Proposition 135: Prohibit Surgery on Minors in Response to Perception of Sex or Gender

Placed on the ballot by citizen initiative • Passes with a majority vote

Proposition 135 proposes amending the Colorado statutes to:

- prohibit surgeries on minors that alter their biological sex characteristics as a treatment in response to a minor's perception of sex or gender, with certain exceptions; and
- prohibit the use of state or federal funds or insurance coverage to pay for these surgeries.

What Your Vote Means

YES

A "yes" vote on Proposition 135 prohibits surgeries on minors that would alter their biological sex characteristics as a treatment in response to a minor's perception of sex or gender, and prohibits the use of government funds or health insurance to pay for the surgeries.

NO

A "no" vote on Proposition 135 maintains Colorado law, which protects access to surgery altering minors' biological sex characteristics and allows public and private health insurance programs to pay for these surgeries.

Summary and Analysis of Proposition 135

What medical treatments are prohibited by Proposition 135?

The measure prohibits surgery on minors for the purpose of altering biological sex characteristics as a treatment in response to a minor's perception of sex or gender. The measure does not list specific surgical procedures that are prohibited; instead, the prohibition is based on the reason that a surgery is performed on a minor. The prohibition includes gender-affirming surgeries, which are a range of procedures that may be provided to transgender individuals to make their physical appearance match their gender identity. Examples include altering, removing, or reconstructing sexual and reproductive organs; modifying body shape; changing facial appearance; or altering vocal characteristics. The measure may also limit other surgeries for minors, including non-transgender minors, if the treatment is interpreted as being in response to the minor's sex or gender perception.

Proposition 135 allows male circumcision and treatments for medically verifiable disorders of sex development or acquired physical or chemical abnormalities. Non-surgical gender-related

treatments, such as social transition options and counseling, are also not restricted by the measure.

How does Proposition 135 change coverage for these procedures?

Currently in Colorado, gender- and sex-based surgeries that are medically necessary may be covered by private health insurance or a public health care program, or be paid for out-of-pocket. The measure bans the use of state or federal money, Medicaid reimbursements, and private health insurance to pay for the prohibited surgeries.

How often are these procedures performed on minors in the United States?

It is unknown how many minors receive gender- and sex-based surgeries that would be prohibited under the measure. However, one study found that gender-affirming surgery for transgender minors in the United States is rare. The study, from researchers at Harvard University, examined 2019 health insurance claim data and found that for every 100,000 youths aged 15 to 17, an estimated 2.1 youths who identified as transgender or gender diverse had at least one gender-affirming surgery. For youths aged 13 to 14, these surgeries are even more rare, with 0.1 youths having a surgery per 100,000 youths (or 1 in a million). Researchers found no cases of gender-affirming surgeries being performed on youths aged 12 and younger.

The three large pediatric surgical providers in Colorado—Children's Hospital Colorado, Rocky Mountain Children's, and Denver Health—report that they do not perform gender- or sex-based surgeries on transgender patients under 18 years of age.

Arguments For Proposition 135

1) Minors lack the maturity to make permanent, life-altering medical decisions. Like many other age-restricted rights and activities, gender-affirming surgeries should require a heightened level of maturity and the ability to make fully informed decisions. Until an individual is a legal adult, less invasive, non-surgical methods of providing gender-related care should be used. This ensures that the most permanent interventions are reserved for when a person is able to fully understand the risks and benefits of surgery as an adult.

2) More long-term data is needed to determine whether gender-affirming surgery is a necessary treatment option prior to adulthood. Some minors may regret undergoing irreversible gender-affirming surgical procedures. Surgeries have risks, and surgery on minors should only be contemplated if there are no other viable treatment options. Other states have limited gender-related treatment options available to minors, including surgical care.

Arguments Against Proposition 135

1) The measure creates an overly broad ban on gender- and sex-based surgeries that interferes with needed care for both transgender and non-transgender minors. In addition to banning gender-affirming surgeries, the narrow exceptions under the measure could limit the ability

of any youths to have surgeries for a range of reasons, both medical and cosmetic. The measure's ban is based on a minor's purpose in seeking treatment, which could lead to uncertainty for patients, physicians, and insurers. Insurers may use this ban to limit their coverage for a wide variety of treatments, and medical professionals may reduce the care they are willing to provide for fear of legal repercussions.

