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**REAPing What We Sow: The Implications and Outcomes of  
Mississippi House Bill 1125, The “Regulate Experimental  
Adolescent Procedures (REAP)” Act**

Kerigan Brewer

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REAPing What We Sow: The Implications and Outcomes of Mississippi House Bill  
1125, The “Regulate Experimental Adolescent Procedures (REAP)” Act

by

Kerigan Brewer

A Thesis  
Submitted to the Honors College of  
The University of Southern Mississippi  
in Partial Fulfillment  
of Honors Requirements

December 2023



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## ABSTRACT

Mississippi House Bill 1125 (MS HB1125), also known as the “Regulate Experimental Adolescent Procedures (REAP) Act,” was signed into law by Mississippi Governor Tate Reeves in early 2023 (REAP Act, 2023). It is one of multiple policies passed into law that limit the rights of transgender people. This thesis aims to clarify the history of the trans community, dispel myths around gender-affirming health care and the trans identity, and discuss the current state of anti-trans laws and transgender rights. Using a policy analysis framework by DiNitto (2011), MS HB1125 is analyzed on points like its social and economic costs, the perceived cause of the issue it addresses, and possible unintended consequences of the bill’s passing. Although MS HB1125 and similar bills from other states aim to restrict the rights of trans individuals, many states are working towards protecting these rights. As social workers, we must advocate for our young trans clients’ rights to bodily autonomy and self-determination. However, we must also consider the ethical implications of allowing minors access to all methods of gender transitioning procedures, especially those that are irreversible.

Keywords: Mississippi, Mississippi House Bill 1125, Regulate Experimental Adolescent Procedures Act, transgender rights, gender-affirming health care, gender-transition procedures, social work, transgender youth

## **DEDICATION**

This thesis, as a political statement, is dedicated to the transgender community and their fight for equal rights. Being an ally of the community, they have my enduring love and support as well as my admiration for their efforts.

This thesis, as a demonstration of my knowledge and abilities, is dedicated to my previous professors and mentors in The University of Southern Mississippi's Honors College and School of Social Work. They fostered my educational growth and challenged my research abilities. I want to thank the professors who contributed to my Honors College journey: Dr. Rebecca Tuuri, Dr. Andrew Haley, Dr. Craig Carey, Dr. Laura Alberti, and Dr. Dean Franks. I also want to thank some of the School of Social Work's faculty who contributed most to my social work journey: Mrs. Melody Davisson, Mrs. Rachel Lahasky, Dr. Rhonda Smith, Ms. Karen Aderer, and Mrs. Laura Achter. Last, I want to give special thanks to Dr. Susan Hrostowski, who contributed to both educational journeys.

This thesis, as a labor of love, is dedicated to my family, my partner, and my close friends. Each pushed me to pursue my passion for political advocacy, gave me a space to discuss and organize my ideas, and expressed excitement for even the small wins while writing this.

This thesis, as a pursuit of knowledge, is dedicated to my mother and father, who pushed me in my academics throughout my entire life. I would not be writing this were it not for them. I feel blessed to have been given this type of opportunity and support that many never receive. For that, I could not be more grateful.

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## **LIST OF ABBREVIATIONS**

ACLU	American Civil Liberties Union
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
HRC	Human Rights Campaign
LGBTQ+	Lesbian, gay, bisexual, transgender, queer/questioning, and more
MS HB1125	Mississippi House Bill 1125
MS HB1523	Mississippi House Bill 1523
MS SB2536	Mississippi Senate Bill 2536
NASW	National Association of Social Workers
REAP	Regulate Experimental Adolescent Procedures
SoC8	Standards of Care for the Health of Transgender and Gender Diverse People, Eighth Edition

## **CHAPTER I: INTRODUCTION**

On February 28, 2023, Mississippi Governor Tate Reeves signed into law Mississippi House Bill 1125 (MS HB1125), the “Regulate Experimental Adolescent Procedures (REAP) Act.” This bill follows several others like it that restrict the rights of transgender people (American Civil Liberties Union [ACLU], 2023a; Choi, 2023). The bill prohibits gender-affirming procedures – hormone blockers, hormone therapy, and gender reassignment surgery – for any individual under the age of eighteen. The policy has received criticism from both inside and outside the state. Studies indicate benefits of transitioning for transgender youth, and many medical providers disapprove of laws like this because they can cause ethical dilemmas, conflict with standards of care, and possibly lead to major negative impacts (Hughes et al., 2021). Meanwhile, some Mississippi officials questioned the need for this bill as several Mississippi hospitals are shutting down (Pender, 2023). This thesis aims to illustrate a clearer picture on the history of transgenderism and criminalization of the transgender identity throughout history, gender-affirming care for minors, MS HB1125 and similar bills, and how this may pertain to and affect the field of social work while also providing an analysis of MS HB1125 using a policy analyst framework from DiNitto (2011) in the seventh edition of Social Welfare: Politics and Public Policy.

