out there making these choices by themselves. That's not the case. No gender care-related services are provided to patients under 19 without parental consent. Further, any irreversible or partially irreversible medical interventions require evaluations from not one, but two different licensed mental health providers, psychologist or psychiatrist. Checks and balances here. We're not talking about one rogue provider. That is a check and a balance right there. There's also this idea that this is sort of this trend or this thing that's somehow new and that folks are kind of undergoing these procedures quickly and without thought or consideration. The reality is that a patient needs to meet the

diagnostic criteria of gender incongruence. And later on the mike, I will talk about how those diagnostic criteria have been updated since 2013. So a lot of these statistics about this 80 percent sort of detransition rate or changing your mind is based on no-longer-used diagnostic criteria. The DSM-IV, which was the old diagnostic criteria, had criteria in there such as if a child dresses up in play as the other gender. Right? So that, that would be like a four-year-old girl wearing, like, a Batman cape would fit that diagnostic criteria. Anyone in here who has kids knows that that doesn't mean the kid is trans. That has since been updated. So, yes, if you are playing by the rules of these previous diagnostic criteria, you are going to see--

KELLY: One minute.

FREDRICKSON: --these shifts. Thank you, Mr. President. But the reality is the DSM-V, which is what is currently in practice since 2013, when you control these studies for that diagnostic criteria, you are not seeing these numbers. The way we are assessing data, the way we are interpreting data, it, it really matters here, folks. And it speaks to the importance of folks who are adequately trained to assess this to be doing this. I didn't get through half of this. I know I'm going to run out of time, so if anyone wants to yield me time, I would be happy to chat more about this. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Clements, you're recognized to speak.

CLEMENTS: Thank you, Mr. President. I'd like to read excerpts from an article that appeared in The Federalist 2021 by a man named Walt Heyer titled "I Know What Happens to the Kids in 'Transhood' Because It Happened to Me." I identified as a transgender woman for eight years. Today, I marvel at how the events of my childhood groomed me into believing that identifying as the opposite sex was the solution to my gender confusion. My heart goes out to children who are also being groomed into a transgender life. I can trace the onset of my gender confusion and wanting to be a female to the psychological, emotional and sexual damage that occurred before I was 10. Starting when I was four years old, my dad would drop me off at my maternal grandparents' house so he and my mom could take off for weekends of camping and fishing. Grandma, a seamstress, worked from home, fashioning dresses for customers. I remember watching Grandma cut and stitch pieces of purple chiffon cloth into a beautiful, full length evening dress for me, her four-year-old grandson. As she worked, she smiled and remarked how cute I looked. The secret cross-dressing "game" with grandma went

on for about two years and ended abruptly when my mom and dad learned about it. They threw the dress away and made sure I never visited grandma's alone again. But when my teenaged uncle found out about it, he teased me, made fun of me in front of my playmates, then escalated to sexual molestation. Over time, I became increasingly uncomfortable with myself as a boy. My thoughts constantly revolved around how I could become a female. Self-destructive thoughts and actions took over. Starting in my teens, I drank alcohol excessively. From there, damage mounted: out-of-control drinking, copious amounts of female hormones to look like a woman, divorce, loss of family, loss of career and drug abuse, culminating with gender-affirming surgery at age 42. I lived as a woman for the next eight years. At first, I was happy, but then the giddy effect wore off. Staring me in the face was the reality that I was an alcoholic who had not dealt with pain inflicted on me in childhood. I crashed, entered alcohol rehab and started therapy. It has taken me years to assess the full range of consequences inflicted by Grandma's gender grooming. Benjamin Franklin's proverb, life's tragedy is that we get old too soon and wise too late, sums up my feelings now, at 80 years of age, when I reflect on how I, a reasonable man, became a willing participant in body-mutilating surgeries because a so-called gender specialist said that that was the treatment I needed. I see now that medical transition-- injecting female hormones and undergoing multiple surgical procedures-- was a form of self-abuse, not unlike drinking to excess. Fortunately, I finally woke up from the delusion, got sober, worked through the pain of childhood with several capable psychologists. I have now found peace and, remarkably, even joy living as Walt. Dr. Michelle Cretella, executive director of the American College of Pediatrics, recently said, The fact is, many kids under the age of seven are still developing cognitively. When we tell these young kids the lie that they might be born in the wrong body, it's psychological abuse because we are disrupting their normal cognitive and psychological development, unquote. Adults are disrupting the normal development of children by allowing them to experiment with social transition, the adoption of a false identity.

KELLY: One minute.

CLEMENTS: Thank you. We need to stop pretending that doctors have scientific backing for the recommendations to transition children socially and medically. They do not. In fact, a great amount of research shows transgender treatments are medically harmful to children. Children lack the maturity to consent to medical interventions. Judges in the UK ruled that children younger than 16 lack the maturity to give informed consent to the experimental gender

treatments that alter the body. Confused children and their parents are under the misguided assumption that affirmation of cross-gender identities equals love. But it is not love and can have catastrophic consequences. I've lived this madness from a young age and know that twisting children's mind to the point of questioning or hating who they are is child abuse. These children deserve far better. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. Colleagues, do you understand why that tragic story just read by Senator Clements has nothing to do with what we're discussing under LB574? Senator Clements is describing nonconsensual sexual abuse, and he read a story yesterday that actually followed a similar tack. And the problem that's the thread throughout what LB574 addresses and what Senator Clements is describing is lack of consent and lack of affirmation and lack of support for people around what's medically accurate, what's research based, what's medical best practices and what's grounded in love, affirmation, support and consent from a family. Senator Clements has read two stories over the past day from, I mean, people in a much older generation. I think the story he read yesterday was someone in their 70s; the story today, it-- he said he was 80. That is not the same thing. The experience that those people had growing up as perhaps gender questioning or perhaps experiencing sexual abuse at home, it is not the same thing as what trans kids experience today. It's just not the same experience. What we want for every person in Nebraska and for every child in Nebraska is to grow up loved, safe, cared for, affirmed. And it-- we can certainly find stories of people who experienced abuse throughout their life over the years, but that doesn't mean that's the same experience of every person who is gender expansive or trans or nonbinary. Just because that happened to one person, doesn't mean that that's a universal experience. So I want you guys to think critically about the stories he's reading and some of the other stories that we've heard on the floor, and I want you to understand the demarcation that we're making between the experience of a trans/gender expansive person who is supported by the medical community, by healthcare providers, by family, by teachers, by friends. And, colleagues, this is a far more common experience today. You go to any-- I mean, my child's school in Omaha, there are many nonbinary kids. There's lots of gender-expansive kids. And you know what? To them, it's no big deal. It's only a big deal to people like Senator Kathleen Kauth and Senator Clements in this body who think that by protecting children, they're making it impossible for them to be who they are. And that's not protecting them, colleagues. That's a

form of abuse too. That is also a form of abuse. It would be ridiculous for one of you to say-- to, to point to a 16-year-old boy who maybe wants to start wearing more mature clothing, wants to start dressing a little older, doesn't want to wear sweatpants sets anymore, wants to date, has crushes on girls, it would be ridiculous for any of you to say, well, he's only 16 and his brain isn't fully developed, so we can't really know if he's into girls or not and we can't really let him choose his own clothes because he doesn't really know what's best for himself yet. Do you hear how crazy that sounds? That's how you sound talking about young people--

KELLY: One minute.

HUNT: --who know who they are, most of whom know who they are from a very young age. And when they grow up in an environment that is not abusive, that is accepting and affirming with, you know, loving family members or, or people who take care of them, caregivers who get them the medical help they need, it doesn't result in stories like the one Senator Clements shared. And even if, even if is-- it is experimental, even if somebody does decide to, quote, detransition, unquote, later, that's fine. The point is that they are able to make that decision with consent, that they're able to make it with the support of their family and caregivers, that they don't experience discrimination throughout the process and that they get accurate, you know, good healthcare through the process. That's all we want for Nebraskans and that's all we want for the youth in our state, and that's not the same thing as abuse. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Blood, you're recognized to speak.

BLOOD: Thank you, Mr. President. Fellow Senators, friends all, I move-- I-- excuse me. I support the reconsideration and I oppose the underlying bill. I need to clarify something yesterday-- from yesterday. Yesterday, I made it clear that the bill itself was problematic. You guys know I'm a policy geek, and so lots of times I am less concerned initially about the topic and more concerned about how a bill is written, and how this bill was written is very problematic and has a lot of underlying, concerning consequences that are going to happen if a bill like this passes, and those are consequences that you will have to deal with. But now let's get down to what's really important. Some of you are talking about amending this bill. You cannot amend this piece of crap. This bill is poorly written. This bill is meant to discriminate against a certain sector and, quite frankly, a very small percentage of our state demographic, and it's not something that I can support. And I agree with Senator

Hunt when she talks about the stories that are read that are clearly sexual abuse, and then the very weird statistics that people are throwing at us. Senator Lowe talked yesterday about 100 medical professionals are against this. Well, Senator Lowe, what's a medical professional? Is it a chiropractor? Is it an orthopedic doctor? What doctors are in that group? And you know there's over a million doctors in the United States. Why aren't a million doctors coming out against this? And then yesterday, we got a handout-- which I appreciate the effort, Senator Kauth-- saying that the Nebraska State Board of Health affirms and they support this bill. Well, guess who appoints the people on this board, friends? It's our Governor. And the previous Governor was not a friend of the LGBT community, although his sister apparently is in that demographic. In fact, I remember a tweet that he did saying that the U.S. Embassy to the Holy See shouldn't put out a flag to celebrate Pride Month. Do you remember that? I think that was two years ago. And I remember in 2013 when he ran against Senator McCoy and they jockeyed to see who could be the most homophobic when it came to gay marriage. So this Governor and this 17-member board, these are the people that said that this was a good bill. There's a dentist on that board, an optometrist, a veterinarian, a pharmacist, an osteopath, a podiatrist, a chiropractor, a physical therapist, an engineer, two laypeople, only one mental health professional, which is weird since mental health is such a huge issue in this state and across the United States, and then only two licensed individuals that practice medicine or surgery. So, gosh, look at all these experts when it comes to gender-affirming care that we should listen to when they say they support this bill. So like Senator Fredrickson, I couldn't sleep last night. And before I went to bed, I spoke with my husband. For those of you that grew up in the Omaha, Lincoln area, my husband was in radio for over 40 years. A lot of you listened to him growing up on Z-92. And so a lot of our politics sometimes pertains to music. And we remembered a Frank Zappa interview in, I think it was the '90s. And I was able to get some of the transcripts.

KELLY: One minute.

BLOOD: And I just want to point it out. And if I don't get to read it, I'm going to come back on the mike and read it to you. But it says, We must not see eye to eye on the idea of government that most forbid things in order to protect families. The biggest threat to America today isn't communism; it's moving America towards a fascist theocracy. And everything that's happened during the Reagan administration-- clearly that doesn't apply anymore-- is staring us right down that pipe. And then he was asked if he was serious about the fascist three-- theocracy. And I know I'm out of time, so I'm

going to give the answer when I push my button again. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Good morning, colleagues. I rise in support of the motion to reconsider, and I also support the IPP motion on LB574. Yesterday, Senator Kauth distributed a piece of paper, and Senator Bostelman read this piece of paper. It says-- starts at the top-- that the Nebraska State Board of Health affirms-- and you all can go on and read it. It was put on your desks. It's about this bill and the contents of this bill. It is a piece of paper. It is not letterhead. It doesn't have a signature on it. It doesn't have a single member of the Board of Health's name on it. It is just a piece of paper with bullet points. I looked at the Board of Health's website and their agenda, and there's nothing on their agenda from March 20 to say that they were going to discuss LB574. At the bottom of their agenda, it does say that they're going to have board meeting, closed committee meetings, for March 20, 2023 unless a quorum of nine members is present. I don't think it's appropriate to distribute materials indicating that an entire Board of Health has made a statement that doesn't have a single person's name on it, that references a meeting that is op-- has to have the standard of the Open Meetings Act. There's no vote. There's no names of who was present, who voted for it, who voted against it. It, it purports some level of support and that the Board of Health itself would have circumvented its own credentialing review process. It casts a pall on the Board of Health, and it is disrespectful and disingenuous to this body to act like this is anything other than a piece of paper. I have a letter that was sent to the entire body by 98 doctors, and it has been distributed on the floor this morning. They have their names on the letter. It came from them to us. Everyone received it in their email. Dear Speaker Arch and members of the Nebraska Legislature, we are a group of Nebraska medical experts and healthcare professionals representing multiple specialties united in opposing LB574, the "Let Them Grow Act," because it will severely limit our ability to provide compassionate and safe medical care and will cause irreparable harm to our patients. LB574 directly contradicts the overwhelming consensus of every reputable medical professional society, including the American Academy of Pediatrics, American Medical Association, the Adoption Society, the American College of Obstetricians and Gynecology, the American Academy of Family Physicians, the American Psychiatric Association, the American Psychology Association and the American Academy of Child and Adolescent Psychia-- Psychiatry. Gender-affirming

care is never provided without full, informed consent of the patient and their parents and/or legal guardians who have a right and duty to have input into the medical care of a minor. It is always done cautiously and in consultation with one or more mental health professional. As healthcare professionals, we have a duty to treat every patient sitting before us as a unique individual, personalized medical care to their particular situation. Legislation broadly limiting the entire branch of medical care attempts to make the practice of medicine a one-size-fits-all process and does a great disservice to individuals who care for. For legislators to claim they know better than Nebraska parents what medical care is best for their children is a dangerous overstep of government in the private lives of its citizens. It goes on. You all can read it yourselves. I am really disappointed in the fact that people continually in this body cherry-pick information, don't cite your sources. It's not valid. It's not real--

KELLY: One minute.

