

AMENDMENT 3 - MARKED UP COPY

Written by Jodi Widhalm

The official text of the amendment is below in black text. Explanations of the implications and potential consequences of each section are printed in blue and italicized. Important words & phrases have been formatted in bold and highlighted to show emphasis and a focus on hazardous terminology.

Section A. Article I of the Constitution is revised by adopting one new Section to be known as Article 1, Section 36 to read as follows:

Section 36. 1. This Section shall be known as “**The Right to Reproductive Freedom Initiative.**”

Explanation: The definition of “reproductive freedom” does not exist in the amendment. That leaves the definition up to interpretation.

The WHO says this about reproductive rights,

“Reproductive rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.”

According to the National Women’s Law Center, reproductive rights includes bodily autonomy for trans and intersex youth.

These are only two examples of potential problems with this language. As you might imagine, there are many more. There no question that this language will be applied to the LGBTQ community & our children who are struggling with gender confusion.

In the development of all public policy, the worst case implications must be considered. Every word and definition matters and needs to be scrutinized. In the legislative process, that happens in public hearing and committee meetings as well as debate on the floor. There are checks and balances in place. In this process of initiative

petition - there are no checks and balances and no scrutinizing of the language has been done.

We MUST consider the WORST possible scenarios - the “unintended consequences” of the language! Here are a few examples of the uses of the terminology “reproductive healthcare.”



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Reproductive Justice is Trans Justice; Trans Justice is Reproductive Justice

Mar 28, 2023 | Borealis News & Updates, Grants News & Updates, News & Updates



Trans liberation and reproductive rights aren't parallel fights; they are one and the same.

The ongoing fight for body sovereignty and reproductive justice experienced some major challenges in 2022. The repeal of Roe v. Wade set off an onslaught of legislation restricting abortion rights. Lawmakers worked overtime targeting trans folks and their right to exist, going as far as excluding trans youth from sports and criminalizing doctors for providing gender-affirming care.

This past summer, many activists mobilized to fight the oppressive systems at play. However, trans and

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4 Lives

Everyone has reproductive anatomy, and everyone can have reproductive health concerns. The Transgender Reproductive Health Service at Boston Children's Hospital provides inclusive reproductive health care for people of all gender identities and anatomies.

Our approach to transgender reproductive health

We recognize that your reproductive health needs may be as unique as you are. Our goal is to help you address your reproductive health needs in a way that aligns with your gender identity and your relationship to your anatomy. That's why we provide a variety of reproductive health services to our patients. These include:

- management of bleeding, pelvic pain, or other gynecologic concerns for people on gender-affirming testosterone therapy
- menstrual suppression
- contraception counseling
- gender-affirming hysterectomies (including ovarian-sparing hysterectomies and hysterectomies done in coordination with gynaecology/metabolology). We only perform gender-affirming hysterectomies on patients who are age 18 or older.
- dilation therapy and care of neovaginas for people who have undergone gender-affirming gynaecology



REPRODUCTIVE RIGHTS INCLUDE BODILY AUTONOMY FOR TRANS AND INTERSEX YOUTH

August 9, 2022

Issues: Abortion, Health Care & Reproductive Rights, LGBTQ Equality

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Why it matters.

- Gender justice and reproductive rights movements are intersectional—and should ensure people of all genders can make their own decisions about their bodies and their futures. Protecting the right to self-determination of gender identity and bodily autonomy is part of reproductive justice.
- We know that people of all genders need access to comprehensive reproductive health care that includes abortion and contraception, and they need policies that support parents and families.
- Trans youth also often need access to gender affirming care to make their own medical decisions about their bodies and futures—including their reproductive futures.
- Gender affirming care encompasses a range of social, psychological, behavioral, and medical care designed to support and affirm a person's individual gender identity. For trans youth, this includes treatment like hormone therapy or culturally and medically competent counseling.
- Gender affirming care is medically necessary and supported by all major medical organizations.
- Gender affirming care gives youth the right to be their most authentic self.
- Intersex youth need the same freedoms—but too often are unnecessarily sterilized or subjected to genital surgery as infants or young children, when they are too young to participate in decisions about their own futures.

Legislative attacks on trans and intersex youth:

- The same politicians who have long worked to take away our fundamental decisions related to reproductive health have also actively worked to take decisions away from trans and intersex youth—permanently.
- Politicians should have no role in interfering with decisions, like gender-affirming care or abortion care, that are best left to patients, their supportive families, and their medical providers.
- Current bans on gender-affirming healthcare:** As of August 2022, three states—Arizona, Arkansas, and Alabama—have enacted bans on some or all gender-affirming medical care for trans youth, going against medical best practices¹ Two other states, Florida and Texas, have announced administrative policies that seek to do the same.
- Proposed federal bans on gender-affirming healthcare:** Multiple federal bills that would ban or limit access to gender-affirming care have also been introduced in Congress.²
- Bills that allow non-consensual intersex surgeries:** In the same bills banning gender-affirming care, politicians are allowing genital surgeries and sterilization of intersex infants and children. This kind of provision has appeared in nearly all of the bills banning gender-affirming care, including all three enacted state laws and both federal bills.

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Trans CARE (Clinic for Affirmation and Reproductive Equity)

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Trans CARE (Clinic for Affirmation and Reproductive Equity)

Gender-affirming Hormone Therapy

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Liver Care

At Trans CARE (Clinic for Affirmation and Reproductive Equity), our mission is to provide inclusive, high-quality reproductive health care for transgender and gender non-conforming patients.

Our caring providers have unique skill sets in obstetrics/gynecology, pediatric and adolescent care, gender affirmation surgery, hormone therapy and infertility treatments. Together, they have many years of experience working with the transgender and gender non-conforming community, including people of color.