## **CHAPTER II: LITERATURE REVIEW**

### **Transgenderism**

The Human Rights Campaign (HRC) Foundation (n.d.) defines the term “transgender” (sometimes shortened to just “trans”) as “an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth” (para. 5). In other words, the term “transgender” does not solely refer to someone assigned female at birth living as a man, or vice versa. The term is relatively new, as Merriam-Webster (n.d.) cites its first uses in 1974. Those identifying as transgender are considered part of the lesbian, gay, bisexual, transgender, queer/questioning, and more (LGBTQ+) community.

Despite beliefs that transgenderism is a new concept, trans people have existed in history for centuries. Recounts from sixteenth-century European settlers describe encounters with Native Americans who identified as two-spirit, a gender identity still found in certain American indigenous cultures (Springate, 2016; Dictionary.com, 2021). Throughout the following centuries, many notable trans historical figures would emerge, such as Thomas/Thomasine Hall, Joseph Lobdell, and Christine Jorgensen, among others (Springate, 2016; Stryker, 2017). In current times, we see prominent transgender figures in pop culture such as Dylan Mulvaney, Laverne Cox, Elliot Page, and Caitlyn Jenner. While transgenderism is becoming a more socially accepted identity, the transgender community still faces a significant amount of discrimination.

### **Anti-LGBTQ+ Discrimination in Law**

Like transgender people, anti-trans laws have existed for centuries. As previously mentioned, one of the first accounts of trans people in history comes from sixteenth-

century European settlers' encounters with the two-spirit identity of Native American culture (Springate, 2016). Springate (2016) states that those identifying as two-spirit were met with hostility by the European settlers, and the settlers generally did not respect nor recognize the two-spirit gender identity. Part of the reason for this mistreatment may have been Europe's own anti-trans laws and beliefs. With that, we can trace back transgender discrimination in law to sometime before the first American settlements, but America's history of transgender discrimination in law can be first dated to the early European settlements.

Historically, laws that discriminated against transgender people were far less overtly anti-trans than the laws of today. An early example of this is anti-cross-dressing laws, which were instated from 1848 to 1974 (Stryker, 2017). These laws prohibited individuals from dressing in a manner that did not align with their birth-given sex (Sears, 2014; Stryker, 2017). In other words, men could not dress like women, and vice versa. There also existed laws prohibiting publicly disguising or concealing one's identity as a means of evading identification (Sears, 2014). Today, laws are still aiming to restrict the rights of transgender individuals, ranging from restrictions related to healthcare, public restrooms, locker rooms, sports team participation, and accurate identification, among others (American Civil Liberties Union, 2023b).

As of June 6, 2023, the HRC has issued an unprecedented "state of emergency" warning for LGBTQ+ people following the 75+ anti-LGBTQ+ laws that have been signed into effect in 2023 (HRC Staff, 2023). Not only is this warning unprecedented, but they also note that this number of anti-LGBTQ+ laws signed into law during a legislative session – more than double that of 2022 – is also unprecedented. States such as Texas and

Florida appear to be at the forefront of this wave. While only ten anti-LGBTQ+ bills have been introduced during Florida's 2023 legislative session, the state became a major point of discussion in anti-trans policy discourse following its “Parental Rights in Education” bill (2022), more colloquially known as the “Don’t Say Gay” bill (Goldstein, 2022; ACLU, 2023b). Meanwhile, Texas came to the forefront of anti-trans policy discourse due to the 53 anti-LGBTQ+ bills introduced in its 2023 legislative session, covering topics ranging from drag culture to gendered sports team participation to gender-affirming procedures (ACLU, 2023b; Melhado & Nguyen, 2023).

In Mississippi’s 2023 legislative session, 25 anti-LGBTQ+ laws were introduced, though only two have been passed into law (ACLU, 2023b). Due to its history and deep religious roots, Mississippi is generally perceived as a conservative, anti-LGBTQ+ state, and this perception is reinforced by legislation instated by the state’s government. Take, for example, Mississippi House Bill 1523 (MS HB1523) from 2016, the “Protecting Freedom of Conscience from Government Discrimination” act. This bill protects the religious and moral beliefs of private entities. However, it blatantly protects anti-LGBTQ+ beliefs, such as homophobia and transphobia (see Section 2 of MS HB1523), thus allowing businesses to legally refuse business to queer and transgender people. Mississippi’s Senate Bill 2536 (MS SB2536) (2021) – which banned transgender athletes at any public educational institution to participate in the gendered sports teams that align with their gender identity – also demonstrates the state government’s anti-LGBTQ+ reputation.