M. CAVANAUGH: --debunked studies. I'm sorry?

KELLY: One minute.

M. CAVANAUGH: Thank you-- debunked studies as though it's real. Meanwhile, we have medical professionals in our state continually contacting us. You have families in your districts standing out there trying to talk to you. Most of you are too rude to go out there and to talk to them. And those of you who do are also usually too rude to not make them cry. There is a minority statement. I hope you all read it. We had an opportunity to make an amendment. We chose not to. Senator Kauth chose not to ask the committee to make an amendment. The committee chose not to make an amendment. You vote on the bill. LB574 is what you're voting on, period. Thank you.

KELLY: Thank you, Senator. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. And good morning, colleagues. I appreciate the fact that a lot of our colleagues are here and checked in and listening, so let's make the most of that opportunity. And let me be clear to my friend Senator Clements and to others who have pursued a similar line of debate. Parents are not confused. Children are not confused. Doctors are not confused. Senators are hateful and following a hateful playbook. That's all that's happening. This is a concerted, well-documented, national effort to bring divisive, hateful political measures into state legislatures. That's what's happening.

It's well-documented. Let's not divorce ourselves from that reality on the mike. And for years, Nebraska Legislature-- legislators and this body resisted that temptation because they had dignity, because they knew what it would do to this Legislature, because they weren't gullible and they weren't hateful. Year after year, we'd watch bill introductions and say, oh my gosh, is any hateful, anti-trans stuff coming in? No. Nebraska legislators who came before us had better judgment because they knew what it would do to this body, and it's doing exactly what it was intended to do. Yet here we are, because term limits, voter suppression and gerrymandering and a toxic political culture are not an accident. They're having the intended results. So let's not wrap ourselves in junk science. And let's be clear. Senator Kauth, Senator Clements, anybody is willing to bring forward any idea and to debate. The First Amendment protects lies. It protects mistruths. It protects things being trotted out out of context. But you know what, court-- colleagues? When courts have looked at that same junk science out of context on these very similar bills, they said that's not credible. It's incredulous. Get out of here. You cannot legislate on that basis. And the senators who are pushing these bills know it. They know it. It can't stand up in a court of law where you do actually have to bring forward credible information to impartial decision-makers. And why doesn't it stand up? Because these measures discriminate on the basis of sex. The Supreme Court's been really clear. Sexual orientation and gender identity is a protected class on the basis of sex and gender: in healthcare, in employment, in schools, in other aspects of our public life. Now, these senators who are pushing these may not agree with that, but that's the fact and that's the law of the land. We also know that measures like this have serious First Amendment concerns. The measures you're voting for and pushing gag doctors. They can't even provide a pamphlet to their patients or ensure continui-- continuty-- continuity of care. They have First Amendment concerns in that regard. And they have serious due process concerns, substantive due process concerns, for the fundamental right of parents to control the care and custody of their children. Included in that right, in the fundamental rights of parents and family, is the right to make healthcare decisions on behalf of their children and the right to direct their children's medical care. You'll throw away the constitution. You'll throw away your conscience. You'll throw away the truth. You'll throw--

KELLY: One minute.

CONRAD: --away this institution to pursue a hateful, divisive national playbook. And congratulations, you're doing it. And the tyranny of the majority can continue to do what they want to do in this body. But I'm

here and others are here and others are watching to make a record and stand witness and say, have the confidence of your convictions. You've whispered you hate this bill and what's happening. Say it on the mike. I dare you. Vote your conscience. Don't follow hate. Be a leader, not a follower. Find an opportunity to move Nebraska forward instead of dragging it into a national muck of hate and harm and divisiveness. Listen to your intellect. Listen to your heart. Listen to your constituents. Listen to your colleagues and honor your conscience. It's simple. Have you any decency, my colleagues? I know that you do--

KELLY: That's your time, Senator.

CONRAD: --and I expect to see it on display.

KELLY: Thank you, Senator. Senator Raybould, you're recognized to speak.

RAYBOULD: Thank you, Mr. President. I want to say good morning, colleagues. Good morning, fellow Nebraskans watching us today on this discussion and debate on this very important bill. I do want to say thank you to Senator Fredrickson for educating us so thoughtfully and kindly. You know, I have traveled all across this state, probably more than most politicians, not only as a politician with campaigns, but because of business, because of riding my bike everywhere. And I have met thousands, if not countless, number of people all over, in all the rural communities. The reality is so many rural residents of our beautiful state are moving to the urban areas. Some of the reasons that they share with me is that they feel, they feel welcomed. They feel accepted in Lincoln and Omaha and other large cities. They feel like they belong. And, you know, you have that tagline that got a lot of publicity and attention that says Nebraska is not for everyone. Well, in so many of the Lincoln [INAUDIBLE] Council meetings that I've participated in, I would say Nebraska is not for everyone. But I gotta tell you, the city of Lincoln certainly is. It is a welcoming place. And I default back to a lot of things that I'm hearing and reading in papers about states that have passed hateful legislation like this or passed legislation that ducks-- talks disparagingly of the LGBTQ community. You know, one headline is: Students Switch Up College Plans as States Pass Anti-LGBTQ Laws. The young person quoted stated that they are refusing to go to college in a state where anti-trans bills have reached the legislative floor, indicating support among lawmakers. She added that, politicians' rhetoric about LGBTQ people has adversely affected her mental health. It excuses the behavior. It allows for transphobia everywhere. It makes it seem, oh, well, my senator can do this, so I can too. I can make fun of the trans kids at

my school. That's OK. This seeps into everyday life. A constituent texted me yesterday after I spoke, and that con-- constituent shared with me that her child, who is a senior, is applying only to out-of-state schools in Nebraska because, in, in her child's words, due to Nebraska's lack of inclusivity. We know that parents are making difficult decisions about fleeing their home state when these rules about gender-affirming care are passed because they want to do what's right by their children. Yesterday, I started a talk about the Blueprint for Nebraska-- and I hope senators really read this. You know, the big headline is: Powering our Economy with People. We propose to continue powering our economy with people by increasing the top talent in our state, keeping unemployment rates low and leading the nation in higher education in pre-K-12 grades ranking and continuing to make Nebraska a welcoming place for everyone. And then it goes into the four critical elements-- I'll read it real quick-- scale public private partnerships that create more internships and apprenticeships; number two, revolutionize all educational segments from early childhood to career, making Nebraska the nation's leader in lifelong learning; and number three and four-- and these talk about being a welcoming state-- it says, expand our efforts to promote diversity and inclusion to retain and attract talent and connect communities across the state and make Nebraska the most welcoming state in the Midwest. Number four--

KELLY: One minute.

RAYBOULD: --launch a Choose Nebraska campaign so that Nebraska leads the mis-- Midwest in attracting 18- to 34-year-olds. I can tell you that this piece of legislation, LB574, will cause irreparable and maybe even irreversible harm to the economic well-being of our state, let alone the devastating consequences to parents and their children. So I ask you, the question to you today is, what are you doing as senators, each and every one of you, to make our state a welcoming state and a more inclusive state? Nebraska Blueprint says it's that important to our economic well-being and the economic well-being of families and the children and their future. So I ask for you, all senators, what are you doing to make our state a welcoming state? This bill does nothing to encourage people and young people--

KELLY: That's your time, Senator.

RAYBOULD: --who want to stay here and have a job and raise their families. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Lowe, you're recognized to speak.

LOWE: Thank you, Lieutenant Governor. Primum non nocere-- Latin. Primum non nocere: do no harm, the Hippocratic oath of doctors. Two doctors from Kearney put out this report. If you'd like to know what doctors are: one a pediatrician, one a family practice. Puberty blockers are heralded by transgender activists and many medical association as harmless pause in puberty, which allows a child to choose their gender without interference from nature. Interference from nature? Sounds like we are interfering with nature. If, if only everything were as simple as its marketing. First, let's address the medical associations. They are wholly owned by the "Big Pharma." Every portion of the medical indust-- industrial complex is making bank on transforming kids and gleefully turning them into lifelong patients. Those financial incentives are discussed. Now every major university hospital has a transgender clinic with a menu of surgeries offered. Last year, the Vanderbilt University exposed the field as a big moneymaker and said entire hospitals can be supported by these surgeries, as they require multiple follow-ups. That means that people are not cured by the surgeries. Instead, they become lifelong patients, requiring more surgeries to fix the complications, luring young patients before they can understand the adult consequences, keeping the dra-- gravy train rolling. Dissenting doctors are threatened and silenced. That's what our universities are doing to our doctors. For years, the Tavistock Center in London had a respected transgender clinic funded by the National Health Service. In August of 2022, it was shut down. The main reason was successful lawsuit brought by a patient named Kiera Bell, who claimed permanent injury from puberty blockers. Dr. Hil [SIC-- Phil] Cass told NHS England there is no way of knowing if medication may disrupt the process of a child deciding on their gender identity rather than buying time for them. She also raised concerns that drugs could interrupt the process of brain maturing, affecting child's ability to exercise judgment. Barrister Simon Myerson QC [SIC-- KC] predicted that the scandal could even lead to a criminal investigation. Information learned through the legal process indicated that children started on puberty blockers went on to taking cross-sex hormones 98 percent of the time. So the puberty blockers begin it all. While historic statistics have shown that children, allowed to let nature take its course-- nature, not drugs, not a doctor saying so, but nature-- will desist, return to being comfortable with their gender 75 percent to 90 percent of the time. So 75 percent of the young children now deciding to do this, minimally, could return to being normal. Therefore, the judge concluded, an adolescent starting on puberty-blocking drugs is actually consenting to a long-term treatment plan--

KELLY: One minute.

LOWE: --on cross-sex hormones-- thank you-- and they cannot possibly comprehend of the ramifications at that age. We are talking about following the money. Everything we do here, we follow the money. If we leave our children to grow up, universities don't make any money. If we start them on these puberty blockers, the universities can fund themselves. Thank you, Lieutenant Governor.

KELLY: Thank you, Senator. Senator Bostelman, you're recognized to speak.

BOSTELMAN: Thank you, Mr. President. I want to read from an article out of "Science" by Leor Sapir. It's from "Finland Takes Another Look at Youth Gender Medicine." Dr. Riittakerttu Kaltiala, referred to "Dr. K" from here on out, knows gender medicine. She is a top expert on pediatric gener-- gender medicine in Finland and the chief psychiatrist at one of its two government-approved pediatric gender clinics at Tampere University at Helsinki, where she has presided over youth gender transition treatments since 2011. Her research has been cited, though not accurately, by American supporters of affirming care for gender-dysphoric youth. She is one of the last people in the world who could be accused of being reactionary, a transphobe or uninformed on the subject of trans healthcare. Earlier this month, however, just a few days before Finland passed a law granting its adult citizens a right to have their self-defined gender recognized in government documents, Dr. K gave an interview with Hel-- Helsingin Sanomat, Finland's liberal newspaper of record. Her comments were a sobering reminder of just how out of step American medical establishment is with a [SIC-- its] European counterparts when it comes to treating minors who reject their sex. The background to this interview is important. Finland was among the first countries to adopt the "Dutch protocol" for pediatric gender medicine, which prescribes-- in certain restricted cases-- the use of puberty blockers and cross-sex hormones to treat adolescent gender dysphoria. By 2015, however, Finland-- Finnish gender specialists, including Dr. K, were noticing that most of their patients did not match a profile of these treated in Netherlands and did not meet the Dutch protocols' relatively strict eligibility requirements for drug treatments. Due to the ex-- extremely high rate of which-- at which children with gender issues come to terms with their bodies, or "desist," by adulthood, the Dutch protocol requires patients to have gender dysphoria that begins before puberty and intensifies in adolescence. It also requires them to have no serious co-occurring mental health problems, to undergo at least six months of psychotherapy and to have the support of their family

for hormonal treat-- hormonal treatments. Within a few years of this country adopting the Dutch protocol in 2011, however, Finnish researchers noticed a sharp rise in the number of patients referred for services. Most of these patients were teenage girls with no history of dysphoria in childhood, and some 75 percent had a history of severe psychological prior-- psychotherapy prior to the emergence of their gener-- gender-related distress. During this same time period, the UK's largest pediatric gender clinic at the Tavistock Center witnessed a 3,360 percent surge in patient referrals between 2009 and 2018. Most of the new patients were females, whose representation in the clinic rose 4,400 percent during this time frame, with a history of serious psychological problems and no gender dysphoria prior to adolescence. Similar trends were being observed in other countries with pediatric gender clinics, including the United States. In 2018, American physicians [SIC-- physician]-- research-- researcher Lisa Littman published a study suggesting that teenage girls with high rates of mental health problems were suddenly declaring a transgender identity, often in friend groups and after prolonged exposure soc-- to social media. A year later, Dr. K and her Finnish colleagues observed in a peer-reviewed article that research on adolescent onset gender dysphoria is scarce and optimal treatment options have not been established. The reasons for the sudden increase in treatment seek-- seeking due to adolescent onset--

KELLY: One minute.