Our Patient Care Approach

We understand that every transgender and gender non-conforming person has realized their own successes and setbacks along their gender affirmation journey. When you come to our clinic, we take the time to get to know you so that we better understand the challenges you face and the goals you hope to achieve. We hope this approach helps reduce some of the fears that you may face — namely the fear of being misgendered and misunderstood by others — when you come to a clinic.

We work with a close-knit group of dedicated professionals to help guide our patients along their journey. We adhere to the standards of care set forth by the World Professional Association for Transgender Health (WPATH), while utilizing each provider's unique background as we develop a personalized care plan for you.

At times, we work with providers in other health systems when it means that patients are able to get the care they need from providers with whom they have a relationship. Our objective is to do everything we can to help our transgender and gender non-conforming patients reach their goals.

Reproductive Health Services Available Through Trans CARE

Trans CARE provides a wide array of services to transgender men, transgender women and gender non-conforming individuals including:

- Sexually transmitted infection (STI) screening
- Cervical cancer screening
- Treatment of pelvic pain or other concerns, on or off hormone therapy
- Menstrual suppression
- Birth control and abortion
- Pregnancy counseling and prenatal care
- Gender-affirming hysterectomy (removal of the uterus) and oophorectomy (removal of the ovaries)
- Fertility preservation and in vitro fertilization (IVF)

*Links to these screenshots can be found at www.jodigrace.com.

2. The Government shall not deny or infringe upon a person's fundamental right to **reproductive freedom**, which is the right to make and carry out decisions about **all matters** relating to **reproductive health** care, including **but not limited to** prenatal care, childbirth, postpartum care, birth control, abortion care, miscarriage care, and respectful birthing conditions.

Explanation: Section 2 creates a new constitutional right to reproductive freedom that "shall not be infringed upon" exactly the same as our 2nd Amendment rights shall not be infringed upon in the U.S. Constitution. There are no age parameters mentioned. This would create a constitutional right to carry out all decisions regarding reproductive health from birth since it applies to all persons. It includes but is NOT limited to pregnancy care and abortion. This leaves the door wide open and creates inclusive language that pertains to all gender issues. Gender issues are directly connected to reproductive organs and therefore, reproductive healthcare.

3. The right to **reproductive freedom** shall not be denied, interfered with, delayed, or otherwise restricted unless the Government demonstrates that such action is justified by a compelling governmental interest achieved by the least restrictive means. Any denial, **interference, delay, or restriction** of the right to reproductive freedom shall be **presumed invalid**. For purposes of this Section, a governmental interest is compelling only if it is for the limited purpose and has the limited effect of improving or maintain the health of a person seeking care, is consistent with widely accepted clinical standards of practice and evidence-based medicine, and **does not infringe on that person's autonomous decision-making**.

Explanation: This new right SHALL NOT be interfered with, delayed or restricted by anyone for any reason. ANY interference will be declared invalid. Potentially - no one - INCLUDING PARENTS, will be able to delay or interfere with a child who is making a decision about their reproductive health, which includes gender transition in addition to abortion, birth control, etc. No age range is mentioned or

defined which means this could be applied even to children from birth.

4. Notwithstanding subsection 3 of this Section, the general assembly may enact laws that regulate the provision of abortion after Fetal Viability provided that **under no circumstance** shall the Government deny, interfere with delay, or otherwise restrict an abortion that in the good faith judgment of a treating health care professional is needed to protect the life **or physical or mental health** of the *pregnant person*.

Explanation: The Missouri general assembly will not be allowed to create regulations that control abortion if the physician deems the abortion is needed for physical health (not only just saving a life) or the mental health of a pregnant person. Note the use of the language "pregnant person" vs woman. This is another clue that the language here will apply to the LGBTQ community and transgender issues.

Removing the legislatures ability to regulate means that all policy & statutes in place currently - including the SAFE Act - will become unconstitutional and unenforceable.

5. **No person shall be penalized, prosecuted, or otherwise subjected to adverse action** based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth or abortion. **Nor shall any person assisting a person** in exercising their right to **reproductive freedom** with that person's consent be penalized, prosecuted, or otherwise subjected to adverse action for doing so.

Explanation: Doctors and other "health care professionals" or people helping someone exercising these rights will have NO LEGAL LIABILITY if there are any injuries in connection with these treatments or procedures. This leaves women & children AT LEGAL RISK with no recourse if they are harmed and creates an environment where "healthcare professionals" are free to be sloppy & careless. They will suffer no consequences.

6. The Government *shall not discriminate against persons providing or obtaining reproductive health care* or assisting another person in doing so.

Explanation: This is going to result in taxpayer dollars being spent on “reproductive freedom” treatments including gender transition treatments and abortion. It will be a right that can not be discriminated against, which results in these things being covered by state funded healthcare/medicaid.

7. If any provision of this Section or the application thereof to anyone or to any circumstance is held invalid, the remainder of those provisions and the application of such provisions to others or other circumstances shall not be affected thereby.

8. For purposes of this Section, the following terms mean:

(1) “Fetal Viability”, the point in pregnancy when, in the good faith judgment of a treating health care professional and based on the particular facts of the case, there is a significant likelihood of the fetus’s sustained survival outside the uterus without the application of extraordinary medical measures.

(2) “Government”,

a. the state of Missouri; or

b. any municipality, city, town, village, township, district, authority, public subdivision or public corporation having the power to tax or regulate, or any portion of two or more such entities within the state of Missouri.

Explanation: These are the only two definitions included in the language, which is a huge problem. All other definitions are left to interpretation until it would be determined by a court.

The term “government” applies to ALL public entities including schools.

The term “fetal viability” is left up to the judgement of any health care professional.