2) The measure delays medically recommended care, even when parents, patients, and medical providers all agree the care is necessary. Medical care decisions for minors should be individualized based on a patient's unique needs and well-established standards of care. Transgender youth already face stigmatization, harassment, and discrimination, and restricting gender-affirming surgical care may worsen mental health outcomes for minors, including anxiety, depression, social isolation, eating disorders, and risk for self-harm and suicide. Important medical decisions should be left to patients, families, and health care providers, not legislated at the ballot box.

Information about the organizations supporting and opposing this measure is available on the Colorado Secretary of State's website:

www.coloradosos.gov/pubs/elections/Initiatives/ballot/contacts/2026.html

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Fiscal Impact of Proposition 135

State and Local Government Spending

Proposition 135 will minimally increase workload and costs for the Department of Regulatory Agencies, which regulates health care professionals and insurers, to update rules and materials pertaining to gender- and sex-based surgeries and to handle complaints if prohibited surgeries are performed or paid for. Similarly, various state and local government agencies that employ health care professionals, such as the Department of Human Services and county hospitals, among others, will have additional workload to update their policies to ensure that their employees follow the measure. Legal costs may also increase for the state and local governments to respond to any allegations of noncompliance. Assuming health care professionals, insurance companies, and government agencies comply with the measure, any impact on state and local spending is expected to be minimal.

Proposition 135 may also slightly decrease state spending on health programs and employee health insurance from no longer paying for certain surgeries for minors related to gender perception. Specifically, to the extent the state Medicaid program covers these surgeries for minors, spending will decrease. Similarly, if private insurance companies no longer cover these surgeries, it may minimally contribute to lower health insurance premiums for state and local governments. Overall, any savings are expected to be minimal.

Initiative 110: Prohibit Surgery on Minors in Response to Perception of Sex or Gender

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What Your Vote Means

YES

A "yes" vote on Initiative 110 prohibits surgeries on minors that would alter their biological sex characteristics in response to the minor's perception of sex or gender, and prohibits the use of government funds or health insurance to pay for the surgeries.

NO

A "no" vote on Initiative 110 maintains Colorado law, which protects access to surgery altering minors' biological sex characteristics and allows public and private health insurance programs to pay for these surgeries.

Summary and Analysis of Initiative 110

What medical treatments are prohibited by Initiative 110?

The measure prohibits surgery on minors for the purpose of altering biological sex characteristics as a treatment in response to the minor's perception of sex or gender. The measure does not list specific surgical procedures that are prohibited; instead, the prohibition is based on the reason that a surgery is performed on a minor. The prohibition includes gender-affirming surgeries, which are a range of procedures that may be provided to transgender individuals to make their physical appearance match their gender identity. Examples include altering, removing, or reconstructing sexual and reproductive organs; modifying body shape; changing facial appearance; or altering vocal characteristics. The measure may also limit other surgeries for minors, including non-transgender minors, if the treatment is interpreted as being in response to the minor's sex or gender perception.

Initiative 110 allows male circumcision and treatments for medically verifiable disorders of sex development or acquired physical or chemical abnormalities. Non-surgical gender-related treatments, such as social transition options and counseling, are also not restricted by the measure.

How often are these procedures performed on minors in the United States?

It is unknown how many minors receive gender- and sex-based surgeries that would be prohibited under the measure. However, gender-affirming surgery is rare among minors in the United States. According to a Harvard University study, which examined 2019 health insurance claim data, for every 100,000 youths aged 15 to 17, it is estimated that 2.1 youths had at least one gender-affirming surgery. For youths aged 13 to 14, surgeries are even more rare, with 0.1 youths having a surgery per 100,000 youths (or 1 in a million). Researchers found no cases of gender-affirming surgeries being performed on youths aged 12 and younger. The study reports that the majority of procedures were chest-related surgeries performed on biological male minors.

The three large pediatric surgical providers in Colorado—Children's Hospital Colorado, Rocky Mountain Children's, and Denver Health—report that they do not perform gender-affirming surgeries on patients under 18 years of age.