BOSTELMAN: --gender and dysphoria/transgender identification are not known. This lack of research, and lingering doubts about the Dutch Protocol itself-- the only attempt to replicate it in the UK failed-- led health authorities in Finland, Sweden and the UK to conduct systematic reviews of evidence for the benefits and the risk of hormonal interventions. There is a lot more to this article that's in here. I just appreciate Senator Fredrickson, what he said before. I think what we're just trying to do is provide information, as much information we can to the body so as we move forward on this bill, we have the information and can make a determination from that. These studies are important, and I will continue to read from this as I have time from here on out. With that, I'll yield the rest of my time back to the, the Chair.

KELLY: Thank you, Senator. Senator Fredrickson, you're recognized to speak.

FREDRICKSON: Thank you, Mr. President. Thank you, Senator Bostelman, for your remarks. You know, it's-- I, I continue to just be sort of

taking in a lot of the information that's being put out there about medical studies and mental health studies. And I'm-- again, it's something that I think it's really important that we-- there are a lot of-- there, there are-- well, here's what I'm going to do. Everyone loves to talk about Scandinavia and Sweden and the Swedish study, which-- it was kind of like this impetus for a lot of the bills that we're seeing in the U.S. So I started to get really curious about this Swedish study. And the lead researcher on the study, Dr. Cecilia Dhejne-- I probably grossly mispronounced her name. I'm not up to snuff on my Swedish pronunciations. But I was researching this a little bit more, and in recent interviews, she has been asked about the ways that her study is being represented in the U.S., specifically to justify these bills, and I'm going to read a little bit from that interview. She was asked, Before I contacted you for this interview, were you aware of the way your work was being misrepresented? Again, the lead investigator on the Swedish study that everyone loves to cites says, Yes. It's very frustrating. I've seen professors use my work to support ridiculous claims. She goes on to say, Of course trans medical and psychological care is efficacious. A 2010 meta analysis confirmed by studies thereafter show that medical gender-confirming interventions reduce gender dysphoria. Later in the interview, she continues by saying, People who misuse this study always omit the fact that the study clearly states that it is not an evaluation of gender dysphoria treatment. Colleagues, this is the lead researcher on the study that you are all basing your argument on. She is telling us that this is being misrepresented. She said, If we look at the literature and the several recent studies conclude that WPATH Standards of Care compliant treatment de-- decrease gender dysphoria and improve mental health. Lead researcher on the study that is being cited and that has been used for these bills. So colleagues, you can continue to cite this study all you want, but when the lead researcher is telling you that this is not what the study is saying, at some point you have to listen. I'm going back to other criteria for gender-affirming care because, again, more myth-busting must occur here. In order to receive gender-affirming care as an adolescent, a patient must meet the diagnostic criteria over a marked and sustained amount of time. That's not a quick decision. That's not this "social contagion" that people are talking about. Mental health concerns of the patient, if any, that may interfere with diagnostic clarity, ability to provide informed consent-- and I've, I've done these assessments myself. They're thorough. Again, I offer myself as a resource. Please ask me if you have questions about what these assessments look like, what they involve. Patients and guardians are informed of all side effects--

KELLY: One minute.

FREDRICKSON: --of any interventions that might be occurring. Further, if a patient is going to be having a seizure, they've had at least 12 months of gender-affirming hormone therapy, if medically appropriate, and the patient has lived a minimum of one year fully transitioned in their affirmed gender prior to a consultation-- not a surgery, a consultation-- multiple appointments, at least two with a surgeon, patient and the parents and guardians. The first appointment is a 45-minute visit with the surgeon, patient and parents and guardians, approximately three months before the surgery can even be scheduled. Second visits are with a surgical team, the patient, the parents/guardians to discuss pre- and post-operative course, typically within a month of the scheduled surgery. So again, colleagues, I know I'm running out of time. I got that look from the Chair. I'm going to respect that. But, please, if anyone wants to yield me more time, I'm happy to chat more. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Erdman, you're recognized to speak.

ERDMAN: Thank you, Mr. President, and good morning. So we started the,- we started the morning with a vote to reconsider and the vote was-- the vote that we're reconsidering is the vote that we had on indefinitely postpone. That was the question that Senator Slama called, was the vote to vote on that issue. We were not calling the question on the debate on LB574. Let's just be clear about that. We weren't ceasing debate on LB574. It was the indefinitely postpone motion that was on the board. We vote from the bottom up. And the vote was 13 in favor of indefinitely postponing and 31 in opposition of indefinitely postponing LB574. So to stand up and say that we were intending to cease debate is not a true statement. I originally had thought when I first put my light on that I would call the question on this motion, and that is probably what I should have done. Because what they're asking is to reconsider the vote we just took yesterday. And as I said, it failed by 31 votes. So I don't believe there's a chance that the reconsider motion will pass. I've only seen it happen once in seven years, and that was last week. And so I didn't read anything or, or I didn't bring anything here to read this morning because here's the truth: there's not a person in this room, not one, that's going to change their mind about this bill. We could debate this until June 9 and no one's going to change their opinion. So all the talking and discussion and all the information that we present will do nothing to change anyone's mind. We've already decided. So we could very well vote on LB574 and move on to something else. So just so you know exactly what we're voting on, we're voting on a motion to

reconsider the vote that was taken yesterday that failed by 31 votes. It has nothing to do with LB574. It's a stall tactic, and that is exactly what it is meant to be. I yield the rest of my time to Senator Kauth.

KELLY: Senator Kauth, you have 2:10.

KAUTH: Thank you, Mr. President. I want to talk a little bit about the studies. There is-- first of all, I did talk with the-- with Dr. Jaime Dodge, who is on the Board of Health, and he said it is-- it happened. It was a vote-- 11-0, with one abstention. And it is currently being put through their system to get loaded on. So the Board of Health did vote for this statement that they made. It should be out in the next day or two on their website. Regarding the studies, so a lot of this goes back to the Dutch protocol. That became internationally synonymous with the careful and cautious approach that the Dutch clinicians devised and documented starting in 1997. It required an early childhood onset of gender dysphoria and an increase of gender dysphoria after pubertal changes, an absence of significant psychiatric comorbidities and demonstrated knowledge and understanding of the consequences of medical transition. The Dutch protocol also specified that youth with nonbinary presentations--

KELLY: One minute.

KAUTH: --were ineligible for medical interventions-- thank you, Mr. President-- and instead should be treated with psychotherapy. But this is not how things are being done in America. The Dutch protocol has been twisted to support earlier and earlier interventions. The majority of children right now are experiencing psychiatric comorbidities. They're going in for depression, eating disorders-- autism is a huge factor in this-- all of those-- they're also experiencing gender dysphoria much later, which would also exclude them from using that protocol. There are no randomized controlled trials proving that social affirmation, puberty blockers, cross-sex hormones or surgeries have a long-term impact on reducing the level of distress. The short-term elevation in mood has been called a honeymoon period because when actions are taken, hope is triggered. The studies supporting affirmation are widely acknowledged to be of very weak quality because they're not randomized controlled trials.

KELLY: That's your time, Senator.

KAUTH: Thank you, Mr. President.

KELLY: And you're next in the queue.

KAUTH: Oh, cool-- because they are not randomized controlled trials. They do not have many people involved, and often those with coexisting mental health conditions, such as depression, anorexia and autism, are excluded. A UNMC doctor stated that we ethically can't do our randomized controlled trial because the treatment is so good, we must offer it to the placebo group. That's not how science is supposed to be done. Randomized controlled trials would only be unethical if medical inventions were-- interventions were known to help. And not only have they not yet been proven to do so, there's mounting evidence that they are harmful. Rather, studies show that if left to watchful waiting, doing therapy without affirmation, the majority of children desist, approximately 85 percent. Many of these children who eventually desist are actually gay, 67 percent of girls and 42 percent of boys. There's no way to determine which children will or will not persist. So why are we treating every child with the most radical, irreversible, experimental approach? And when we talk about children with other coexisting morbidities, if you had a child who was suffering from anorexia nervosa, 5'6", 90 pounds, but truly and deeply believed that they were obese and came to a doctor and said, if I don't get liposuction and diet pills or fen-phen, I'm going to kill myself. I have to be the person I want to be, and that is thin. The doctor would be pr-- practicing malpractice if they gave them what they wanted. If they said, you're right. You're a little chubby. Let's get you signed up for some surgery. Or, let me prescribe some diet pills for you so you can lose some weight. We're talking about people who are not seeing themselves accurately. So when we talk about social contagion, there are some facts. One study showed that when a teen announces a transgender identity to their peer group, the number of friends who also become transgender identified was 3.5 per group. In just seven years, there has been a nearly 2,000 percent increase in children seeking treatment for sexual identity confusion in the United Kingdom. That is similar to increases all over the world. Up to 98 percent of children who struggle with their sex as a boy or a girl come to accept their sex by adulthood. Identifying as transgender or nonbinary may also be linked to autism spectrum disorders. Children with autism spectrum disorders are seven times more likely to want to be the opposite sex than the general population. After sex reassignment surgery, transgender-identified people are nearly 20 times more likely to die from suicide than the general population. Studies show that 100 percent of children who use puberty blockers will go on to use cross-sex hormones, leaving them permanently sterile. Girls as young as 13 are undergoing double mastectomies, and

boys as young as 17 are undergoing full genital sex reassignment surgeries. The long-term effects of puberty blockers and cross-sex hormones have not been studied. Science has demonstrated that there are only two sex chromosomes, two X chromosomes in females and an X and Y in males, in nearly every single cell of our body. Changing the outside does not change the inside. There are some transgender-identified patients who are being prescribed cross-sex hormones on their first visit. That's not appropriate. That's not the long-term psychotherapy that we are hearing talked about. We need to make sure that these people are getting the therapy that they need. Dr. Lisa Littman, a physician as well as a scientist, studied this trend and she identified it as--

KELLY: One minute.

KAUTH: --thank you, Mr. President-- rapid onset gender dysphoria; and in 2018 she published a study. It was absolutely eviscerated because how dare she call this a social contagion? Her university went so far as to take it down and apologize. The journal that had approved it, a peer-reviewed paper, made adjustments to it. This is something that-- this is the third rail. When we talk about this topic, it gets people very upset. There is incredible social pressure to accept all of this, and this is not good for children. Abigail Shrier also wrote a book called Irreversible Damage: The Transgender Craze that is Seducing Our Daughters, and it identifies the fact that, rather than the young men who are assuming that they are transgender, it's flipped. We are now seeing a majority of young girls who are coming out and saying they are transgender or nonbinary. We have TikTok and influencers who teach how to manipulate the adults in their lives--

KELLY: That's your time, Senator.

KAUTH: --to get services. Thank you, Mr. President.

KELLY: Senator Albrecht, you're recognized to speak.

ALBRECHT: Thank you, Mr. President. I rise in support of LB574 and opposed to Senator Hunt's reconsideration for indefinitely postponing the bill. I'd like to yield the rest of my time to Senator Hansen.

KELLY: Senator Hansen, you have 4:45.

HANSEN: Thank you, Mr. President. Senator Fredrickson brought up statistics and some data and some research pertaining to this subject, and I kind of wanted, I wanted to bring up another research article because I don't think this is the same one as the one he was

referencing, the Swedish study. But the world's-- and, and just how there's some conflicting views here about what people are saying-- the world's largest dataset on patients who have undergone sex reassignment procedures reveals that these procedures do not bring mental health benefits. But that's not what the authors originally claimed or what the media touted. In October of 2019, the American Journal of Psychiatry published a paper titled Reduction in Mental Health Treatment Utilization Amongst Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study. As the title suggests, the paper claimed that after having had sex reassignment surgery, a patient was less likely to need medical health treatment. Well, the editors of the journal and the authors of the paper actually issued a correction. I think this was in 2020. In the words of the authors, The results demonstrated no advantage of surgery in relation to subsequent mood or anxiety disorder-related healthcare. But it's actually worse than that. The original results already demonstrated no benefits to hormonal transition. That was from the original study. That part didn't need a correction. So the bottom line, The largest dataset on sex reassignment procedures, both hormonal and surgical, reveals that such procedures do not bring the promised mental health benefits. So-- and it kind of goes on and on about why they issued a correction. But just to kind of show a, an opposing dataset to what's being said, and this is from the Journal of Psychiatry about how they actually had to issue a correction in 2020 because when they reevaluated the data due to pressure from outside sources-- whether it's their colleagues, to, to reevaluate their numbers from a less political viewpoint, possibly, to more of a logical viewpoint-- they found that surgery and even hormonal treatment from the original study had no clinically significant improvement in health-- mental healthcare. So I just wanted-- I at least want to put that out there. And I was hoping to maybe spur a little bit of debate. I know we want to talk about policy and procedures of the, of the institution right now, but hopefully we can kind of get back on, back on track with the topic at hand. Would Senator, Senator Cavanaugh yield to a question, senator Machaela Cavanaugh? Is she around?

KELLY: Senator Machaela Cavanaugh, will you yield?