## **Transgender Youth**

The Williams Institute's 2022 report states that transgender youth comprise 1.4% of their age group, meaning around 300,100 youth identify as transgender in the United States (Herman et al., 2022). In the state of Mississippi, it is reported that there are around 2,400 transgender youth, meaning around 1.2% of Mississippi's youth identify as transgender (Herman et al., 2022). However, it should be noted that this number may be even higher, as this report defines youth as ages 13 to 17, and "youth" itself is an ambiguous term, which can affect statistical accuracy (Vaughn, 2016). Vaughn (2016) also notes that it may be difficult to gauge just how many individuals, not just youth, identify as transgender due to fluctuations in gender identity, flawed research tools, personal beliefs on what it means to be "transgender," and social influences. That said, research undeniably shows that individuals begin sensing their gender identity in youth. Across articles, it appears that many transgender individuals notice during youth the first feelings of their gender identity not aligning with their birth-assigned sex, and many report also exhibiting gender nonconforming behaviors at a young age (Grossman & D'Augelli, 2006; Pollock & Eyre, 2012; Vaughn, 2016).

## **Gender-Affirming Health Care and Procedures for Transgender Youth**

MS HB1125 acknowledges three types of gender-affirming health care: "puberty-blocking drugs," "cross-sex hormones," and "gender reassignment surgeries" (REAP Act, 2023). These appear to be the most common forms of gender-affirming health care procedures, aside from social affirmation (dressing in alignment with gender identity, use of correct pronouns, using the restroom or other gendered facility of one's gender identity, etc.) (Office of Population Affairs, n.d.). In general, access to these procedures

can be beneficial to the trans individual, as it honors their right to dignity and respect as well as their bodily autonomy. These three methods of gender transitioning are each distinct and have varying levels of reversibility. Like most medical decisions, there is no “best” method, and different methods of transitioning will work better for different patients.

### **Puberty-Blocking Drugs**

As stated in an article by the Mayo Clinic Staff (2023), puberty-blocking drugs, also called puberty or hormone blockers, are used to delay the onset of puberty for transgender or gender-nonconforming youth. Gonadotropin-releasing hormone agonists or analogues seem to be the most commonly used puberty blockers (Rew et al., 2020; Mayo Clinic Staff, 2023). Puberty blockers are reversible, only putting a pause on puberty, which resumes as normal once the use of puberty blockers is ceased (Mayo Clinic Staff, 2023; Office of Population Affairs, n.d.).

### **Cross-Sex Hormones**

The use of cross-sex hormones is also referred to as gender-affirming hormone therapy, and sometimes, it is simply called hormone therapy (Mayo Clinic, 2023a; Mayo Clinic, 2023b; Office of Population Affairs, n.d.). As stated in articles by the Mayo Clinic (2023a, 2023b), hormone therapy is the taking of hormones that align with the user’s gender identity. Generally speaking, this means that trans-masculine or female-to-male individuals would take testosterone, and trans-feminine and male-to-female individuals would take estrogen and testosterone blockers (Mayo Clinic, 2023a; Mayo Clinic, 2023b). This process is partially reversible (Office of Population Affairs, n.d.).

## **Gender Reassignment Surgeries**

Gender-reassignment surgery, also referred to as gender-affirming surgery or gender-confirmation surgery, is a non-reversible method of gender-affirming health care that allows the individual's body to physically align with their gender identity (Mayo Clinic, 2022a; Mayo Clinic, 2022b; Office of Population Affairs, n.d.). This term broadly covers multiple types of surgeries. For female-to-male individuals, the procedures may include breast removal, hysterectomy (removal of the uterus and cervix), and phalloplasty (creation of a penis), among others (Mayo Clinic, 2022b). For male-to-female individuals, the procedures may include breast augmentation, facial feminization surgery, orchiectomy (removal of the testicles), vaginoplasty (creation of a vagina), and tracheal shave (reduction of thyroid cartilage), among others (Mayo Clinic, 2022a).

## **America's Criminalization of the Trans Identity**

In the United States, there has been a recent increase in anti-trans policies. In addition to bans on access to gender-affirming procedures and health care, legislation has been written regarding changing one's gender on government-issued identification cards, participating on the gendered sports team that aligns with one's gender identity, and receiving full protection from nondiscrimination laws for transgender people (ACLU, 2023b). MS HB1125 is one of several pieces of legislations passed in 2023 regarding healthcare for transgender youth. It joins several other similar passed bills, some of which are listed below. In addition to the 14 policies on transgender youths' access to gender-affirming healthcare, there have been 116 other policies written regarding healthcare for transgender individuals (ACLU, 2023b). It is also important to note that transgender individuals are disproportionately more likely to experience criminalization and arrest

than their cisgender counterparts (Forbes, 2017). Therefore, this increase in legislation passed that criminalizes the trans identity could be even more detrimental than initially assumed.

Other Passed Legislation on Access to Gender-Affirming Healthcare for Transgender Youth, with Titles

- Arkansas Senate Bill 199: “Concerning Medical Malpractice And Gender Transition In Minors; And To Create The Protecting Minors From Medical Malpractice Act Of 2023.”
- Florida Senate Bill 254: “Treatments for Sex Reassignment.”
- Georgia Senate Bill 140: “Hospitals; the treatment of gender dysphoria in minors performed in hospitals and other licensed healthcare facilities; prohibit certain surgical procedures.”
- Idaho House Bill 71: “Adds to existing law to establish provisions regarding vulnerable child protection.”
- Indiana Senate Bill 480: “Gender transition procedures for minors.”
- Iowa Senate File 538: “A bill for an act relating to prohibited activities regarding gender transition procedures relative to minors, and including effective date and applicability provisions. (Formerly SSB 1197.) Effective date: 03/22/2023. Contingent applicability date.”
- Montana Senate Bill 99: “Provide for a youth health protection act.”
- North Dakota House Bill 1254: “The prohibition of certain practices against a minor; to provide a penalty; and to declare an emergency.”