Arguments For Initiative 110

1) Minors lack the maturity to make permanent, life-altering medical decisions. Like many other age-restricted rights and activities, gender-affirming surgeries should require a heightened level of maturity and informed consent that only becomes available over time. Until an individual is a legal adult, less invasive, non-surgical methods of providing gender-related care should be used.

2) More long-term data is needed to determine whether gender-affirming surgery is a necessary treatment option prior to adulthood. Some minors may regret undergoing irreversible gender-affirming surgical procedures. Surgeries have risks, and surgery on minors should only be contemplated if there are no other viable treatment options. Other states have limited gender-related treatment options available to minors.

Arguments Against Initiative 110

1) The measure creates an overly broad ban on gender- and sex-based surgeries that interferes with needed care for both transgender and non-transgender children and youth. In addition to banning gender-affirming surgeries, the narrow exceptions under the measure could limit the ability of any youths to have surgeries for a range of reasons, both medical and cosmetic. Should the government or insurance companies view the surgery as relating to gender perception, health care providers could be prevented from providing medically necessary care.

2) The measure delays medically recommended care for transgender youth who already face stigmatization, harassment, and discrimination. Restricting gender-affirming surgical care may worsen mental health outcomes for minors, including anxiety, depression, social

isolation, eating disorders, self-harm, and suicide. Important medical decisions should be left to patients, families, and health care providers, not legislated at the ballot box.

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Initiative 110 may also slightly decrease spending by the state Medicaid program, as it would no longer cover certain surgeries for minors related to gender perception. Similarly, if private insurance companies no longer cover these surgeries, it may minimally contribute to lower health insurance premiums for state and local governments. Any savings to Medicaid and government employee insurance is expected to be minimal.

Last Draft Comments from Interested Parties

Proposition 135

Prohibit Surgery on Minors in Response to Perception of Sex or Gender

Joanna Bila, representing Gessler Blue LLC:

Please see the attached Proponent Comments for Ballot Initiative 110.

Thank you.

Joanna Bila

Ms. Bila also submitted Attachment A.

Scott Gessler, representing Gessler Blue LLC:

Dear Mr. Brown,

Yesterday my family received the attached flyer, urging people to vote no on "109 and 110." As you can see in the flyer, one of the arguments the opponents make is "Gender affirming surgeries on minors are rare."

This talking point is drawn directly from the summary to which we have objected. The fact that the opponents have used your summary as a talking point only reinforces our view that you should refrain from using value-laden words like "rare" to describe actual practice, and that you should not back up that erroneous assertion with an outdated and flawed study.

Again, I strongly urge you to write a summary that is neutral, and that does not take sides in this debate. Put arguments like this in the "arguments for" and "arguments against" sections, and allow the proponents and opponents to make their cases on a fair and even playing field.

Again, please remove the study and the description as "rare" from the summary section.

Sincerely,

Scott Gessler

Mr. Gessler also submitted Attachment B.

Nina Krizman, representing Elevate Strategic Consulting:

Hello-

I would like to submit the attached document with suggested language changes on behalf of Families Not Politics, the registered committee in opposition to Initiative 110.

We believe that several significant effects of the measure are described only briefly or indirectly. The current draft largely presents Initiative 110 as a prohibition on a limited number of gender-affirming surgeries. However, the analysis currently states that the measure regulates procedures based on the purpose of treatment and may affect surgeries beyond those commonly understood as gender-affirming surgery. We believe that voters would benefit from a more prominent explanation of that possibility.

Initiative 110 regulates surgeries based on the reason for treatment rather than by listing specific procedures, which is why we believe voters should be informed more clearly and prominently that the measure's application may extend beyond surgeries commonly understood as gender-affirming surgery. We suggest naming this broader impact earlier in the analysis, such as in the "What Your Vote Means" section.

The sentence under "What medical treatments are prohibited by Initiative 110?" illustrates this broader impact and could be featured even earlier in the analysis: "The measure may also limit other surgeries for minors, including non-transgender minors, if the treatment is interpreted as being in response to the minor's sex or gender perception."

In the same "What medical treatments are prohibited by Initiative 110?" section, we believe the analysis would benefit from more parity in the examples provided. It is critical that, if the Blue Book explanation provides examples of gender-affirming surgeries, it also provide equally clear examples of non-transgender surgeries that may be impacted, as the drafters already acknowledge. If the analysis intends to help voters understand the range of affected medical care, it should provide representative examples of conditions and circumstances involving minors, including non-transgender minors, that could potentially fall within the measure's scope.