M. CAVANAUGH: Yes.

HANSEN: A couple questions for you. And these-- I'm not doing gotcha questions. I'm just trying to actually kind of maybe, maybe think about this topic in a different light. In your opinion, why do we have laws that prevent, like, an 11- or a 12-year-old from having sexual intercourse with a 20-year-old?

M. CAVANAUGH: That is a complicated question that I don't think I can answer in the amount of time we have available.

HANSEN: OK. That's fair enough. I just-- again, something for people to think about maybe, and maybe somebody can answer that later. And you, you mentioned the 407 process earlier because that was in the minority report. If this actually went through the 407 process and it was ruled that gender-affirming care for youth is not appropriate, would you respect those results?

M. CAVANAUGH: I-- well, I can't-- that would be asking me to say something that hasn't happened, and so I would have to look at, just like we do with all the 407 process--

KELLY: One minute.

M. CAVANAUGH: --the process and the reports and, and the vetting and the conversation, reading through the report and how people voted, why they voted the way that they did. It's more complicated than a yes or no. To your previous question, though, I would say I think you were getting at parental consent is different than statutory rape.

HANSEN: Yeah. I'm talking about the idea of parental decision-making or why we have laws in place to protect--

M. CAVANAUGH: I don't think taking away--

HANSEN: --protect youth.

M. CAVANAUGH: --away a parent's rights to provide medical care for their child can equate to rape. It's not equatable in my mind.

HANSEN: No, I'm not-- and I'm not-- I'm-- this-- you're looking at it from a different light. It's the idea that if a minor was adamantly in love with somebody who is an adult, would, would we still allow them to have--

M. CAVANAUGH: Statut--

HANSEN: --relations with adults?

M. CAVANAUGH: But statutory rape is not the same thing as parental rights and medical care.

HANSEN: Yeah. We're not looking at it from that light. We're looking at from the idea--

KELLY: That's your time, Senators.

HANSEN: --about why we have laws in place to prevent this kind of--

KELLY: That's your time, Senators. Senator Holdcroft, you're recognized to speak.

HOLDCROFT: Thank you, Mr. President. I raised five children. My youngest is now 33 years old. And for me, it was, was certainly a simpler time to raise children through their, through their younger teen years. Today, I feel-- I really feel for the parents who have so much help out there to help fix their children. My staff found an article from the New York Post from, from June 2022, so just under a year ago, which I think spoke to a lot of the concerns that I have. And I'd like to read it here to the Unicameral. The title of the article is "'I Literally Lost Organs:' Why Detransitioned Teens Regret Changing Genders." It's by Rikki Scholtt [SIC-- Schlott], and again, it was June 18, 2022, New York Post. Quote, I was failed by the system. I literally lost organs. When Chloe was 12 years old, she decided she was transgender. At 13, she came out to her parents. That same year she was put on puberty blockers and prescribed testosterone. At 13 years old. At 15, she underwent a double mastectomy. Less than a year later, she realized she'd made a mistake, all by the time she was 16 years old. Now 17, Chloe is one of the growing cohort called "detransitioners," those who seek to reverse a gender transition, often after realizing they actually do identify with their biological sex. Tragically, many will struggle for the rest of their lives with the irreversible medical consequences of a decision they made as minors. I can't stay quiet, said Chloe. I need to do something about this and to share my own cautionary tale. In recent years, the number of children experiencing gender dysphoria in the West has skyrocketed. Exact figures are difficult to come by, but between 2009 and 2019, children being referred for transitioning treatment at the United Kingdom increased 1,000 percent among biological males and 4,400 percent among biological females. Meanwhile, the number of young people identifying as transgender in the U.S. has almost doubled since 2007, according to a new Center-- Centers for Disease Control and Prevention report. Historically, transitioning from male to female was vastly more common, with this cohort typically experiencing persistent gender dysphoria from a very young age. Recently, however, the status quo has reversed, and female-to-male transitions have become the overwhelming majority. Dr. Lisa Littman, a former professor of behavioral and social sciences at Brown University, coined the term "rapid onset gender dysphoria--" let me repeat that, rapid onset gender dysphoria-- to describe the subset of transgender youths,

typically biological females, who become suddenly dysphoric during or shortly after puberty. Littman believes this may be due to adolescent girls' susceptibility to peer influence on social media. Again, girls' susceptibility to peer influence on social media. Helena Kerschner, a 23-year old detransitioner from Cincinnati, Ohio, who was born as a biological female, first felt gender dysphoria at age 14. She says Tumblr sites filled with transgender activist--

KELLY: One minute.

HOLDCROFT: --content spurred her transitions. Thank you, Mr. President. I was going through a period when I was just really isolated in school, so I turned to the Internet, she recalled. In her real life, Kerschner had a, a falling out with friends at school. Online, however, she found a community that welcomed her. My dysphoria was definitely triggered by this online community. I never thought about my gender or had a problem with being a girl before going on Tumblr. She said she felt politically-- political pressure to transition too. The community was very social justice-y. There was a lot of negativity around being a cis, heterosexual, white girl, and I took those messages really, really personally. And I'll continue-- give-- yield the rest of my time, continue this article later. Thank you.

KELLY: Thank you, Senator. Senator DeBoer, you're recognized to speak.

DeBOER: Thank you, Mr. President. Colleagues, a couple years ago, there was a bill in Judiciary-- there were quite a few lawyers in the room-- and the bill purported to give jurisdiction in a situation where there wasn't jurisdiction. And every lawyer in the room was like, this doesn't make any sense. And what we eventually figured out was that the person who had written the bill, who was not a lawyer, meant "venue." And as soon as we figured that out, we were like, oh. Because that's what it's like to have specialized knowledge and to watch folks who do not have that specialized knowledge try to discuss the specialized knowledge. We've heard talk this morning-- I, I feel like I'm at some kind of weird playacting of a medical conference. We've heard discussion this morning that there are no studies about this. Of course there are no studies. That's not how science works. Science needs a control group. It would be unethical to create a control group in many of these instances to try to determine the efficacy of these treatments. I imagine somewhere there are medical experts who are watching us, going, what are they talking about? They don't know what they're talking about, which is why we should not be the ones who decide medical procedure. It's as though we are saying,

we here in this body, we 49, are going to figure out what is the appropriate heart surgery to perform on a particular presentation of medical heart defect. If we were charged with doing that, we would screw up. Of course we would. We do not have the specialized knowledge. And if I described the standard of care for creating some solution to that heart defect, it would sound barbaric. First, you're going to crack open someone's chest. Then you're going to cut this and sew this and put this-- I don't even know. I can't do it. I'm not a medical expert. It sounds like gobbledygook, because that's as far as I can get. I figured out you have to cut open the chest. That sounds barbaric. Of course that is. We are not the scientists here. This discussion, if it is unsettled-- and I am not convinced that it is-- but if it is unsettled, we are not the ones who can decide this. We are not the ones who know what the standard of medical care should be. We do not have the specialized knowledge. We do not work with these people. And additionally, if it is unclear medically, then that should be decided by individual doctors and individual parents. A parent should be able to decide. No one thinks a child should. I wonder if those stories that Senator Clements read were about people operating under the stame-- same standard of medical care that currently exists. Of course they weren't. If they're 80 years old, of course they weren't. Additionally, did they have the benefit of a parent or guardian helping them? Maybe the safest time for some child to go through this is in childhood when they have a separate parent or guardian helping them make decisions. Maybe mistakes get made without a parent or guardian. I don't know. What I do know is that it should not be us deciding. This is not a decision for us. We do not know the medicine. We do not know the science. And reading studies, as Senator Fred-- Fredrickson pointed out, it's like clickbait. If you are an expert in any field--

KELLY: One minute.

DeBOER: --if there's any field-- Senator Brewer is an expert with respect to firearms. I know this about him. If I talk to you about firearms, Senator Brewer, I'll probably say dumb stuff and you'll be like, she doesn't know what she's talking about. Senator Hansen, Ben Hansen is an expert on chiropractic. If I started talking to you about adjusting necks or something, I would immediately reveal that I was an idiot about it, right? I have several areas of expertise. It's the whole nature of expertise, that when someone outside of the expertise talks about it, it sounds like gobbledygook. And that's what we're doing today. We're trying to legislate gobbledygook for medical professionals who know what they're doing, and we're trying to take

away the parental rights. The example of liposuction for a not-fat kid? Of course the doctor wouldn't prescribe that.

KELLY: That's your time.

DeBOER: That's what doctors are for. Thank you.

KELLY: Thank you, Senator. Senator Halloran, you're recognized to speak.

HALLORAN: Thank you, Mr. President. Good morning, colleagues. Good morning, Nebraska. I have to agree with Senator Holdcroft's comments. When I was a parent, it was a much, in retrospect, much easier time to raise children. But by today's standards, I would be and my wife would be abusive parents. That's a tough admission to make. We'd be abusive parents because, at the time, as adults in the room, our children would come to us with a, a suggestion of doing this or that. And we would point out to them the risks of doing this or that, whether it's having a party at some friend's house and that friend's house is known for drinking parties-- and of course, our children were under age-- and we would say no. It was a hard word to say but, being the adult in the room, we said no. So I guess that would be abuse. There's been a lot of discussion about the studies with regard to the maturation of the human brain, 25 years of age. I would beg anyone to challenge the research on that because there's a plethora of information on that. I admire Senator Fredrickson's comments about how long the process of deciding to do some gender change takes place. All we're saying is, OK, let's pause the hold button here and let's wait until the child is 19 years of age. Let me give you an anecdotal story about an immature brain. I was being a little hard on myself by calling myself an abusive parent by saying no from time to time, but my children thank me for it now. It wasn't dealing with gender dysphoria. My heart goes out to people dealing with that. It's a very hard issue to deal with, I understand, from both the parents' perspective and the child's perspective. But regardless, my dad was an abusive parent, so I came by it naturally. God bless his soul, he's passed away now, and I hope he's not looking down on me right this moment and saying, what are you talking about? This is an anecdotal story about a, a very immature brain. At the age of about nine years old, after really extensively researching Superman and other superheroes, I was convinced I could fly, all right? So I asked my dad, I said, Dad, would you put the extension ladder up on the barn? We lived on a farm. The barn was about 50 foot high. That's about half the distance across the breadth of this Chamber. And I asked him to put the ladder up so I could jump-- get up on the roof and take off and show my Superman quality of

being able to fly. And he looked at me and he said, Son, when you're a little bit older and out of the house and you're a big enough boy that you can handle the extension ladder yourself, you can do as you please. But I will not do that for you because, while the takeoff may be easy, the landing will be hard. And he told me I would probably be-- if I didn't kill myself, I would probably be handicapped for the rest of my life. So he didn't do that. I felt bad about that. I thought he didn't understand what I was expressing to him. But life went on. And in a few years, I discovered what gravity was. And the impact of gravity, if you tried doing something like that-- I practiced jumping off chairs and it didn't hurt and I thought, well, you know, maybe a little higher up, I could fly. But after a few years, a little more maturation of the brain, I, I gave that more serious thought and I discovered Dad was right.

KELLY: One minute.

HALLORAN: So all we're saying is, let's press the pause button a little while. It-- I, I know that's-- that may sound harsh to some people, but the pause button will not hurt and it'll give time for children to grow up. And in some cases, it may give time for their parents to grow up as well and seriously consider the ramifications and side effects. Real quickly, I'm, I'm pretty confident that most of the senators that are against LB574 do not want to take the liability for the side effects for hormonal treatments and for surgery. They won't. We're held harmless on that. Doctors will be in the future, and we will see in the future, if this proceeds, how many lawsuits there may be for the harm done from hormonal treatments and from surgery. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President, and good morning, colleagues. I rise in favor of the motion to reconsider. I also rise in favor of the motion to indefinitely postpone this, as well as opposed to LB574. Colleagues, I'm going to talk-- again, relatively quickly, as I'm want to do-- about some of the legal aspects of this. I made some comments about the legal aspects of the issues that I see with LB574 yesterday, but it was immediately after the motion to overrule the Chair was made, and I feel like not a lot of people were listening, and so I think it bears repeating what these specific problems with LB574 are. First of all, colleagues, as Senator Cavanaugh pointed out yesterday, John Cavanaugh, this is essentially modeled after an Arkansas law. That's Arkansas law. It's in Act 626. Act 626 has effectively been stopped at this point. It's been enjoined by the Eastern District

Court of Arkansas. And the fact that it was enjoined or stopped by the Eastern District Court of Arkansas was upheld by the district court. So that law was determined by the courts to essentially not go into effect because it had a number of issues. There are three main issues that we talked about yesterday, and Senator Conrad talked about this a little bit earlier, but I think, again, we need to make sure we understand what the three major problems are with LB574. Act 626 from Arkansas-- again, which effectively is exactly the same as LB574 and what it purports to stop-- was found to violate the Equal Protection Clause, the argument being made that the Equal Protection Clause of the United States prevents you from discriminating based on sex. Now, the argument here is that a minor born as a male, for example, may be prescribed testosterone for assistance in puberty transition, but a minor born as a female cannot be prescribed testosterone. Similarly, somebody born as a male could have a particular surgery, maybe to resu-- remove some sort of tissue, and somebody born as a female could not. So this law, on the face of it, discriminates based on sex. Now, what we know from our jurisprudence is that if the law discriminates based on sex, it has to withstand what's called intermediate scrutiny. Without going into a long diatribe about that, it essentially means that the law has to be substantially related to an important governmental objective or interest. And the argument that was made by Arkansas about this law is that the important governmental objective was protecting children, that they were trying to keep children safe. And the court said, that's absolutely not what this does here. What they said is that Act 626 is not substantially related to Arkansas's interest in protecting children from experimental treatment or medical ethics, ethics, but is, instead, seeking to withhold treatment from some children because of an explicit sexually discriminatory purpose. They found that this did not uphold or stand up to intermediate scrutiny, and therefore they granted that enjoining. In addition to that, they found that it also violated our Due Process Clause. The Due Process Clause, the substantive Due Process Clause, is brought into effect when essentially something is-- somebody is discriminated against or a fundamental right is violated. What we know from our jurisprudence here is that fundamental rights include things as the ability to care for a child. And in order to then enact a law that violates somebody's ability to care for their children, it has to uphold-- or, withstand what's called strict scrutiny, which is an even higher standard. What that means is there has to be a compelling governmental interest and that the law must be narrowly tailored. Again, Arkansas claimed in this that their interest was protecting children, but the district court rejected that claim. Since Act 626 allows the same treatments which are medically sound for cisgender

minors but bans them for transgender minors as long as the desired results conform with a stereotype of the minor's sex at birth. That interest, they found, was pretext for discrimination. Finally, they also argued, and the court initially held, that it violated the--

KELLY: One minute.

