



# Testimony of the LGB Courage Coalition

**In Opposition to SB 295 — An Act Concerning State Law Protections for Health Care Providers and Patients Related to the Provision of a Legally Protected Health Care Activity**  
March 2, 2026

Chair and Members of the Committee,

The LGB Courage Coalition is a lesbian and gay advocacy organization committed to promoting evidence-based medical care, ending the medicalization of gender nonconformity, safeguarding homosexual rights, and building a pathway back for LGB individuals who have undergone medicalization.

We believe no child should be subjected to the material harms caused by puberty blockers, cross-sex hormones, and so-called “gender-affirming” medical interventions. Our work centers on ensuring that same-sex attracted youth are not redirected into irreversible medical pathways under the guise of affirmation.

We respectfully submit this testimony in opposition to SB 295, which would expand Connecticut’s existing shield law protections.

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## Summary of SB 295

SB 295 significantly broadens Connecticut’s shield law framework. Among other provisions, it:

- Expands legal insulation for providers offering “legally protected health care activity,” including cross-state telehealth.
- Directs Connecticut courts to apply Connecticut substantive law in disputes involving protected categories.
- Restricts cooperation with out-of-state investigations and proceedings.
- Shields providers from out-of-state licensing discipline impacting Connecticut practice.
- Limits recognition of certain out-of-state custody and abuse determinations.
- Reduces transparency in provider identification in prescriptions.
- Creates address-shield mechanisms tied to protected care.

In effect, SB 295 does not simply protect Connecticut providers acting within state law; it insulates controversial medical interventions from interstate accountability and scrutiny.

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## **Shield Laws Should Not Protect Medicalization of Gender Nonconformity**

As an organization committed to ending the medicalization of gender nonconformity, we are particularly concerned that SB 295 would expand protections around interventions whose evidence base is actively being reassessed both domestically and internationally.

Medical interventions such as puberty blockers and cross-sex hormones carry known implications for fertility, bone density, cardiovascular health, and psychological outcomes.

Blocking natural puberty frequently results in infertility. These are not minor or reversible measures. They permanently alter developmental trajectories — and therefore demand heightened oversight, transparency, and caution.

Most notably, the American Society of Plastic Surgeons (ASPS) recently released updated guidance removing surgical interventions for minors from its recommended standards of care. When the professional body overseeing these procedures withdraws support for performing them on minors, that development should be acknowledged by this legislature.

If the specialty society itself is stepping back from recommending these interventions for youth, Connecticut should not be expanding legal shields that protect providers from review or discipline related to such practices. Shield laws should not outpace the medical profession's own reassessment of risk.

When professional standards are evolving away from youth intervention, expanded insulation is not prudent policy.

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## **Safeguarding Homosexual Youth**

The LGB Courage Coalition exists to safeguard homosexual rights and ensure that same-sex attracted youth are not lost to unnecessary medicalization.

It is well documented that many children historically presenting with gender nonconformity would have grown up to be gay or lesbian adults. If same-sex attracted youth are overrepresented in gender clinics — as whistleblowers and clinicians have reported — then this raises a serious issue of medical justice.

Public policy should not shield practices that may disproportionately affect one identifiable population without demanding full transparency and long-term outcomes data.

To protect homosexual youth, we must ensure that medical interventions are evidence-based, proportionate, and subject to independent scrutiny — not insulated from it.

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## **Consumer Protection and Transparency**

SB 295 limits publication of certain out-of-state disciplinary actions, permits prescriptions to list facility names rather than individual prescribers, and expands grounds to quash subpoenas tied to protected activity.

Transparency is foundational to informed consent. Families must have access to accurate licensure information, malpractice history, and disciplinary findings when evaluating providers offering irreversible interventions to minors.

Reducing transparency undermines both consumer protection and public trust.

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## **Telehealth and Cross-State Provision**

The bill expressly protects Connecticut-licensed providers who treat patients located in other states via telehealth.

While telemedicine offers expanded access, it raises important oversight questions:

- Adequacy of psychological screening conducted remotely;
- Laboratory monitoring compliance;
- Emergency coordination with local providers;
- Parental involvement when minors are involved.

When medical interventions carry permanent developmental consequences, safeguards should be strengthened — not shielded.

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## **Interstate Custody and Constitutional Concerns**

Section 19 would limit Connecticut courts' recognition of certain out-of-state custody or abuse determinations grounded in disagreement over protected health care activity.

Connecticut has authority to define abuse under its own statutes. However, the Full Faith and Credit Clause and the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) impose structural requirements for interstate recognition of custody determinations.

A categorical non-recognition rule risks constitutional conflict and invites interstate litigation. Family law disputes are highly fact-specific and should not be subject to inflexible statutory carve-outs.

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## **Conclusion**

The LGB Courage Coalition advocates for evidence-based medicine, protection of homosexual rights, and an end to the medicalization of gender nonconformity.

Shielding controversial and evolving medical interventions for minors from interstate accountability mechanisms does not advance civil rights. It risks entrenching practices that the medical profession itself is beginning to reassess.

No child should be subjected to material harm through irreversible medical intervention without full transparency, independent oversight, and rigorous evidence.

For these reasons, we respectfully urge the Committee to reject SB 295.

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