For example, the analysis could explain that potential effects may include care for conditions such as an undescended testicle, birth defects, or injuries and illnesses, where the treatment could be interpreted as being provided in response to a minor's sex or gender perception. Providing examples of this broader range of potential effects would help voters better understand the measure's scope and distinguish its application from the narrower category of procedures commonly understood as gender-affirming surgery.

Thank you for considering our suggestions.

Best,

Nina Krizman

Ms. Krizman also submitted Attachment C.

Kevin Lundberg, representing himself:

I see several errors in this draft:

Under the "what your vote means." on line 17 of page 1 it says: "characteristics and allows public and."

Using the word allows is not consistent with the law. It should say mandates or requires, for the funding is required, not allowed.

The use of the term "gender-affirming surgeries" is not an accurate term which is a prejudicial term that assumes these surgeries are good for the child. The terms used in this analysis should be as neutral as possible. The term "gender-affirming surgeries" should be replaced with "surgeries altering biological sex characteristics."

Using the Harvard study from 2019 is way out of date for this rapidly changing medical practice. At the very minimum the repart just issued by HHS should also be incorporated into this section. That can be found at: https://www.hhs.gov/press-room/hhs-report-insurance-coding-sex-rejecting-procedures-minors.html.

This most recent Federal report also throws great doubt on the accuracy of lines 11, 12, and 13 of page 2.

Unfortunately the fiscal note is not accurate as it assumes the 2019 Harvard study is accurate. In light of the recent HHS report referenced above the impact may be much more substantial in reducing expenditures than is currently represented in this draft of the 110 analysis. This section needs a complete revision.

Submitted by Kevin Lundberg

Patty McKernan, representing Protect Kids Colorado:

Here are my comments on this draft:

1. Using the term “gender-affirming” is BIASED. Remove that language. Gender is not a scientific term, it is a social construct and subjective. Biological sex is correct and objective.

2. Replace “gender-affirming” with “biological sex-rejecting” or “biological sex-altering"

3. There are 10 references to “gender-affirming” and only 4 references to “biological sex”.

The job of the LCS is to provide unbiased, clear information, not opinions.

Many blessings,

Patty McKernan

patty@protectkidscolorado.org

Board Director, Catholic Leader

303.324.3792

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August 17, 2026

PDF VIA EMAIL: gendersurgeries2026@coleg.gov

Mr. Jared Brown
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203

Re: Ballot Initiative 110

Dear Mr. Brown:

I appreciated your willingness to discuss the Blue Book language, but it seems that you have not accepted a single comment from the Proponents. I urge you to consider these expanded comments, on behalf of the Proponents.

Our first comment focuses on the summary. The purpose of the summary, as drafted, is to accurately frame the issue. In doing so, you assert that "gender-affirming surgery is rare among minors" and that three large surgical providers state that they do not perform the surgery.

As I have stated previously, the one study that you refer to is inaccurate and outdated, and it should be removed. The following reasons include information that we have not yet provided to you.

First, the study draws from data that is seven years old. The increasing popularity of sex-change surgery is well-established,[1] yet you ignore this evidence. Furthermore, you should include more current and more accurate industry data,[2] rather than rely on a single, outdated study. And a more recent study, using insurance data in Oregon, shows that under any measure all types of medical interventions involving "gender-affirming care" skyrocketed

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[1] Jason D. Wright, *et al.*, *National Estimates of Gender-Affirming Surgery in the US* (Aug. 23, 2023), found at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2808707 (last accessed Aug. 17, 2026).

[2] *Sex Reassignment Surgery (SRS) Market Size & Share 2024 to 2032* (July 2024), found at https://www.gminsights.com/industry-analysis/sex-reassignment-surgery-market (last accessed Aug. 17, 2026).

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from 2019 to 2023.[3] This trend likely continued through 2026, making the study you refer to even more inaccurate.

At the same time, you do not hesitate to rely on recent developments when they support your argument the surgeries are "rare." You cite three health care providers that do not perform this surgery. But prior to 2026, they *did* perform those surgeries, and they only recently stopped in response to a change in federal policy. To be consistent and fair, you should include this historical information if you plan to simultaneously rely on a historical study.