DUNGAN: --First Amendment. Thank you, Mr. President. And Senator Conrad spoke about that. This stops doctors from talking about medically accepted procedures, and Arkansas argued that this effectively was trying to prevent them from arguing bunk science. The court disagreed with that. So again, this law has a number of problems. It violates the Equal Protection Clause, the Due Process Clause, the First Amendment. Nobody seems to want to talk about this, but we need to talk about it. In addition to that, colleagues, I've spoken with transgender youth, I've spoken with their parents, please do the same. They are terrified. We need to do something. And I would yield the remainder of my time to Senator Hunt.

KELLY: Senator Hunt, that's 0:25.

HUNT: Thank you, Mr. President. And thank you, Senator Dungan. I would like to withdraw my motion to reconsider. Thank you, Mr. President.

KELLY: The motion is withdrawn. Mr. Clerk.

CLERK: Mr. President, some items first. Your Committee on Government, Military and Veterans Affairs reports LB190, LB474, LB637, LB390, LB514; LB390 and LB514 having committee amendments. Additionally, your Committee on Transportation, chaired by Senator Geist, reports LB61, LB155, LB359, LB122, and LB412, with LB122 and LB412-- excuse me, and LB722; with LB122, LB412 and LB722 all having committee amendments. Additionally, new A bill: LB123A, from Senator Fredrickson. It's a bill for an act relating to appropriations; appropriates funds to aid in the carrying out of provisions of LB123. New A bill from Senator Lippincott: LB81A. It's a bill for an act relating to appropriations; appropriates funds to aid in the carrying out of the provisions of LB81. Amendments to be printed: Senator Dungan to LB14. And new LR from Senator Albrecht. That'll be laid over. Additional LR from Senator Albrecht: LR66. That'll be laid over. And LR67, laid over as well. Additionally, LR68, from Senator McDonnell. That'll be laid over. And LR69 from Senator Walz laid over as well. Mr. President, next item on LB574: Senator Machaela Cavanaugh would move to recommit the bill to committee.

KELLY: Senator Machaela Cavanaugh, you're recognized to open.

M. CAVANAUGH: Thank you. I'd like to ask Senator Hunt to yield to a question.

KELLY: Senator Hunt, will you yield?

HUNT: Yes.

M. CAVANAUGH: Senator Hunt, is there anything you'd like to share with us today?

HUNT: Thank you, Senator Cavanaugh. Yeah, I, I would like to talk about what I feel is an elephant in the room, something that's gone without saying that I think all of you know, and you should know, which is that my son is trans. And many of you have met him. Many of you have known him for years. Many of you have helped me take care of him in this body, as I'm a single parent and sometimes he's been here, you know, especially during late nights when we have a lot to do. And this bill, colleagues, is such an affront to me personally and would violate my rights to parent my child in Nebraska, and I just want to tell you that. I want to stop letting that go unsaid, actually. And there's a couple of reasons that I hadn't brought this up, and I actually wasn't planning on bringing this up through the whole debate. But, you know, the longer it's gone on, I, I think I would be giving up an opportunity and some of the power that comes with this platform if I didn't do that and if I didn't talk to you. My son testified on the public record against this bill, and I wanted to share his testimony. I didn't read it before he gave it because, like any teenager, he, like, really doesn't want my help with anything. He really knows best. He really-- there's nothing I can say to him that would-- you know, he really thinks he knows what he's talking about, and I think you'll see he does. And this was what he said to the committee during the hearing for LB574. Hello. Thank you. My name is Ash Homan and I am a trans person under 18, or under 19, I guess. And first, I would just like to point out a quick thing that I think a lot of people seem to be confused on here. A lot of-- most people cannot get gender reassignment surgery before the age of 18, and the same with hormones such as estrogen and testosterone. And the option for kids under 18, which is puberty blockers, which just pause puberty. And if a child stops taking them, the puberty process will resume right where they left off. And this bill would limit the necessary gender-affirming care for the most vulnerable population at the moment, leaving teenagers more susceptible to suicide, discrimination, depression and other mental health disorders and problems, not to

mention all the people who would need to leave Nebraska just to get this care. So I'd like you to think of the ways this bill would be hurting the state's future generations and taking those ways into consideration when passing other bills that deal with LGBT issues. I'm a trans teen and I would like to see you guys do better work for the people that will be living in the state you created and will have to fix it for themselves when you're gone. And discrimination has always been a problem for trans people of any age, and all this bill would do is perpetuate this by saying it's a mental disorder with treatment that needs to be pushed until the person is an adult and they can make logical decisions for themselves. Today's youth already have enough mental health challenges already, and we don't need the added stress of having to live as our gender assigned at birth when we don't feel that way until we're old enough to change that. Whenever a trans person starts to feel that way at that age is the person-- is, is the age that person should be able to start living is who they want to be. I'm not saying kids should be getting elaborate surgeries and taking permanent hormones at the age of seven. I'm saying the people introducing and passing these laws underestimate how much a child knows about their own body and their own brain. These people need to trust kids to know what's best for themselves. I also find that as I listen to the proponents of this bill, I heard a lot of them talking about, when they were young, they were called a tomboy and they thought of themselves as a tomboy. Being a tomboy and being trans are not the same thing, and they cannot be compared accurately to each other. And gender-affirming care shouldn't have to wait until you guys say it should. It should start when they feel comfortable. And that was my 12-year-old child speaking for the first time to his State Legislature in the Health and Human Services Committee. One reason I didn't bring this up-- and I, I wanted to go through the whole debate on LB574 without mentioning this is because there are-- there is so much hateful rhetoric about gays being groomers coming from a lot of you. And as an out queer woman, as a single parent, as a, a person who's not a person of faith-- I'm not a Christian-- I thought that a lot of people in this body would say, oh, of course her kid's trans. She raised her kid to be trans. I thought a lot of you would say something like, well, yeah, Megan's probably been grooming her kid to, to be trans. There's probably a lot of people in the balcony who think that. And so I was worried that by bringing up the personal experience of my family, it would weaken the argument, that it would be a disservice to the goals of the bill. There is a prominent business leader in Nebraska, who probably all of you know-- if I said their name, you would all know who that is-- who has a trans daughter. This man and his wife are conservative Christians. They're Republicans.

They tithe to all of you and give the little donations that you all expect as conservatives in Nebraska. They go to church. They do everything right to you, and they have a trans daughter. This is the perfect kind of trans parent, Right? This is a trans parent where you guys think, oh, well, I'm not talking about them. Their, their daughter must really be trans because they didn't raise her that way. They didn't make her trans like Megan made her son trans. So I was anxious about bringing this up, and I thought maybe it would be a disservice to the debate if I did. But this is my life and this is my reality. And all of you know me. All of you know my family, and I hope that you know that I didn't raise my kid to be trans. I don't understand it. I don't have to understand it. When my son came out to me, you know, the, the challenges that I dealt with emotionally around that were private to me. You know, that was for me to deal with in therapy and with my trusted friends and advisors. But I was so happy to learn that I had a son and that my child was growing up and revealing himself to me as he is and that he felt comfortable and safe doing that, knowing that he wouldn't be kicked out of his home, that he would be supported and loved by his family. And whatever the future holds for him, whatever gender expression he wants to have, I don't care. Like, I want to have a happy, healthy son, and that is the way every parent of trans youth feels. Another thing you guys don't understand is the issue of access in Nebraska. My son is not on puberty blockers. My son is not on hormones. My son has certainly not had any surgery. You know why? Because Medicaid denied it four times. So you guys think everyone is going to the vending machine in the 7-Eleven, that they're giving up puberty blockers and hormones like candy. I'm a state senator. I'm a woman of means and power and privilege and my child has not been able to get gender-affirming care. So, like, let's say that. That's the reality of what trans healthcare is like in Nebraska. There aren't counselors making kids trans. There aren't counselors telling parents, you have to get your kids on these drugs or else they're going to kill themselves. This is scare tactics. It's satanic panic. There's no truth to it because I lived it. I'm an affirming parent. I have healthcare. I took my kid to the doctor. We were in counseling for over a year about this. We went to numerous psychiatrists, psychologists, MDs. We did everything right that you're supposed to do and my kid could not get gender-affirming care in Nebraska. So maybe it's not that big of a deal, right? Maybe you're all worried about nothing.

KELLY: One minute.

HUNT: This goes to show you guys don't know what you're talking about. You literally don't know what you're talking about. You probably don't

even know a trans person. You've never, ever gone through this. And if this bill passes, all your bills are on the chopping block and the bridge is burned. Senator Hughes, the bridge is burned. We're not cool. Senator Ibach, we're not cool. Senator Brandt, Senator Dorn, Senator Arch, I'm not doing anything for you because this is fake. This has nothing to do with real life. This is all of you playing government when I gotta go home to my house and live in my house, where I don't play house. We're going to be here. Ash is going to be here, my son, long after Senator Kathleen Kauth is gone from here, and she and all of you have nothing to do with the lives of trans people in Nebraska. But keep playing government. Have fun. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Bostar, Senator Bostar has some guests in the north balcony, Black Hill Energy employees from across the state. Please stand and be recognized by your Nebraska Legislature. Thank you for joining us, those in the balcony, but no ous-- outbursts will be permitted. Senator Murman, you are next and recognized to speak.

MURMAN: Good morning, Mr. President and colleagues. Today I rise in support of LB574. I believe that almost every Nebraskan shares a certain set of values. Most Nebraskans are God-fearing, neighborly and value the sanctity of life. LB574 fits right under this shared set of values. This bill is aiming to protect the innocence of children. As we grow old, we find ourselves having flashbacks to a time when we have said something we regret, or it may be an action we carried out that harmed or hurt someone else. Overwhelmingly, these actions or the words we used were carried out during childhood. The concept of childhood is grounded in the idea that these young people are not yet mature enough or responsible enough to make decisions for themselves. So then why would anyone make the claim that these children are capable of making life-changing decisions to undergo a gender transition surgery? Why would the state of Nebraska volunteer children for the lifetime of prescription drugs and hormones associated with this transition? A recent article in thefreepress.com-- and I did hand out this article, and, and I would encourage everyone to take a look at it-- and it says: "I Thought I was Saving Trans Kids. Now I'm Blowing the Whistle." It was authored by a former gender clinician named Jamie Reed. Dr. Reed begins the article by saying her politics are to the left of Bernie Sanders politically. She says that what is happening inside these clinics are both morally and medically appalling. What's more, these surgeries exploded in popularity, popularity around 2015, a time when social media was, was becoming more accessible than ever before, especially for children. The corm--

comorbidities associated with children experiencing these transitions-- depression, anxiety, ADHD, eating disorders, obesity-- and a report from a British pediatric transgender clinic found that about one-third of the patients referred there were on the autism spectrum. There's been a lot said about LB574 in the last few weeks. I've had hundreds contact my office, most of whom have been overwhelmingly supportive of LB574 and LB575. I've had more emails on these two bills than I have in four years on any other bill. I believe that every child is made in the image of God. We cannot allow these harmful surgeries or hormones to be carried out on society's most innocent. I implore my colleagues to support LB574. And I'll yield back to the floor.

KELLY: Thank you, Senator. Senator Lippincott, you're recognized to speak.