- Oklahoma Senate Bill 613: “Health care; prohibiting gender transition procedures for children; authorizing certain civil actions and relief; licensure; adding violations and penalties. Emergency.”
- South Dakota House Bill 1080: “Prohibit certain medical and surgical interventions on minor patients.”
- Tennessee Senate Bill 1: “AN ACT to amend Tennessee Code Annotated, Title 28; Title 29; Title 33; Title 34; Title 36; Title 37; Title 39; Title 40; Title 49; Title 56; Title 63; Title 68 and Title 71, relative to medical care of the young.”
- Utah House Bill 132: “Prohibiting Sex Transitioning Procedures on Minors.”
- West Virginia House Bill 2007: “Prohibiting certain medical practices.”

### **Mississippi House Bill 1125: Regulate Experimental Adolescent Procedures (REAP)**

#### **Act**

MS HB1125 was signed into law by Gov. Tate Reeves on February 28, 2023. It is one of 525 anti-LGBTQ+ bills introduced (HRC Staff, 2023) and one of 76 signed into law (ACLU, 2023a; Choi, 2023; HRC Staff, 2023) in 2023. In Mississippi, it is one of 25 proposed anti-LGBTQ+ bills in 2023; however, it is one of only two that were passed into law (ACLU, 2023b). Also called the “Regulate Experimental Adolescent Procedures (REAP) Act,” MS HB1125 (2023) targets gender-transitioning procedures for transgender youth, restricting their access to these procedures and revoking the medical license of any medical professional who performs any of these procedures. This partisan bill (Republican 12-0) was sponsored by multiple representatives, including Rep. Gene Newman [R], Rep. Phillip Gunn [R], and Rep. Dan Eubanks [R], among others.

## CHAPTER III: POLICY ANALYSIS

### Methods

This bill will be analyzed using a framework based on DiNitto's (2011) model of policy analysis. In DiNitto's book, seven questions are outlined as being used in policy analysis. The following questions will be used to evaluate MS HB1125:

1. How is the problem defined?
2. What is the nature or cause of the problem?
3. What are the proposed policy alternatives and what do they intend to accomplish?
4. To what extent will the proposed policies address the need?
5. What will the costs of the proposed policy be?
6. What are the possible unintended effects of the policy?
7. What recommendations might be made with regard to the proposed policy?

This framework gives a neutral baseline for analysis, and it is described by DiNitto to be a "typical rational model of policy analysis" (p. 36).

### Analysis

#### **1. How is the problem defined?**

When using DiNitto's (2011) framework, answering the first question involves identifying the problem that the policy aims to help, fix, or solve. The problem in MS HB1125 appears to be defined as the previous failure by the state of Mississippi to properly regulate gender transition procedures for those under the age of 18.

Additionally, based upon statements made by Gov. Reeves, a second problem that the bill

may aim to solve is the current lack of protections for transgender youth against experimental gender-transitioning procedures (Mississippi Today, 2023).

An additional part of this first question is to define the issues of the problem (DiNitto, 2011). For this bill, that may have included defining what the “experimental procedures” are that it would be regulating. This is a crucial part of the process because issues can be defined in many ways, and the solutions may change based upon which definition is used (DiNitto, 2011). In MS HB1125, we see the issue’s terms defined in Section 2, such as “sex,” “gender,” and “gender transitions procedures,” among others.

## **2. What is the nature or cause of the problem?**

Answering this question requires explaining how the identified problem came to be, how it may have changed over time, and how the change came to be (DiNitto, 2011). From a press release by Gov. Reeves, he explicitly states that the goal of this bill is to protect Mississippi’s children from the “cruel forces of modern progressivism” (Mississippi Today, 2023, para. 80). That statement makes it apparent that the perceived cause of the problem may be a political push from advocates for transgender rights. In other words, Reeves may perceive advocacy of transgender rights as a danger to the safety of those under the age of 18.

DiNitto (2011) alludes that an important part of answering this question is asking more questions. In other words, you must ask questions about the issue itself to understand its nature or cause. If we assume the identified perceived cause of the problem is correct, we may then need to ask, “Why would minors want to transition so early?” or “Why has there been an apparent increase in minors identifying as transgender?” While either of these questions or a similar question may have been asked, it does not appear

that policymakers attempted to address why more minors are identifying as transgender or why they would want to transition at such a young age. Instead, they opted to restrict access to all gender-affirming procedures.

Other possible questions to ask when analyzing this policy that are not necessarily related to the cause of the problem may include “How can we protect minors from making decisions they may later regret?”, “Do we know enough about gender transition procedures to safely allow minors to undergo the procedures?”, and “Can minors safely make decisions for themselves regarding gender transition procedures?”