Second, the study focuses on procedures nationwide, not Colorado. Colorado is different, because the rate of medical interventions in our state is much higher than the national rate. In 2023, Colorado ranked 8th highest in the nation for medical diagnosis of gender dysphoria,[4] and simple math dictates that if 27 states prohibit or restrict surgery, those states naturally bring down nationwide averages. At the same time, Colorado has traditionally been viewed as a haven for minors seeking gender-affirming surgery.[5] In light of this evidence, it is difficult to justify that an outdated national study in any way represents Colorado.

Third, the cited study is based on insurance reporting, which greatly understates the incidence of gender surgeries. I previously shared with you a Colorado example in which historical insurance claims for Colorado Children's Hospital vastly understated gender-

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[3] Mary Gray, *et al.*, *Gender-affirming care for transgender and gender-diverse youth in Oregon: trends over time* (April 2026), found at https://academic.oup.com/rescon/article/1/2/vmag049/8657075?login=false (last accessed Aug. 17, 2026).

[4] Lee Sapir, *Oregon's Troubling Transgender Story*, Chart 1, City Journal (July 17, 2026), found at https://www.city-journal.org/article/oregon-transgender-puberty-blocker-hormones (last accessed Aug. 17, 2026).

[5] Claire Rudy Foster, *The Colorado town that became a transgender haven*, High Country News (April 12, 2021), found at https://www.hcn.org/issues/53-5/ideas-books-the-colorado-town-that-became-a-transgender-haven/ (last accessed Aug. 17, 2026); *see also* Jessey Bedayn and Colleen Slevin, *Colorado offers safe haven for abortion, transgender care*, Associated Press (April 14, 2023), found at https://apnews.com/article/abortion-transgender-colorado-law-0ac4525f076692b479c9c16f3a1f72b3 (last accessed Aug. 17, 2023).

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affirming medical interventions when compared to evidence produced in court.[6] In addition, last week the U.S. Department of Human Health and Services referred two large Colorado hospitals to its Office of Inspector General's office for submitting claims for patients receiving "gender-affirming care" that used codes that failed to accurately describe the patients' condition.[7] This potentially fraudulent coding also corroborates evidence developed in court that Colorado insurance data significantly underestimates the number of gender-related procedures.

In short, the study cited in the blue book description cannot be justified in any way. It is outdated and does not describe current practice. It is a national study that does not remotely represent Colorado. And it uses unreliable insurance data that greatly undercounts examples of gender surgery and medical interventions. It should be removed in its entirety.

Our second comment relates to the last sentence in the "arguments for" section, which states:

> Other states have limited gender-related treatment options due to uncertainty around the long-term effects on minors.

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[6] To repeat our earlier comments, according to "data from commercial insurance providers, Medicaid, Medicare, and the Department of Veterans Affairs, excluding Kaiser Permanente and internal Department of Veterans Affairs claims" from 2019 to 2023, (https://stoptheharmdatabase.com/method/(last accessed Aug. 17, 2026)) Colorado Children's Hospital wrote 860 prescriptions for gender change medical intervention. (https://stoptheharmdatabase.com/hospital/childrens-hospital-colorado/ (last accessed Aug. 17, 2026)) Yet a recent court decision found that Colorado Children's Hospital *wrote 807 prescriptions in 2025 alone*, despite a temporary halt due to federal intervention. Findings of Fact and Conclusions of Law and Order on Class Plantiffs' Motion for Preliminary Injunction*, Bella Boe v. Children's Hospital Colorado*, Denver County District Court, Case No. 2026CV30232, found at https://clearinghouse-umich-production.s3.amazonaws.com/media/doc/168235_WzeQzD6.pdf (last accessed Aug. 17, 2026).

[7] Letter from Robert F. Kennedy, Jr. The Secretary of Health and Human Services, to T. March Bell, Inspector General (Aug. 12, 2026), found at https://www.hhs.gov/sites/default/files/hhs-referral-letter-to-oig-8-12-26.pdf (last accessed Aug. 17, 2026); *see also* Press Release, HHS Release Report Exposing Fraudulent Insurance Coding for Sex-Rejecting Procedures on Minors (Aug. 13, 2026), found at https://www.hhs.gov/press-room/hhs-report-insurance-coding-sex-rejecting-procedures-minors.html (last accessed Aug. 17, 2026).