LIPPINCOTT: Thank you, sir. Just this past week, on Monday, the Nebraska State Board of Health came out with some observations, and I'd like to read them into the record. The mental health of children is of critical importance to their long-term health and well-being, with a focus on social and emotional development. Evidence-based clinical management should take priority in any clinical intervention-- interventions with minors. Children experiencing gender questioning and gender dysphoria are particularly vulnerable to exploitation by social media and influences outside of medical practice. Point number two, he went on to say the medical community has significant gaps in our knowledge at present as to which behavioral, medical and surgical interventions are the most effective in both the short and term-- short and long term to address minors with gender-questioning dysphoria. The long-term outcomes of many interventions, especially irreversible endocrine axes and surgical altercations are at present unknown. Point three, at this time, there are no standard approach-- there is no standard approach to treatment of children experiencing gender dysphoria in the United States informed by long-term, well-designed studies. The preponderance of the evidence is anecdotal, short term and uncontrolled. Point four, patients, families and clinicians cannot make informed healthcare decisions without knowing the likely benefits and harms of the proposed interventions. The irreversibility of the surgery and long-term impacts on future endocrine health and fertility are particularly problematic for children and minors. Point five, the board recognizes the importance of medical or mental health assessment and supports evidence-based care of children's mental health prior to any pharmaceutical or surgical interventions. And the last point, they said, the risk for suicide among children questioning their gender is

of utmost importance. It is, for that reason alone, that caution, particularly regarding permanent psychological and physical altercations [SIC], be taken with minors unable to consent to these irreversible interventions. The board supports and encourages continued research and study into clinically verifiable strategies to improve mental health and reduce the risk of suicide. Current data does not support the claim that suicide rates diminish among youth following surgical intervention. Therefore, the Nebraska Board of Health does not support irreversible surgical and hormonal manipulation of minors for the purposes of gender reassignment. The clinical focus for children and minors should be the social and emotional development of youth and their mental health. Thank you, sir.

KELLY: Thank you, Senator. Senator Hardin, you're recognized to speak.

HARDIN: Thank you, Mr. President. I rise in support of LB574. These thoughts are adapted from Thomas Gallatin. He writes, Leftists love to insist their rationale for their social and political opinions primarily rests upon, quote, science. Indeed, "follow the science" has become an overused trope thrown at any who dare question the left's radical claims, whether it be climate change, COVID or the biggest social contagion of our day: transgenderism. From a scientific-- or, more specifically, a biological-- perspective, what exactly is a transgender? Well, an international group of 100 clinicians and researchers recently sought to address this gender identity issue from a purely biological perspective, and they published an article about it. The international group of scientists known as the Society for Evidence-Based Gender Medicine, SEGM, effectively threw a bucket of cold water on the transgender lobby by noting that there is no biological evidence to support the claims of gender nonconformity. The article states, The assumption of the core biological underpinning for gender identity and gender dysphoria remains an unproven theory. While biology likely plays a role in gender nonconformity, currently there is no brain, blood or other objective test that distinguishes a trans-identified from a nontrans-identified person once confounding factors, such as sexual orientation, are controlled for. In other words, there is no scientific evidence that backs up the claims of the transgender activists who assert that individuals can be born into the wrong bodies. This reality should come as little surprise to most sober-minded folks, as feelings do not make facts. However, with more and more academics and intellectuals capitulating and pushing the insanity of transgenderism into the wider culture and more specifically onto children, the need to confront the activists' promulgation of scientific misinformation is becoming critical. The

SEGM member who wrote the article, J. Cohn, highlighted five myths promoted by the transgender movement. These myths include the claim that gender identity is a biological trait. Cohn observes, A biologically ingrained gender identity would appear to be in direct conflict with observations where gender dysphoria has resolved, either spontaneously or with the help of psychotherapy, at a variety of ages. He notes research showing that upwards of 90 percent of children who express some form of gender dysphoria ultimately grow out of it, accepting and embracing their biological sex as they become adults. Cohn debunks several brain studies often touted by the media as scientific evidence for gender identity. He notes, Brain studies that purport to distinguish objective differences in brains of trans-identified individuals are highly flawed. The differences disappear once confounding factors such as sexual orientation or exogenous hormones are controlled for. Furthermore, other studies rely on extremely small sample sizes, finding nothing conclusive or detect no signal. In other words, scientists have not found a transgender brain. The notion that everyone has gender identity that is unearthed, based not upon their biological sex but upon some sex-based stereotypes of preference and behavior, lacks any scientific support. Dr. Quentin Van Meter, a pediatric endocrinologist, says there is 0.00 scientific evidence for gender fluidity and gender identity.

KELLY: One minute.

HARDIN: In the end, it's all about gaining political power and influence. Scientifically speaking, there is no such biological thing as a transgendered individual. Feelings do not make facts, and fantasies do not create reality. Despite this belief in gender identity that is used as a basis for medically transitioning thousands of children and adolescents, Nebraskans need to know that there are young people who need genuine help and care, and permanently altering their bodies with surgery, no matter how well-intentioned in this moment, must end. LB574 will ensure that they wait until they're 19 years old or older to do that. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Hughes, you're recognized to speak.

HUGHES: Thank you, President. I rise today to share a thought and to ask some questions. To date, the rhetoric around LB574 has been very unhelpful in understurning-- understanding the underlying issues at hands in terms of this legislation. I urge my colleagues to put aside the rhetoric, the blame game, and get to the facts. I'm hoping that, asking some of these questions, I can get some honest feedback from both the proponents and opponents of this bill. I believe Nebraskans

in general would like to hear the answer from both sides without all the political heckling. I hope to get a response from either side, and here are some of them. After speaking to multiple families with kids experiencing gender dysphoria, I know that gender-affirming care is allowed for children under the age of 19 in Nebraska. From speaking with these families, I know that it can include puberty blockers as well as hormone treatment. My question is, does this care include surgery? Are parents and guardians of persons under 19 years of age required to give consent for that gender-affirming care? Are persons under the age of 19 given an evaluation to ensure that they are not being pressured or agreeing to gender-affirming care against their will? Does insurance currently cover gender-affirming care in Nebraska for anyone under the age of 19 or 18; and if so, does this include surgery? What studies have been done on the long-term effects on people who have had hormone treatments as minors are-- now are adults? Are persons under the age of 19 or 18 and their parents or guardians given the full list of possible side effects of hormone treatments or of other gender-affirming care and/or surgeries prior to their use? The topic of suicide in youth and teens was frequently referenced during the committee hearing on LB574. This topic is very important to me and the reason I introduced LB585. Back to my point regarding suicide: are we missing a bigger picture here? I had numerous families that I listened to that mentioned suicide and that this-- their kids have threatened that or they were very concerned about that happening. The pressures our youth are facing today, irrespective of this issue, are tremendous. Most of us did not grow up in the age of social media and the pressures that brings to bear on everything that youth do these days. Are we doing enough to provide mental health services to our youth and teens? With that question in mind, I would urge my colleagues, no matter which side of the bill you stand on, to be mindful of the words you speak and the effect they have on people, especially our youth. Let us avoid hysteria and clickbait rhetoric and help us provide answers to some of the questions I have raised today. And I am going to yield the balance of my time to Senator Blood. I would like to hear the rest of the Frank Zappa quote because that is my husband's favorite artist. Thank you.

KELLY: Senator Blood, you have 1:55.

BLOOD: Thank you, Senator Hughes. And thank you, Mr. President. So the next question in the interview was, You're not serious about the fas-- fascist theocracy, are you? And Frank Zappa said, That's right. We are. When you have a government that prefers a certain moral code, derived of a certain religion, and that moral code turns into legislation to suit one certain religious point of view, and if that

code happens to be very, very right wing, well, that's almost towards Attila the Hun. And he paused. And the question was, Well, then you're an anarchist. Every form of civil government has some form of morality. And Frank Zappa responds, Morality in terms of behavior, not in terms of theology. I think it's really interesting the conversation that we're having on the floor today is really not about rhetoric, but the ones that are against this bill are putting out facts and data and information.

KELLY: One minute.

BLOOD: And I'm always confused when I hear people say let's, let's stick to what the bill is about. Well, the bill should be about facts, data, science, and it's not. When you quote countries that have monarchies, that's not what's happening in the United States. What's happening in the United States? When you quote organizations that, on January 6, were texting and encouraging people to take over the Capitol and then you quote them here on the mike, that's not what this bill is about. That's not facts, data and science. There are some people that are giving you information and other people are trying to give you biased pieces of paper, biased data that they're reading that someone handed to them. Why I quote Frank Zappa is because he called BS on the government when they needed to be called BS on. And--

KELLY: That's your time, Senator. Thank you, Senators. Senator DeKay, you're recognized to speak.

DeKAY: Thank you, Mr. President. Both sides of this issue believe that they have the best interests of children in mind. Our paths and thoughts on how to pursue these interests differ. In the past few months, I have talked to three different groups of people on the topic of gender-affirming care: the opponents, the proponents and the individuals who have transitioned as minors and now say they have regret and remorse for taking gender-affirming care. It is this third category that I have particular interest in because they raise questions and concerns that I don't feel are adequately addressed, whether it be policy or medical research. If a person is mature enough to recognize transitioning is potentially a life-changing process, I cannot stand in their way if this is a path that they have chosen after reviewing all the information before them, including both the pros and the cons. Personally, I believe people have the right to live their lives in the way and manner that they choose. At the same time, I want people to have the maturity level to make this decision on whether to transition without future regret or remorse. Ultimately, I feel we are going too far and too fast when it comes to providing

gender-affirming care and treatments to minors, especially those with permanent or potentially irreves-- irreversible effects. If someone wants to pursue gender-affirming care, I want them to be able to live with the results and be content going forward. Right now, I have serious concerns that minors have the maturity level to make this decision without remorse. I'm not going to be quoting a lot of news articles or the data that is contained within them. I'm listening to the people that have lived it and are dealing with it. I just want people to know and understand that those decisions are going to affect them for the rest of their lives and are something that they can have peace with. I yield the rest of my time to Senator Hansen.

KELLY: Senator Hansen, you have 2:33.

HANSEN: Thank you, Mr. President. I know we-- we're having previous discussions about the science behind the topic we're talking about, about gender-reaffirming care for minors. And I think-- it seems to me in all aspects of healthcare, especially in the science community, whenever we have conflicting viewpoints or conflicting data or research or studies when it comes to a topic, typically the most prudent thing to do is hold off on performing that kind of care until the science is clear. I think we both-- like, Senator, Senator Fredrickson brought up some, some research. I brought up some research, one of the biggest studies when it comes to this topic, and they were very conflicting. [INAUDIBLE] some about interpretation, some about how the data is, you know, looked at from a statistical standpoint. But I always thought when it came to performing medical procedures or prescribing medications, that whenever there was a lot of conflicting data or science, the prudent thing was to not do it. But for some reason here, we're saying absolutely do it in the name of mental healthcare. I don't know of too many other instances where we actually do, do that. Maybe I'm wrong. And I think I'm actually going to agree with something Senator DeBoer said earlier about how a lot of us on here do not have the knowledge about when it comes to the scientific methodology of, you know, gender-reaffirming care.

KELLY: One minute.

HANSEN: But we are experts and representing the people in our district, and I think it's also prudent on our behalf to make sure that we listen to those who do have the expertise in this. And again, I hear from both sides in the medical community, in the scientific community, in the biological community. They are very conflicting. And then typically then, when it comes to something like that in the Legislature and we don't understand or maybe have the knowledge base

to pass a bill or move something out of committee, we rely on the 407 process, and that's something Senator Cavanaugh brought up earlier in the minority report. But I don't get too much confirmation or confidence if the 407 process came out unanimous for LB574, that they would accept that. So I just want to kind of point that out and-- see that there's a little bit of inconsistency on how we move forward with what we think is medically acceptable to do to patients, especially minors. And I have some more historical context--

KELLY: That's your time, Senator.

HANSEN: --that I'll share later. Thank you, Mr. President.

KELLY: Senator Ibach, you're recognized to speak.

IBACH: Thank you, Mr. President. Good morning, Nebraskans and colleagues. First of all, I would preference my comments with-- actually, more times than not the last few weeks, we have been in conversation in committees, even in the hallway, here on the floor, and a lot of our conversation and a lot of our comments come, come down to what, what's good for the kids? How should we, how should we work for the kids? Education Committee has lots of issues, Judiciary-- heaven sakes, even Agriculture. We had some, some bills come across that say, how can we help young folks be successful? And I tried to educate myself on this issue. I'm not an expert. And I tried-- as Senator Hansen said, I look to experts for thoughts and in thoughtful detail on what we're trying to do here, accomplish here on the floor, and why kids choose this path. Senator Hunt was very revealing this morning, and I appreciate her comments. I appreciate her, her experience. I use that in my pocket as part of my education on this issue. But last week, we heard a bill in committee and-- Senator Day brought it, and I was, I was actually very interested in it because it was part of the process of me educating myself. And in her testimony, when she presented a bill, she cited reasons for reform. And she said, our understanding of brain science and technology has improved our appreciation of how the adole-- adolescent brain functions. Young people's decision-making ability continue to mature until their early to mid-20s. Adolescent brains are different from adults, both structurally and in how they are influenced by chemicals produced by the body. Additionally, adolescents are more likely to be influenced by peers, engage in risky and impulsive behaviors, experience mood swings or have reactions that are stronger or weaker than situations warrant. And I was, I was really intrigued by that because I think that's part of my education process. Then a gal from Voices for Children testified on-- in support of her bill, and she said, All

youth deserve opportunity to grow and change. As a society, we all benefit when youth are able to turn their actions around into healthy adulthood, and our communities suffer when we give up on young people still in the process of development. Children are not little adults. Decades of research confirm that during adolescent develop-- development, the brain, in particular the prefrontal-- frontal cortex, undergoes massive change that leads youth to have poorer impulse control, be more susceptible to peer pressure and ultimately be less capable of weighing long-term consequences. For these reasons, the Supreme Court has consistently ruled that youth are less capable-- culpable for their actions and more amenable to rehabilitation as a result, must be treated differently. So as part of my education process, I, I took these testimonies to heart because I think they reflect on, on how sometimes we try to use different circumstances to use the same principles. And this is a case where, where I'm going to continue to use these principles to guide my vote. And I also would, would state that some of the emails I've gotten have accused me of being phobic. And I take offense to that because I have a--

KELLY: One minute.