### **3. What are the proposed policy alternatives and what do they intend to accomplish?**

To answer this question in the policy analysis process, analysts must determine the desired outcome of the policy as well as all the possible means and the best possible means to achieve that desired outcome (DiNitto, 2011). As stated previously in both questions one and two, the desired outcome of this policy is to properly regulate gender transition procedures for minors in Mississippi. It does not appear that other options were considered in determining the best possible means of achieving this. The history (Figure 1) and Mississippi state sources for the bill (Figure 2) do show two proposed amendments of the bill (Figure 3 and 4), but these amendments do not appear to represent alternative options. Instead, these amendments discuss specifications on insurance coverage and mental health counseling.

**FIGURE 1**

## History

Date	Chamber	Action
2023-02-28		Approved by Governor
2023-02-23	Senate	Enrolled Bill Signed
2023-02-23	House	Enrolled Bill Signed
2023-02-22	Senate	Returned For Enrolling
2023-02-21	Senate	Passed
2023-02-21	Senate	Amendment Failed
2023-01-31	Senate	Title Suff Do Pass
2023-01-27	Senate	Referred To Judiciary, Division B
2023-01-20	House	Transmitted To Senate
2023-01-19	House	Passed
2023-01-19	House	Point of Order - Well Taken
2023-01-19	House	Point of Order Raised
2023-01-19	House	Title Suff Do Pass
2023-01-16	House	Referred To Public Health and Human Services

**FIGURE 2**

## Mississippi State Sources

Type	Source
Summary	<a href="http://billstatus.ls.state.ms.us/2023/pdf/history/HB/HB1125.xml">http://billstatus.ls.state.ms.us/2023/pdf/history/HB/HB1125.xml</a>
Text	<a href="http://billstatus.ls.state.ms.us/documents/2023/html/HB/1100-1199/HB1125IN.htm">http://billstatus.ls.state.ms.us/documents/2023/html/HB/1100-1199/HB1125IN.htm</a>
Text	<a href="http://billstatus.ls.state.ms.us/documents/2023/html/HB/1100-1199/HB1125PS.htm">http://billstatus.ls.state.ms.us/documents/2023/html/HB/1100-1199/HB1125PS.htm</a>
Text	<a href="http://billstatus.ls.state.ms.us/documents/2023/html/HB/1100-1199/HB1125SG.htm">http://billstatus.ls.state.ms.us/documents/2023/html/HB/1100-1199/HB1125SG.htm</a>
Amendment	<a href="http://billstatus.ls.state.ms.us/documents/2023/html/ham/HB1125_H_Amend_01.htm">http://billstatus.ls.state.ms.us/documents/2023/html/ham/HB1125_H_Amend_01.htm</a>
Amendment	<a href="http://billstatus.ls.state.ms.us/documents/2023/html/sam/HB1125_S_Amend_01.htm">http://billstatus.ls.state.ms.us/documents/2023/html/sam/HB1125_S_Amend_01.htm</a>
Roll Call	<a href="http://billstatus.ls.state.ms.us/2023/pdf/votes/house/0170010.pdf">http://billstatus.ls.state.ms.us/2023/pdf/votes/house/0170010.pdf</a>
Roll Call	<a href="http://billstatus.ls.state.ms.us/2023/pdf/votes/senate/0500004.pdf">http://billstatus.ls.state.ms.us/2023/pdf/votes/senate/0500004.pdf</a>

### FIGURE 3

Not Germane

AMENDMENT NO 1 PROPOSED TO

House Bill No. 1125

BY: Representatives Scott, Clark

AMENDMENT PROPOSED TO

HOUSE BILL NO. 1125

By Scott, Clark

(Am #1)

amend on L 593 after 43-13-117,  
the division shall expand  
~~the state medicaid program to include~~  
provide coverage and reimbursement  
for the

293        (28) Individuals who are under sixty-five (65) years of  
294        age, are not pregnant, are not entitled to or enrolled for  
295        benefits under Part A or Part B of Medicare, are not eligible for  
296        Medicaid under any other paragraph of this section, and whose  
297        income is not more than one hundred thirty-three percent (133%) of  
298        the federal poverty level applicable to a family of the size  
299        involved. Individuals eligible under this paragraph (28) shall  
300        receive benchmark coverage described in Section 1937(b)(1) of the  
301        federal Social Security Act, as amended, or benchmark equivalent  
302        coverage described in Section 1937(b)(2) of the federal Social  
303        Security Act, as amended. The eligibility of individuals covered  
304        under this paragraph shall be determined by the Division of  
305        Medicaid.