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You should include two additional arguments. First, that the initiative would bring Colorado into the majority, since 27 other states place restrictions on gender-related surgeries. Second, other European nations have recently prohibited such surgeries. This second point is particularly important, because many of those European nations previously *allowed* this type of surgery, but changed course after realizing the harm it causes. Indeed, Section 1, subsection (1)(c) of the initiative states, "European nations, including Sweden, Finland, and the United Kingdom, have halted surgery due to the serious and widespread harm resulting from that intervention."

The Proponents should be able to advance their arguments in the Blue Book, especially when the rationale is embodied in the initiative itself. It is deeply disappointing that you have refused to include the above points in the "arguments for" section. Both statements are accurate; both statements show that this change to Colorado law is neither unusual nor radical.

And the problem is certainly not a lack of space. The "arguments for" section consists of 109 words, while the "arguments against" section benefits from 137 words. You can make the above changes by just adding just 25 words (for a total of 134) by substituting the following language as the last sentence:

> Twenty-seven states have limited gender-related treatment options available to minors, and some European nations, including Sweden, Finland, and the United Kingdom, have halted surgery due to the serious and widespread harm resulting from surgical intervention.

Thank you for your consideration, and please feel free to contact me directly at this email or at 720-839-6637 with any questions.

Sincerely,

GESSLER BLUE LLC

Scott E. Gessler

gesslerblue.com

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*Paid for by No on 109 & 110

Attachment B

WHY VOTE NO ON 109 & 110?

Sign up for updates

Donate to the campaign!

Kids shouldn't have to have their private parts checked by adults to play sports

Trans kids are kids. Plain and simple.

Families should have the right to make medical decisions for their kids, not the state.

Gender affirming surgeries on minors are rare. Doctors and parents should choose when its right for kids.

All kids will be hurt by invasive, unecessary physical examinations.

These measures target trans kids and their families' right to decide between themselves, their doctors and their schools, about how to live their lives. VOTE NO ON 109 & 110

For more infomration >>>

NO ON 109 & 110

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Initiative 110 allows male circumcision and treatments for medically verifiable disorders of sex development or acquired physical or chemical abnormalities. Non-surgical gender-related treatments, such as social transition options and counseling, are also not restricted by the measure.

How often are these procedures performed on minors in the United States?

It is unknown how many minors receive gender- and sex-based surgeries that would be prohibited under the measure. However, gender-affirming surgery is rare among minors in the United States. According to a study published in the Journal of the American Medical Association,~~Harvard University study~~, which examined 2019 health insurance claim data, for every 100,000 youths aged 15 to 17, it is estimated that 2.1 youths had at least one gender-affirming surgery. For youths aged 13 to 14, surgeries are even more rare, with 0.1 youths having a surgery per 100,000 youths (or 1 in a million). Researchers found no cases of gender-affirming surgeries being performed on youths aged 12 and younger. The study reports that the majority of procedures were chest-related surgeries performed on non-transgender biological male minors to remove abnormal breast growth.

The measure may also limit other surgeries for non-transgender minors. For example, an undescended testicle (cryptorchidism) is the most common genital birth defect in boys. It affects about 3% to 5% of full-term male infants and up to 30% of premature babies. In about 80% of cases, the testicle descends naturally by 3 to 6 months of age, leaving about 1% of boys requiring surgical treatment. These surgeries could also be prohibited under the measure.

The three large pediatric surgical providers in Colorado—Children's Hospital Colorado, Rocky Mountain Children's, and Denver Health—report that they do not perform gender-affirming surgeries on patients under 18 years of age.

Arguments For Initiative 110

1) Minors lack the maturity to make permanent, life-altering medical decisions. Like many other age-restricted rights and activities, gender-affirming surgeries should require a heightened level of maturity and informed consent that only becomes available over time. Until an individual is a legal adult, less invasive, non-surgical methods of providing gender-related care should be used.

