

February 23, 2026

Testimony of Leslie Wolfgang, Director of Public Policy, Family Institute of Connecticut Action in opposition to SB 227, AN ACT CONCERNING PRESCRIPTION DRUGS AND OVER-THE-COUNTER DIET PILLS AND SUPPLEMENTS.



SB 227 increases regulation of over-the-counter diet pills to protect young people experiencing or at risk of anorexia. Section 2 creates a class of medical interventions including abortions and “gender affirming care” - that when performed illegally in another state, are immune from consideration by our Commission of Consumer Protection or Commission of Pharmacy. We oppose this bill because “gender affirming care” is not settled science, lawsuits and malpractice claims are increasing, and Connecticut already unwisely disrespects the laws of other states with our shield laws. We should not expand this law to include any “adverse action” (line 151) or to ignore actions by federal entities (line 155).

The pairing of anorexia and gender dysphoria in this bill is striking—and instructive. Both conditions involve profound distress related to a young person’s perception of their body. In both cases, parents and caring adults often feel confused and helpless as they watch a child struggle with mental anguish over an otherwise healthy body.

Yet our response to these two conditions is dramatically different.

In the case of anorexia, we do not affirm a young girl’s belief that she is overweight when she is not. We do not validate the distortion. Instead, we compassionately assure her that her perception is mistaken and help her learn to accept and care for her body.

But in the case of gender dysphoria, the current medical approach often does the opposite. Doctors may affirm a child’s belief that they are “born in the wrong body” and propose blocking natural puberty, prescribing lifelong synthetic hormones, causing infertility, or performing irreversible surgeries—all under the banner of “gender affirming care.”

Connecticut finds itself in a troubling position. While other countries and states are reevaluating and, in some cases, reversing course, Connecticut appears to be doubling down—going so far as to protect physicians who violate the laws of other states.

On February 20, 2026, the United Kingdom’s Department of Health and Social Care announced that it was [pausing a planned clinical trial](#) of puberty blockers in children due

to concerns about the safety and wellbeing of participants. The UK's Medicines and Healthcare products Regulatory Agency (MHRA) raised serious questions about [long-term risks](#).

It is well known that blocking puberty can cause infertility. These are not minor or reversible interventions. Why are we interrupting natural puberty? The justification often offered is suicide prevention. But that claim [deserves scrutiny](#).

Children experiencing gender dysphoria often struggle with significant underlying mental health conditions. Telling children that they are likely to commit suicide if others do not affirm their identity is not sound medical practice. Suicide prevention must be grounded in evidence—not rhetoric.

In fact, some [long-term studies](#) have shown elevated suicide rates among adults who underwent surgical interventions compared to the general population. At minimum, the [evidence](#) does not demonstrate that these irreversible procedures eliminate suicide risk.

We would never tell an anorexic girl that she is fat and that anyone who disagrees hates her. We would not reinforce a harmful belief to prevent self-harm. Yet that is effectively what gender affirmation can do when it validates a distorted body perception.

As of February 2026, there is no settled medical consensus supporting surgical interventions for minors. On February 3, the American Association of Plastic Surgeons [formally rejected](#) surgical interventions for minors with gender dysphoria. Shortly thereafter, the American Medical Association affirmed that position.

Appeals to authority should not replace legislative judgment. The General Assembly has a duty to independently examine the evidence and apply common sense. Public officials serve as a safeguard when medicine drifts into ideology.

Procedures such as puberty blockers, cross-sex hormones, and complex surgeries—including penile inversion vaginoplasty and free-flap vaginoplasty—are irreversible and life-altering. At the very least, they should not receive special legal protections in Connecticut, particularly when a physician has been disciplined for performing similar interventions in another state.

Legal challenges are already emerging nationwide. This month, a New York jury [awarded \\$2 million](#) to a young woman who underwent a double mastectomy as a minor. The jury found malpractice in the treatment she received for gender dysphoria.

What minor can truly provide informed consent to the removal of healthy breasts?

Connecticut taxpayers [have funded](#) similar procedures for teenagers. These are irreversible interventions with lifelong consequences.

Rather than shielding these practices, the General Law Committee should focus on protecting consumers from medical harm. SB 227 would weaken Connecticut regulators' ability to consider disciplinary actions taken against doctors in other states and by federal entities. That is dangerous.

Please don't invite physicians into Connecticut who knowingly violate the laws of other jurisdictions. Regardless of motive, a doctor who disregards the law elsewhere should at minimum be subject to full review here.

This bill removes the consideration of "adverse actions" by regulators, undermining patient safety and weakening consumer protections. Connecticut should not provide special protection to controversial and irreversible medical interventions—particularly when other states or federal entities have deemed those interventions unlawful.

I urge the Committee to reject SB 227.

Learn more about Family Institute of Connecticut Action by visiting ctfamily.org or contacting Leslie Wolfgang at ppdirector@ctfamily.org.

<https://www.theguardian.com/science/2026/feb/20/uk-clinical-trial-into-puberty-blockers-paused-after-medicines-regulator-raises-concerns>

<https://assets.publishing.service.gov.uk/media/6998b06d047739fe61889efb/Sponsor-letter110226.pdf>

<https://web.archive.org/web/20260121091954/https://www.theatlantic.com/ideas/archive/2025/06/transgender-youth-skrmetti/683350/>

https://pmc.ncbi.nlm.nih.gov/articles/PMC10027312/?utm_source=chatgpt.com#abstract1

https://www.theatlantic.com/ideas/2026/02/ama-asps-gender-surgery-minors/685961/?utm_source=chatgpt.com

<https://www.plasticsurgery.org/for-medical-professionals/health-policy/position-statements>

https://www.abajournal.com/news/article/woman-awarded-2-million-by-jury-in-malpractice-suit-over-gender-surgery?utm_source=chatgpt.com#google_vignette

<http://www.ctfamily.org/ct-is-paying-for-genital-mutilation-of-minors/>