## **FIGURE 4**

**Lost**

**AMENDMENT NO 1 PROPOSED TO**

**House Bill No. 1125**

**BY: Senator(s) Hickman, Simmons (12th)**

**AMEND on line 109 by striking the word "or"**

**FURTHER, AMEND on line 110 after the semicolon by inserting the following language:  
or**

5. Mental health counseling or other activities not specifically listed in (f) (i);

**FURTHER, AMEND on line 136 before the period by inserting the following language:  
and shall not prohibit any health care provider from providing mental-health counseling.**

**FURTHER, AMEND the title to conform.**

If it is true that alternative options were not considered, it is likely caused by Mississippi policymakers looking to other states' methods of addressing the perceived problem, which – according to DiNitto (2011) – is sometimes done. Five states made progress towards creating similar bills before Mississippi: Tennessee Senate Bill 1 (2023), Montana Senate Bill 99 (2023), Utah House Bill 132 (2023), North Dakota House Bill 1254 (2023), and West Virginia House Bill 2007 (2023). It is possible that Mississippi took inspiration from these drafted bills, resulting in the lack of amendments.

#### **4. To what extent will the proposed policies address the need?**

As stated by DiNitto (2011), to answer this question, policy analysts must identify the target groups of the policy, or the group that is intended to directly benefit the most from the policy being implemented. It is very clear that the target group of this policy is Mississippi's transgender youth. This conclusion is backed up by Mississippi's trans youth being the central focus of the bill and the identified issue from Question 1, which is Gov. Reeves's (2023) discussion on the issue and the Republican party's tendency to want to protect children (Mississippi Today, 2023). The latter supporting piece is mentioned because DiNitto (2011) notes that a policy analyst's political affiliation can influence their ability to properly estimate the effects and extent of the policy.

#### **5. What will the costs of the proposed policy be?**

In answering this question, policy analysts must measure both the financial and social costs of the policy (DiNitto, 2011). With financial costs, DiNitto states that policy analysts must be able to determine the potential costs of the policy's implementation as well as how the costs of the policy will be covered. It is also stated that in current times, policies are typically required to be "cost-neutral," meaning that the policy will cause

savings in other areas that will offset its costs (pg. 38). MS HB1125 could be considered somewhat unique in that it does not require any funds to implement. However, it is unclear if the policy would meet the criteria to be considered cost-neutral, as there are no costs that would need to be offset.

We can expect some costs from this socially, as it is repealing the rights of transgender youth. Transgender individuals are already at a higher risk of experiencing mental health issues than their cisgender counterparts, and the inability to fully express one's gender identity has been shown to be a contributing factor to mental health issues in trans individuals (Jones, 2019). Meanwhile, a study by Chen et al. (2023) states that gender-affirming health care can be beneficial for trans individuals, increasing psychosocial functioning. In the same study, it was found that after just two years of receiving gender-affirming hormones, positive affect increases could be seen due to appearance congruence, which is defined as the measure in which physical appearance aligns with gender identity. This leads to a decrease in symptoms related to depression and anxiety (Chen et al., 2023). All this said, there may be some social costs, but they will likely not be major, as many trans youths do not medically transition, and instead, they opt to socially transition (Nisbet, 2023). Ultimately, there will almost always be some social costs when repealing rights, and while we may see a rise in mental health issues in transgender and gender-nonconforming youth, we will likely only see this in youth who have already began the medical transition process or who were planning to begin it soon.

## **6. What are the possible unintended effects of the policy?**

There is much to be considered in this part of the policy analysis process. As implied, in this step, the analyst must find the unintended consequences – also called “spillover effects” or “externalities” – of the policy (DiNitto, 2011). DiNitto notes that these can be quite difficult to identify, but that this is a crucial step in the policy analysis process. Additionally, the analyst must consider the nontarget populations. Lastly, the analyst must consider if the unintended effects are part of “hidden policy agendas,” or promoting an underlying political agenda that could be brushed off, *per se*, as an unintended consequence (DiNitto, 2011, p. 39).

With this policy’s passing, it is possible that many trans youths may be at an increased risk of both depression and suicidality. Appearance congruence, which can be achieved through both social transitioning and gender-affirming procedures, can be a protective factor against major depressive disorder in transgender youth (Chodzen et al., 2019). In other words, if an individual’s appearance is more aligned with their gender identity, their likelihood of meeting diagnostic criteria for major depressive disorder decreases. Further, Green et al. (2022) found that access to gender-affirming hormone therapy put transgender youth at a decreased risk for depression and suicidality. A report by The Trevor Project (2022) also noted that in 2022 alone, before the record number of anti-trans legislation in 2023, 45% of LGBTQ+ youth had seriously considered suicide at some point in the previous year. All this said, it is possible that limiting access to gender-affirming healthcare and procedures may have an inverse effect of what has been shown with access to gender-affirming hormone therapy and appearance congruence. Studies

would need to be conducted before confirming this, but it is still possible and should be taken into consideration when analyzing this policy.

With this policy, it is important to also consider the families of the transgender youth, especially the parents. Parents of transgender youth may also experience distress when their child faces negative experiences due to their trans identity as well as when making important decisions for and with their trans child (Matsuno, 2019). With this policy being passed into effect and the major likelihood that it will cause or has caused stress among trans youth, the parents of these youth are also likely to experience distress over MS HB1125.