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Contact List

Proposition 135

Prohibit Surgery on Minors in Response to Perception of Sex or Gender

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Proposition 135

Prohibit Surgery on Minors in Response to Perception of Sex or Gender

Ballot Title: Shall there be a change to the Colorado Revised Statutes modifying existing law by prohibiting surgery on a minor for the purpose of altering the minor's biological sex characteristics, and, in connection therewith, prohibiting any health-care professional or other person from knowingly performing, prescribing, administering, or providing any surgery to a minor for the purpose of altering the minor's biological sex characteristics and prohibiting the use of state or federal funds, Medicaid reimbursement, or insurance coverage to pay for this type of surgery?

Text of Measure:

Be it enacted by the people of the State of Colorado:

SECTION 1. Legislative Declaration. (1) The people of Colorado do hereby find and declare that:

(a) Children lack the maturity to make permanent, life-altering medical decisions;

(b) Medical treatments or interventions that attempt to surgically alter a minor child's biological sex often result in serious, irreversible consequences, including sterility;

(c) European nations, including Sweden, Finland, and the United Kingdom, have halted surgery due to the serious and widespread harm resulting from that intervention; and

(d) Colorado law already protects children from other, permanent and potentially life-altering decisions, such as consuming alcohol and smoking. The same protections should apply to irreversible medical interventions related to biological sex.

SECTION 2. In Colorado Revised Statutes, **add** 12-30-125 as follows:

12-30-125. Prohibition on surgery for minors – prohibition on state funding for surgery - short title – definitions.

(1) **Short title.** THE SHORT TITLE OF THIS SECTION IS THE "PROTECT CHILDREN FROM IRREVERSIBLE SEX CHANGE SURGERY ACT".

(2) **Definitions.** AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "ALTERING BIOLOGICAL SEX CHARACTERISTICS" MEANS TREATMENT IN RESPONSE TO A MINOR'S PERCEPTION OF SEX OR GENDER. IT DOES NOT INCLUDE TREATMENT FOR PERSONS BORN WITH A MEDICALLY VERIFIABLE DISORDER OF SEX DEVELOPMENT OR TREATMENT FOR ACQUIRED PHYSICAL OR CHEMICAL ABNORMALITIES. "ALTERING BIOLOGICAL SEX CHARACTERISTICS" DOES NOT INCLUDE MALE CIRCUMCISION.

(b) "HEALTH-CARE PROFESSIONAL" MEANS ANY PERSON LICENSED IN THIS STATE OR ANY OTHER STATE TO PRACTICE MEDICINE, CHIROPRACTIC, NURSING, PHYSICAL THERAPY, PODIATRY, DENTISTRY, PHARMACY, OPTOMETRY, PSYCHIATRY, PSYCHOLOGY, MENTAL HEALTH THERAPY, OR OTHER HEALING ARTS. THE TERM INCLUDES ANY PROFESSIONAL CORPORATION OR OTHER PROFESSIONAL ENTITY COMPRISED OF SUCH HEALTH-CARE PROVIDERS AS PERMITTED BY THE LAWS OF THIS STATE.

(c) "MINOR" MEANS AN INDIVIDUAL WHO IS UNDER EIGHTEEN YEARS OF AGE.

(3) **Prohibition on medical interventions on minors.** A HEALTH-CARE PROFESSIONAL OR OTHER PERSON SHALL

36 NOT KNOWINGLY PERFORM, PRESCRIBE, ADMINISTER, OR PROVIDE ANY SURGERY TO A MINOR FOR THE PURPOSE OF ALTERING
37 BIOLOGICAL SEX CHARACTERISTICS.

38 (4) NO STATE OR FEDERAL FUNDS, MEDICAID REIMBURSEMENTS, OR INSURANCE COVERAGE MAY BE USED TO PAY FOR ANY
39 PROHIBITED MEDICAL INTERVENTIONS DESCRIBED IN SUBSECTION (3) OF THIS SECTION.

40 (5) **Severability.** IF ANY SECTION OF THIS SECTION IS FOUND UNCONSTITUTIONAL OR INVALID, THE REMAINING SECTIONS
41 SHALL REMAIN IN EFFECT.

42 **SECTION 3. Effective date - applicability.** This measure shall become effective on January 1, 2027, and
43 apply to violations occurring on or after the effective date.