IBACH: --friend that was the star on our high school football team. And he is now a she, and I consider her a friend. She's very successful in the business world. And so when people accuse me of being phobic, I really do take offense to it because I think I understand the process better than a lot of people think I do. And I-- with that, I would, I would yield my time back. So thank you.

KELLY: Thank you, Senator. Senator von Gillern you're recognized to speak.

von GILLERN: Thank you, Mr. President. I rise against the recommit motion and in support of LB574. And it's my intention to share some personal experiences. I think that's always the most effective thing that we can do and certainly is, is illustrative of what we've seen and heard today. And I do want to thank Senator Hunt for sharing her personal experience with her family, and I'm certain that's difficult thing to do. And she's on a journey and we, we wish the best for her and for her family. My daughter-- and this, this might seem lighthearted, and it's not intended that way at all, and I'll wrap it up here towards the end. But my daughter at 16 years old was dying to get a tattoo. Of course, she needed parental permission to do that, and I did my best to keep my cool and talk her through the conversation even though that's not what was going through my head. But I asked her a lot of questions: What's your favorite color? What

character or words are important to you? What statement do you hope to make from this? And like most good parental conversations-- which, like, like I said, is not representative of every conversation I had with her-- I was able to remind her that her tastes and her desires and her statements were different this year than they were in previous years, and that by association was able to show her that maybe her tastes next year might be different also, and that by making a permanent alteration to her body, should wait until she was an adult and could make a more mature decision. As Senator Halloran shared in his experience, I had to be the adult in the conversation. Today, she's got several tattoos and that, that's her decision. I think all but one of them she values; one of them she regrets. But again, that's her, her decision. But again, as a child-- and I want to say those words again because that's what we're talking about in this discussion-- as a child, she was not prepared to make a decision that would have permanent consequences. It was my job and her mother's job to protect her from her peer influences, from childish notions and desires that she, quite frankly, didn't understand. How much more dramatic a choice it would be to permanently alter your gender or attempt to alter your gender. And I say "attempt" because deep down in the science, in the anatomy and the biology and the chemistry, a female will always be a female and a male will always be a male. You could have every surgery, take every drug, every hormone, dress in whatever way that you like for your entire life and it won't change whether you carry two X chromosomes and are a female or an X and a Y chromosome and are a male. If you died and an archeologist dug up your body a thousand years from now and tested your remains, they would reach only one of two conclusions, and that is that you are a male or a female. I choose to follow the centuries of science that precedes this sudden outburst of interest in transgenderism. Cellular structure-- I had to look this up. Cellular structure was first written about in 1665, 350 years ago. And Nettie Stevens-- awesomely a female scientist-- and another individual are credited with discovering in 1905 the chromosomal XY sex determination. That was 118 years ago. Senator Blood said yesterday that this bill lacks science, and I'm wondering if Senator Blood would yield to a question, please.

KELLY: Senator Blood, will you yield?

BLOOD: I will.

von GILLERN: Senator Blood, do you believe that we should throw away 118 years of science and cellular study and all that we've learned about the biological formulation of a human and their DNA over that time period?

BLOOD: I, I am unable to answer that question because I need to know where your data came from. What data are you talking about?

KELLY: One minute.

von GILLERN: I'll take that--

BLOOD: I know you're reading it off a paper that someone handed to you. Can you clarify--

von GILLERN: No, I did the homework on myself and I just made a statement about the fact that in-- it's been 118 years since the XX/XY chromosome were discovered. Thank you. I'll take that as your response, Senator Blood.

BLOOD: You also have to--

von GILLERN: Thank, thank you for your response. The information gathered since the discovery of cellular structure and DNA and the wonderful, miraculous chemical rea-- reaction that happens at conception trumped the observations and small samples of data in recent years. Things we're talking about today I learned in ninth grade biology class. I refuse to believe that we are that much more enlightened today than we were decades ago. I'm sure every, every generation believes that they're more enlightened than the generation before them, but frankly, I doubt it. And I'll leave with one last Frank Zappa quote, because you did raise my interest on that, Senator Blood.

KELLY: That's your time, Senator.

von GILLERN: Thank you. I'll wrap that up later.

KELLY: Senator Sanders, you're recognized to speak.

SANDERS: Thank you, Mr. President. And good morning, colleagues. This may be the most sensitive topic we have discussed this session. This topic does weigh heavy on my heart and mind for all trans children, their parents, families and even their friends. This subject affects so many and it isn't easy. I appreciate the passion from members of the committee on the floor today, and I will continue to listen, not judge, that we all may come together for the best outcome for the children. Thank you, Senator Kauth, for this debate for the children, and I yield the rest of my time to you.

KELLY: Senator Kauth, you have 4:04.

KAUTH: Thank you very much, Senator Sanders. I wanted to talk a little bit about suicide risks. According to the CDC, suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems. The argument that if children who are experiencing gender dysphoria do not get affirmative treatment every time they will commit suicide flies in the face of everything we know about youth suicides. And, yes, this is being told. Luka Hein, her parents were told, your daughter is suicidal if she doesn't get this surgery to take off her breasts. She was 16 and she claimed she was not suicidal. The doctors at UNMC pressed the issue. Parents are in a horrible, horrible situation when that happens. Studies claim that high incidences of suicidal attempts for those who have gender dysphoria are of weak design, often using a convenience sample, which are volunteers who are found to participate online. The California Health Interview Survey used a more scientific method, and it surveyed highly nongender-conforming youth, found that less than half that number, 3 percent of girls and 2 percent of boys, were dealing with suicidal ideation. This is still too high, but it is comparable to those dealing with other mental health issues, like eating disorders, depression. Oftentimes, the rates of suicidal ideation are being compared to the general population, not other mental health issues. Coexisting mental health issues should be a tremendous concern when determining how to address gender dysphoria, depression, eating disorders, sexual abuse, dissociative disorder, autism, trauma, et cetera. All of those are co-founding factors. There is no study proving that treating gender dysphoria is a way to solve mental health issues. In a great many youth, the gender dysphoria is secondary to the issues. And long-term studies from Sweden indicate that after a transition is complete, which sometimes those transitions can take seven to 10 years to get all of the surgeries done, individuals have a 19 times greater risk of suicide. So let's talk about the informed consent model, which is what is being used quite a bit here. Informed consent can be defined as an ethical and legal doctrine based on the assumption that all interventions-- diagnostic, therapeutic, preventive or related to scientific studies in the medical field-- should only be performed after a patient or research participant has been informed about the purpose, nature, consequences and risks of the intervention and has freely consented to it. This is based on an adult perspective and should not be used with children, who, we have established, do not have the brain development to understand the consequences. Parents who sign the informed consent paperwork do not have to ultimately live with--

KELLY: One minute.

KAUTH: --the irreversible-- thank you, Mr. President. Parents who sign the informed consent paperwork do not have to live with the irreversible effects of these drugs and surgeries, but they have to watch their child suffer if things go wrong. There's no therapeutic requirement when you're using the informed consent model. Planned Parenthood uses this model. You can show up with an adult and get a prescription that day. On the Planned Parenthood website, it shows you how to do it and tells you what the requirements are, stating that, in Nebraska, the age of majority is 19; so if you're under 19, you need to bring a parent. There's little to no therapy to identify why the gender dysphoria is occurring. It is presumed, if you ask for it, you have done your research. This is the only type of medical treatment where a child dictates the desired outcome and the parents and the medical professionals are expected to concur. We're doing our children a disservice by not being strong on this.

KELLY: That's your time, Senator.

KAUTH: Thank you, Mr. President.

KELLY: Senator John Cavanaugh, you're recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. Well, I've been listening a lot today and learning a lot from folks. And I've got a lot I would say, but I do think that the conversation would be more constructive if Senator Fredrickson continued on his thoughts, if he wanted my time.

KELLY: Senator, you have 4:40.

FREDRICKSON: Thank you, Senator Cavanaugh. Folks, I, I too have been listening really closely to the conversation, and I, I, I, I genuinely appreciate it. I, I think that we're talking about the bill at hand, and I, I understand there's a lot of passion here. We, we've heard a lot about data and facts and this, that and the other, and I personally am finding this a bit frustrating because I keep hearing misinformation. Earlier on the mike, I talked about this Swedish study, that is continuously cited, where the lead investigator is on the record saying that she is being-- this, this study is being misinterpreted. No one has responded to that. They keep-- you know, I, I keep hearing folks going back to this study when the lead investigator is saying this is a misinterpretation of this study. So we can talk and talk and talk and talk and talk about this study, but

we're not-- yeah. Well. Someone in here earlier cited the New York Post. I lived in New York for 15 years. It's like citing the National Enquirer. Like, colleagues, research methodology matters. It, it, it, it matters. There was a citing earlier that 85 percent of folks detransition. That's based on Zucker and Bradley's work from 1995. Let's talk a bit about that. First and foremost, the study criteria for that is the DSM-IV. Again, this is from the mental health perspective. The diagnostic criteria for gender identity disorder in the DSM-IV, which was used from 1994 to 2013, includes preference for crossdressing or cross-sex roles in make-believe play, as I said earlier-- again, imagine a three-year-old girl wearing a Batman cape or a four-year-old boy wearing an Elsa dress. Preference for cross-sex games and activities-- so this would be like a toddler girl playing with a train set or my son playing with his cousin's dolls. That doesn't mean they are trans, folks, but that is the diagnostic criteria that is used in this study that says 85 percent detransition. In 2013, the DSM was updated to the DSM-V with more accurate data. And when you case control for the proper diagnostic criteria, the detransition rate goes down to, like, 1 percent or less. So we can keep talking about these facts and these studies and this data, but again, I would really appreciate if someone could clarify for me, that they keep citing this study whose lead investigator says you're misrepresenting it. Help me understand. Make it make sense. I, I also want to acknowledge Senator Hunt's courage earlier in sharing her story, and it made me think a lot about, you know, how many people in here actually know a trans person?

KELLY: One minute.

FREDRICKSON: And I've been hearing this implication over and over again that trans folks are sad, that they need help, and that's so heartbreaking to me because the trans community is so incredible. They're creative. They're beautiful. They, they bring such a vibrancy to the world. And I, I know I'm running out of time, but I just-- I, I would love for my colleagues, you know, if we let this community thrive. I think you'll be amazed at how incredible and how beautiful they are. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Moser, you're recognized to speak.

MOSER: Thank you, Mr. President. And good morning, colleagues. Good morning, Nebraska. A couple things that I'd like to talk about, and one of them is, I was back in my district last night and went to an event and had a lot of people asking me questions about what we're doing and what the Legislature is getting accomplished. And I just

want to repeat that the, the rules allow the minority to filibuster the Legislature and require a supermajority to get something approved. And, you know, I wasn't around when the one-house Legislature was, was put together. But I think that this was given so that the minority would have some way of trying to get their views listened to, at least, or in some ways worked into the laws we pass. And so sometimes certain senators do dominate the discussion, but that's within the rules and, you know, within some parameters. Otherwise, we'll have to go-- I, I would think there might be some public outcry for a two-house Legislature. I think, you know, a one-house Legislature passes more bills than I think a two-house would pass, and I think we pass too many bills. I think we've got 150 years of experience and, and laws we have created by some of the state's elected officials, most of them very sharp, and it's hard to improve on that body of work in a lot of ways. Another question that I got was the discussion of LB574 and what people's opinion on that was. And I had, I don't know, a couple dozen people just bring it up. I didn't ask them. They just told me what they thought. But they were parents. They were medical professionals. They were regular citizens in my district. And they recoiled at the thought of parents having their children genetically-- or not genetically, but biologically modified to favor a sex other than the one that they were born to. And I think that, to me, is the core of this bill and why I didn't sign onto the bill originally when it was introduced. But that's the core of why I think that there are those important parts in this bill that need to be considered. There may be some amendments that are necessary to clean it up and, and make it more effective, and I'm open, I'm open to that. Another thing too, you know, we talk about gender confusion among children. There's been a big change in that. And in the last decade or so, there's been a huge jump in young women, young girls who question their gender and, you know, I don't know why that is. You know, I don't think we could genetically change in that short of time. I don't think that our evolution could change that quickly. You know, there has to be a societal input to that, and I don't know what that is, but I think we should err on the part of caution when we do irreversible things to change the gender of our children.

KELLY: One minute.

MOSER: Thank you.

KELLY: Thank you, Senator. Senator Wishart, you're recognized to speak. Senator Dorn, you're recognized to speak.