It is unknown whether the previously mentioned unintended consequence or others are part of a political agenda, but some speculate that they are. An article by Narea and Cineas (2023) via Vox states that Republican-written laws like MS HB1125 are meant to increase support from evangelical voters. Multiple reports also state larger companies and organizations are behind the push for anti-LGBTQ+ bills, including companies such as the Alliance Defending Freedom and the Liberty Counsel (Contreras, 2023; Narea & Cineas, 2023; Pauly, 2023). Both organizations mentioned self-reportedly promoting religious freedom; however, their websites only discuss Christian faith (Alliance Defending Freedom, n.d.; Liberty Counsel, n.d.). The speculation that the Republican party is attempting to push a Christian-oriented agenda with these bills may also be fueled by most Republicans being Christian, as a Pew Research Center (2015) study found that 82% of Republicans or Republican-leaning individuals are Christian. Although many believe this evangelical agenda to be the driving force behind these policies, for the purposes of this thesis, this is merely speculation.

## **7. What recommendations might be made with regard to the proposed policy?**

The final step in analyzing policies is to make suggestions that would improve the policy (DiNitto, 2011). That said, DiNitto (2011) states that a policy analyst must be able to defend suggestions against any rebuttals or counterclaims. There are two main possible alternatives to MS HB1125: improving mental health services in Mississippi and lessening the bill's strictness and severity. While there are several alternatives that could be considered, these two are likely the most feasible.

Gov. Reeves (2023) stated that he believes that a mental health crisis among youth is a major cause of youth identifying as transgender, stating that “(transgender youth) needed somebody to listen to them, to love them, and they needed help to sort through their problems, not to blindly affirm their beliefs” (8:39). There appears to be a gap in literature exploring biological or psychological correlations with transgenderism, but it is unlikely that Reeves’ assumption is correct. While there is no evidence to disprove his assumption, there is also no evidence to prove it either. That said, there is a mental health disorder acknowledged in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (2013) that is correlated with (but not the cause of) transgenderism: gender dysphoria (Nokoff, 2022). The term emerged as a replacement for the terms “transsexualism” and “gender identity disorder” in previous version of the Diagnostic and Statistical Manual of Mental Disorders (Jessen et al., 2021). The Mayo Clinic Staff (2022) defines gender dysphoria as the “...feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics” (para. 1). Studies show that anywhere from 1.2% to 4.1% of adolescents experience gender dysphoria (Bonifacio et al., 2019).

If Gov. Reeves is truly concerned about the mental health of transgender youth, it may also help to instate a program or policy that provides better access to mental health services to Mississippi's youth. To begin, Mississippi starts at a supreme disadvantage in mental health care due to a shortage of workers. For every mental health care provider in Mississippi, there are 590 patients in need of mental health services (Reinert et al., 2021). Furthermore, Mississippi ranked 50<sup>th</sup> of 51 states (including Washington, D.C.) in youths' access to mental health services, which may be partially due to 8.2% (ranked 32<sup>nd</sup> of 51, including Washington, D.C.) of the state's youth lacking coverage of mental health services by their private insurance provider (Reinert et al., 2021). This lack of access is not due to lack of demand, as may be assumed. Mississippi has a high level of need for mental health services, but it has low levels of use of those services (Sturm et al., 2003). However, this may be due to lack of services or lack of access to services. Meanwhile, transgender and gender-nonconforming individuals are more likely to experience mental health issues, especially anxiety and depression (Chodzen et al., 2019). This combination could prove extremely detrimental to Mississippi trans youth.

Another possible alternative would be to scale back the restrictions of the bill. Under the current policy, providers are not allowed to administer any gender-affirming healthcare procedures to someone under the age of 18 (REAP Act, 2023). As outlined in the REAP Act (2023), gender-affirming health care (referred to as "gender transition procedures") includes "puberty-blocking drugs," "cross-sex hormones," and "gender reassignment surgeries." However, as stated in previous paragraphs, puberty-blocking drugs are reversible (Mayo Clinic Staff, 2023; Office of Public Affairs, n.d.), and gender-affirming hormone therapy can be reversible (Mayo Clinic, 2023a; Mayo Clinic, 2023b;

Office of Population Affairs, n.d.). In other words, it would make sense to only restrict transgender youth's access to gender reassignment surgeries, which is the only gender transitioning procedure that is not, in any way, reversible (Office of Population Affairs, n.d.).

## **CHAPTER IV: DISCUSSION**

### **Looking Toward a Positive Future**

There is no arguing that right now, it is a scary time to be transgender, especially with the current anti-trans legislature being passed into law. However, it is important to acknowledge the progress that is being made for the transgender community. Organizations like the HRC and the ACLU dedicate themselves to protecting the rights of the LGBTQ+ community (ACLU, n.d.; HRC, n.d.). Additionally, a study by Parker et al. (2022) found that 64% of study respondents are in favor of anti-discrimination laws for transgender individuals, and many are rallying for trans rights across the United States (PBS NewsHour, 2023).

