



House Bill No. 6171

- [Quick Video Intro](#)
- [Bill Text](#)
- [Submit a Support Letter!](#)
- [General Intersex FAQ](#)
- [Intersex Media Guide](#)

Frequently Asked Questions re: HB 6171

QUESTION: What's this bill?

ANSWER: House Bill 593 is a critical human rights measure that will protect people born with variations in their sex characteristics from medically unnecessary surgeries during infancy and ensure that life-altering choices about their bodies and, in some cases, gender identities are not forced upon them soon after they are born. Approximately 1-2% of people are born with variations in bodily sex characteristics—such as genitalia, reproductive organs, and chromosomes— sometimes referred to as intersex traits.

QUESTION: Who does HB 6171 apply to?

ANSWER: HB 6171 applies to children born with variations in their physical sex characteristics who are under 12 years of age. There are many ways that the typical process of sex development can vary and over 30 medical terms for specific variations in sex traits. People with these variations have always existed, and awareness is increasing about the diversity of human bodies. People whose bodies are different from what society expects should have the same bodily autonomy, dignity, and respect all other Rhode Islanders are afforded.

QUESTION: Why are these surgeries performed?

ANSWER: Unnecessary surgeries on infants with variations in their physical sex characteristics are often based on generalized, hypothetical assumptions about how the child will prefer their body to appear and function when they grow up. These assumptions are rooted in gender stereotypes, and original medical literature even promotes these surgeries out of a desire to avoid homosexuality and prevent the development of certain gender identities in individuals born with variations in their sex characteristics.¹ Surgery may also be recommended as a means to prevent urinary tract infections or social stigma, but evidence does not support these notions (in fact, early surgery may cause stigma and UTIs²).

QUESTION: Does the bill prohibit all surgeries before age 12? Does it prohibit circumcision?

ANSWER: No. The bill is limited and only prohibits a specified list of surgeries on children born with variations in their physical sex characteristics: to reduce a clitoris, create a vagina, remove gonads, or move a working urinary opening. HB 6171 does not apply to surgeries other than the ones listed, and does not prohibit other forms of treatment.

¹ Christina Matta, "Ambiguous Bodies and Deviant Sexualities: Hermaphrodites, Homosexuality, and Surgery in the United States, 1850-1904," *Perspectives in Biology and Medicine*, 48(1), Winter 2005, pp. 74-83.

² Lily C. Wang & Dix P. Poppas, "Surgical Outcomes and Complications of Reconstructive Surgery in the Female Congenital Adrenal Hyperplasia Patient: What Every Endocrinologist Should Know," *Journal of Steroid Biochemistry & Molecular Biology* 165(Pt A) 2017, 137-144; Heino Meyer-Bahlburg et al, "Stigma in Medical Settings as Reported Retrospectively by Women with Congenital Adrenal Hyperplasia (CAH) for Their Childhood and Adolescence," *Journal of Pediatric Psychology* 42(5), 2017, 496-503.

QUESTION: Does the bill ban surgeries that address an urgent medical problem?

ANSWER: No. The bill only applies to surgeries that are not essential to perform in childhood and that carry serious risks of harm. The bill makes specific exceptions for the rare cases in which one of the otherwise-prohibited surgeries would be urgently needed before the age of 12 for the child’s physical health. The language of these exceptions was developed in consultation with medical professionals to ensure the bill will not affect medically necessary care.

QUESTION: Does this bill limit parents’ rights?

ANSWER: No, HB 6171 does not change the current laws giving parents the right to manage their children’s medical care. HB 6171 gives parents time to learn about the variations with which their children are born and to fully understand the risks of surgery rather than rushing into an irreversible decision when there is no reason for urgency. The bill also provides parents with the opportunity to observe their child’s development and perspective on their own body so that they can follow their child’s lead in these very personal decisions. Centering the bodily autonomy of Rhode Islanders born with variations in their physical sex characteristics is the most effective way to support parents in making decisions in the best interest of their children.

QUESTION: Does HB 6171 interfere with the doctor/patient relationship?

ANSWER: No. In fact, HB 6171 ensures that the patient is able to participate in the doctor/patient relationship and in decisions that affect their bodies, their health, and their futures. HB 6171 is in line with the growing number of medical associations and institutions that recognize the importance of centering individuals born with variations in their sex characteristics in these irreversible decisions. The American Academy of Family Physicians, GLMA: Health Professionals Advancing LGBTQ Equality, the American Counseling Association, the American Medical Student Association, and three former US Surgeons General, and two state medical societies have issued statements affirming that decisions about surgeries on children born with variations in their sex characteristics should not be made without the input of the affected individual, and two major children’s hospitals have recently banned certain surgical procedures on children with variations in their sex characteristics until they are old enough to meaningfully participate in the decision.

QUESTION: Why does the bill refer to age 12?

ANSWER: We have consulted with mental health professionals, who advised that 12 is the youngest age at which individuals are typically more likely to have the cognitive development necessary to better understand the ramifications of surgery and to participate in this decision-making process. The vast majority of the surgeries HB 6171 would cover are performed before the age of 12.

QUESTION: What are the risks associated with performing these surgeries in early childhood?

ANSWER: Documented risks include scarring, incontinence, sterilization, chronic pain and nerve damage, loss of future sexual function, post-traumatic stress disorder, incorrect sex assignment, and heightened risks of anesthesia in early childhood. The original surgery may have complications requiring multiple follow-up surgeries, or may need to be redone to account for body changes associated with puberty. Deferring surgical decisions until after age 12 allows time for the individual to consider whether surgery is right for them in the first place and reduces many of the aforementioned risks. Additionally, many people with variations in their sex characteristics will not ultimately want or need the irreversible surgeries covered by HB 6171, so performing them at a young age increases the odds that an individual will suffer needless harm and distress.