DORN: Thank you. Thank you, Lieutenant Governor. Thank you very much. Thank you for the conversation yesterday, this morning. One thing I notice, as I-- in the Chamber today, how, I call it, more quiet it is. Generally, this session-- other sessions, as we've had some bills like this that we really filibuster or talk about, there's, there's this hum or-- when you have hearing aids, it's a, it's a lot of noise and we have to have the Speaker gavel us or whatever. But what I noticed today is is that people are paying attention, people are listening. There's some conversations going on, but still I think everybody realizes the importance of this bill and the discussion that we're having. Thank Senator Hunt for visiting with us this morning about what's going on in her life. One thing I always do or when-- especially when we get to the, the part about the budget, is I always like to look longer term. And even with this bill, I've got some questions or, I don't know, maybe thoughts. This bill today, tomorrow, will probably come to a vote. We're going to vote up or down, yes or no. We vote it to pass, we're going to Select File and maybe an amendment, maybe not. We don't pass it or we don't go on with it, supposedly the bill dies. I've been told by several people that it may not die this session. I think that might be up to the Speaker whether it does die this session or not or if it comes back in another shell bill. There are shells bills out there that might come back. But where do we go from here? Does this end the conversation? Will this bill come back next year if it dies on first round? Or if we pass something, will something come back? Will we continue to have this discussion? I think this is an overall bigger picture, and it's called the national perspective. The things that we have different today than we had 20 years ago that never brought about this type of discussion but we, we have today is we have some of these social issues. We have some of these bills this year that are more in tune or more talked about, more of the public perspective, one way or another, that we have that we haven't had in some other years, that we have some more bills coming up yet that we're going to have the discussion. But let's look out three or four years. Where will this be at? Where will-- will we be having this-- the same discussion in multiple years from now in this body? Those are good questions to think about. Just because this bill doesn't pass or passes today, this-- tomorrow, I, I do not see it as the end of the conversation. We're going to still have more discussion, more interest on this subject. Part of what has happened, I call it, in, in-- as a senator this year, this bill, along with several other bills, we've had a lot of emails on, a lot of visits. I, I've heard several people talk about visits they've had with families, with children that are experiencing this, and what's all going on. There's been several conversations about the medical world and how

they perceive this and how things are going on there and what, what is all being worked through or not worked through. There are some people that have very strong feelings both ways on this bill, and I think they're strong enough feelings that, not only for the people out in the lobby or the people we visit with, but also the people on this floor that vote one way or another, is not going to end this discussion. We will have this ongoing. I wish we could put this, one way or another, to rest and then never be brought up this session or the next five years. I don't see that happening. There are those type of social issues--

KELLY: One minute.

DORN: --that we have become involved with-- thank you-- that, in today's society, whether it's the technology part of it or other things have brought this more to the forefront, many of us are not the type-- that we're not a doctor, we're not a lawyer. We're here doing the best job we can. I really thank many of the people for listening and being a part of this discussion as we move forward. Thank you. I'll yield the rest of my time.

KELLY: Thank you, Senator. Senator Walz, you're recognized to speak.

WALZ: Thank you. And good morning, almost afternoon, colleagues. I do have some questions. I want to thank Senator Dorn. I agree. I think that we've had some really good conversation this morning and just the opportunity to ask questions and to listen. I do have some questions. I have two questions from constituents that I really want to be cognizant of and, and thoughtful to get those questions from my constituents answered. And then, if I have time, I have one just as a Health and Human Services Committee member. Would Senator Fredrickson please yield to some questions?

KELLY: Senator Fredrickson, will you yield?

FREDRICKSON: Always.

WALZ: Thank you, Senator Fredrickson. One of the questions that I received was somebody had said, I don't see in the bill where individuals who are already taking this medication would be grandfathered in, and they wanted to know what happens to them once they stop taking those medications.

FREDRICKSON: Whew. That's a really, I think, good question and a really important question. It is not clear-- I don't think there is a grandfathering clause, so I do think that there would be folks-- and

I'm open to being corrected on the record if this is not correct, but that's actually, I think, a conversation we haven't been having in here, is what happens to someone who is currently undergoing this type of care and if they're cut off from that. And I think the consequences of that would be-- would-- I don't, I don't think it's dramatic to say that that would be dire. And so if this bill passes as it's written, that would be very dangerous.

WALZ: OK. Can you-- is there any way you can expand on that just a little bit more? I-- just so I am able to answer the questions to constituents. What would happen to them if they had to stop taking that-- or--

FREDRICKSON: Yeah, I mean-- so, so every, so every individual is going to be unique. I mean, I can certainly speak from-- to, like, a-- from a mental health perspective. I mean, I think that, you know, someone who has been receiving affirming care and who has been affirmed and who is then denied that care, that could precipitate a, you know-- there, there, there could be a genuine, you know, crisis at, at hand there from a mental health perspective.

WALZ: OK.

FREDRICKSON: I think, you know, medically speaking, I, I am not at liberty. I don't, I don't have medical expertise. I, I, I do defer to medical experts on that perspective. But, I mean, from a mental health perspective, it would be--

WALZ: OK.

FREDRICKSON: --it would be very dangerous.

WALZ: All right. Thank you for answering that. The second question that I had was from a constituent, and it says that part of the bill outlines that a health practitioner cannot refer a patient. What kind of impact would that have on an individual who's seeking this kind of care?

FREDRICKSON: Hmm. I suppose it would-- well, it, it-- well, it, it would go against standards of care and standards of practice. So if, if an individual was seeking to receive treatment or care and they were unable to get a referral for that-- I mean, I'm thinking about my own profession-- that would go against code of ethics. You know, we-- we have a code of ethics that says, you know, we are to provide services that we are-- have expertise in. But if we do not have expertise, it is incumbent upon us to refer to those who are able to.

So if a provider does not have that expertise and is unable to refer, therefore, to that expertise, I, I would imagine that would be a violation of, of, of a code of ethics.

WALZ: OK. Thank you. And then, for me, sitting on the Health and Human Services Committee, my question would be, how would this impact medical facilities that do receive state funds?

FREDRICKSON: Whew, that's another good question. I mean, I would-- I think that that would-- I mean, I, I think it would-- frankly, I think it would jeopardize a lot of their reimbursement, potentially.

KELLY: One minute.

FREDRICKSON: And that could be-- well, I mean, we, we could go into a literal budgetary crisis for, for healthcare if, if that were the case. And so that's-- I think that's maybe a unintended consequence of something like this. I mean, that would be-- because at the end of the day, providers have to do what's ethical. We have to treat patients with what we know to do. So if our funding is jeopardized because we're, we're practice-- providing standards of care, that could be devastating.

WALZ: OK. Thank you, Senator Fredrickson.

FREDRICKSON: Yeah. Thank you,

WALZ: I appreciate it. I think that's all the questions I have for now. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Clements, you're recognized to speak.

CLEMENTS: Thank you, Mr. President. What we're doing here with this bill is we're talking about minors age 18 and under. After age 19, LB574 is silent. Nebraska marriage license application says if you're age 17 or 18, you need parental consent, then it says anyone 16 or younger cannot marry in Nebraska. Drinking is age 21. We restrict minors from smoking, gambling, tattoos, stanning-- tanning beds. Those are restricted for minors. The purpose here is to allow the children to mature before life-changing procedures are done, and I think it's reasonable to also pro-- have this bill do this similar item to protect those age 18 and younger. With that, I would yield the rest of my time to Senator Kauth.

KELLY: Senator Kauth, you have 3:55.

KAUTH: Thank you, Mr. President. So I'm going to continue on to some of the known factors with puberty blockers. The original use for puberty blockers was for prostate cancer; precocious puberty, which is when children develop puberty at very young ages, usually seven for girls and eight for boys; chemical castration, specifically for sex offenders. The dangers of puberty blockers: lower bone density, cardiovascular risk, endocrine system, brain development is lessened, chronic joint pain, decreased male sexual desire, infertility, and none of this has been tested on children with any sort of study. This is off-label use. It's making more money for pharmaceutical companies to use it off label. The maker of Lupron, AbbVie, has not applied to the FDA to use them in gender dysphoria even though they have been asked many times. AbbVie was also the-- they settled a lawsuit for about $876 million because of their drug, Lupron, which is a puberty blocker. Puberty blockers stop puberty. A child will be smaller, all parts of them. And even if the meds are stopped, they may never resume normally. They're always going to be out of step with their peers. Imagine being in high school in a 13-year-old body while the rest of your peers are in their 16-year-old bodies. The effect of feeling better has been called the honeymoon period. Once these are started, it's never been studied what happens. Is it the medicine or is it the fact that a kid has been told that this process will solve their gender dysphoria, this is what will fix you? Doing something feels good, but does it actually cure? More importantly, how long does it last? Correlation does not equal causation. Jazz Jennings is a young woman whose parents supported the gender transition from age five. She was born a boy. They've kept Jazz in the public eye through a television show and children's books touting gender transitions for children, and she's recently come out and said, she still doesn't feel like me; multiple surgeries and a decade on puberty blockers and cross-sex hormones and she still doesn't feel right. The majority of children who start on puberty blockers go on to cross-sex hormones. This guarantees infertility. What child can understand fertility when they're making these decisions? And again, we are talking about children. When the practice of watchful waiting is used-- and watchful waiting entails saying, I acknowledge that something's wrong. You feel terrible--

KELLY: One minute.

KAUTH: --you don't understand what's going on and you think that you might be a different gender, acknowledging it but not affirming it and working with someone in psychotherapy to figure out what is it that's going wrong, what's making you feel this way-- when watchful waiting is used, there's an approximately 85 percent desistance rate. But the

fact that once you start those puberty blockers, the pause to evaluate is really just another step cementing the decision. Once you start down the path, it gets harder and harder to go back if that's what you truly feel. Cross-sex hormones, you use excessively large doses to counteract your natural hormones. This will result in sterilization, weight gain, increased cancer risk, including breast cancer, increased diabetes, increased cardiovascular lisk-- risk, blood clots, high triglycerides, high cholesterol, high red blood cells, destabilization of certain--

KELLY: That's your time, Senator.

KAUTH: --psychiatric disorders. Thank you.

KELLY: Senator Day, you are recognized to speak.

DAY: Thank you, Mr. President. Just a couple of things that I wanted to mention in response to some of the things that have been said on the floor this morning. Number one, people have to stop attempting to use data and research to support their claims when it is very clear that data and research does not support their claims. Science does not support this bill, period. We know that. That is why the actual scientists, the actual medical scientists, the Nebraska Medical Association, the American Medical Association, the American Psychological Association and the American Academy of Pediatrics all oppose this bill. If you are not going to follow the science that they follow, the actual scientists follow, and you're going to tell us that science is inconclusive and we cannot draw any conclusions based on differing research and that, that the jury is still out on whether or not gender-affirming care is effective and you truly believe that, do you believe the solution to inconclusive science is to outlaw something? Number one, the science is not inconclusive. We have our very own mental health professional, whose job it is to treat these kids, telling us that the science is conclusive. And if you're going to read articles on the floor from the New York Post or the Daily Wire or wherever you're going to get it from, I hope you would share that with the rest of us so we can actually see where it comes from. Because, again, the original study that was cited in the hearings in support of this bill, the Swedish study, has been clearly misinterpreted and even the main researcher has said that herself. It says right here in the study. This study design sheds new light on transsexual persons' health after sex reassignment. It does not, however, address whether sex reassignment is an effective treatment or not. But yet we're still here using it as evidence to support our claims. We can't keep intentionally and deliberately misinterpreting

science, data and research to support bills like this. Number two, several senators have stood up on the mike and said, you know, this weighs heavily on my heart for these trans kids; you know, I really feel for these families. A couple of them were the same senators who refused requests to meet with families of trans youth. You can't tell me that it weighs heavily on your heart and you feel really badly for these kids when you refuse to even have a conversation with them. It's simply not true. Number three, we keep talking about surgeries being sort of the, the line being drawn in the sand for some senators. You know, does this include surgery? I have a question. Can a 15- or 16-year-old cisgender female get a breast augmentation with parents' consent? Yes, she can. Would you consider breast augmentation for a cisgender female gender affirming? And if you don't, then please explain to me the difference.

KELLY: One minute.

DAY: Please explain to me how surgery that is gender affirming for a transgender child is different than surgery for a cisgender child that is gender affirming. How is it different? You know that it's not. This bill deliberately targets trans children. It's very clear. And we are attempting to use science and data and research to back up the claims of a bill that is simply based in discrimination and bigotry. I yield the rest of my time. Thank you.

KELLY: Thank you, Senator. Mr. Clerk, for items.

CLERK: Mr. President, your Committee on Transportation, chaired by Senator Geist, reports LB63 to General File with committee amendments. Additionally, amendments to be printed from Senator Huntl to LB574 and a notice of committee hearing from the Health and Human Services Committee. Additionally, name adds: Senator Albrecht, name added to LB736; and Senator DeKay, name added to LR63. Notice that the Revenue Committee will be holding an Executive Session at noon in room 1524. Revenue, Executive Session, noon, 1524. Finally, Mr. President, priority motion: Senator Dungan would move to adjourn the body until Thursday, March 23 at 9:00 a.m.

KELLY: The question is, shall, shall the body adjourn for the day? All those in favor state aye. All those opposed, nay. We are adjourned.