A few states have passed policies that would protect the transgender community. Ferguson et al. (2023) states that New Mexico, Minnesota, Maryland, Illinois, and Colorado have all passed policies that legally protect trans individuals or expand medical coverage for gender-affirming procedures. In the same article, the authors note that California also passed similar legislation last year, dubbing itself a refuge state for the trans community, and other states like Oregon, Washington, and Vermont are planning to expand protections or have pre-existing protections in place. In addition to this, many states received the highest-rated title of “Working Toward Innovative Equality” by the HRC (2022) in their “2022 State Equality Index,” meaning that these states have a broad range of protections for the LGBTQ+ community, including transgender healthcare protections. All the states mentioned in this paragraph earned this title, and they are joined by other states like Maine, New York, Hawaii, and New Jersey, just to name a few.

## **Implications for Social Work**

This issue is most closely linked to the National Association of Social Workers' (NASW) (2021) values of dignity and worth of the person, social justice, and competence. Of course, this is an issue of social justice and advocating for the rights of our possible future clients. As outlined in the NASW's (2021) Code of Ethics, social workers are ethically obligated to advocate for "vulnerable and oppressed individuals" (para. 40). Transgender youth belong to two minority populations: the LGBTQ+ community and those under the age of majority. Because of their dual minority status, it is even more imperative that social workers advocate for their right to access gender-affirming healthcare. In addition, social workers must advocate for their client's right to choose. A major component of honoring the dignity and worth of a client is to acknowledge and honor their right to self-determination (NASW, 2021). In the context of MS HB1125, that may mean honoring a young client's right to choose what happens to their body. If our young client decides it is in their best interest to transition, they have the approval from their parent or guardian, and they are not causing harm to themselves or others; as social workers, we must respect their right to choose to transition. This issue also involves one's competence as a social worker, especially in increasing our own knowledge on issues (NASW, 2021). To best advocate for your young trans clients, you must understand the complexities of the issues they are facing. Additionally, knowing which gender-affirming procedures are safe or reversible may be vital to best advocating for a client's right to transition, either to a healthcare provider or a lawmaker.

## **Ethical Considerations**

The central controversy surrounding gender-affirming health care and procedures for transgender youth is ethics, and Gov. Reeves (2023) states that ethics are one of his concerns about gender-affirming care for youth and some of his reasoning for signing MS HB1125 into effect (Mississippi Today, 2023). As stated previously, two of the three methods of gender-affirming care are reversible to some extent. However, the third method – surgical transition – is not reversible. It must be considered, especially in social work, if this is an ethical method of transitioning for minors. As mentioned previously in the section “2. What is the nature or cause of the problem?”, it must be considered if we know enough about performing these procedures on minors for them to be safe. For gender transitioning procedures to be ethical, the safety of minors must be ensured.

In the same way, ensuring the safety of minors who are considering gender transitioning procedures will also be vital to the ethics of the issue. Not only do minors need to be informed about the procedures that they are undergoing, but doctors must be able to determine via their standards of practice if a minor is able to make a major decision like this, even with the help of the minor’s parent or guardian. However, it is very rare for minors to undergo gender-transition surgery, and they may only receive these surgeries once they become a legal adult or if they meet specific criteria (Fields, 2023). Giordano and Horowicz (2022) discuss these legal considerations in their article “Gender-Affirming Surgery for Transgender Adolescents: Ethical and Legal Considerations.” In the article, it is stated that the eighth version of the Standards of Care for the Health of Transgender and Gender Diverse People (SoC8) has markedly fewer restrictions on what age a patient can receive gender-affirming care and has turned

toward a more case-by-case approach. This understandably causes ethical debate, especially when considering that the frontal lobe, which controls decision-making and impulse control, does not fully develop until as late as one's mid-20s (Johnson et al., 2009). It may be best to combine some of the age restrictions of previous versions of the Standards of Care for the Health of Transgender and Gender Diverse People with the SoC8's consideration of individual needs. This alone may help to better ensure the safety of minors when making this decision about the gender transitioning process.

### **Recommendations for Future Research**

There is much to expand upon with this topic. As of right now, there is limited research on transgender issues, especially as it relates to laws on transgender rights. In future research related to this topic, interviews with individuals who identify as transgender or gender non-conforming may provide another view on the subject, and they may provide more individualistic, personal perspectives. Interviews with policymakers or policy analysts may provide another view on the subject; speaking with the authors and analysts of MS HB1125 or similar bills would be ideal. Using another framework to evaluate the policy may prove beneficial, especially because DiNitto's framework is likely meant to be used before the policy goes into effect. It does not seem quite as effective in evaluating a policy retroactively. A framework that is meant for evaluating policies after they go into effect would be best for future analysis of this policy or those that are similar. Most importantly, because this is such a recent issue, it will take time to see the effects of it. This policy's implementation may prove to be beneficial or detrimental to Mississippi's trans youth in the future. Because this thesis was written not

long after the passing of this policy, there is no way to definitively know what the long-term effects will be.

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