

**Amendment - 1st Reading-white - Requested by: SJ Howell - Free Conference Committee on HB 682**

- 2025

69th Legislature 2025

Drafter: Alexis Sandru,

HB0682.004.002

HOUSE BILL NO. 682

INTRODUCED BY G. KMETZ, V. RICCI, L. SCHUBERT, S. KLAKKEN, T. SHARP, R. GREGG, T. MANZELLA,  
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A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING LAWS RELATED TO GENDER  
TRANSITION TREATMENT; PROVIDING A STATUTE OF LIMITATIONS FOR TORT ACTIONS INVOLVING  
GENDER TRANSITION TREATMENT ON MINORS; PROVIDING A PRIVATE CAUSE OF ACTION FOR  
INJURIES CAUSED BY GENDER DYSPHORIA TREATMENT; PROVIDING FOR RECIPROCAL COVERAGE  
OF DETRANSITION TREATMENT IN PRIVATE INSURANCE AND PUBLIC EMPLOYEE AND MONTANA  
UNIVERSITY SYSTEM INSURANCE PLANS; PROVIDING THAT DETRANSITION TREATMENT BE  
INCLUDED AS A SERVICE UNDER MEDICAID AND HEALTHY MONTANA KIDS IN CERTAIN SITUATIONS;  
AMENDING SECTIONS 2-18-704, 27-2-204, 27-2-205, 33-31-111, 33-35-306, 53-4-1005, AND 53-6-101,  
MCA; AND PROVIDING ~~A DELAYED EFFECTIVE DATE~~ EFFECTIVE DATES, A RETROACTIVE  
APPLICABILITY DATE, AND AN APPLICABILITY DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. **Section 1. Tort actions -- gender transition treatment for minors.** (1) An action  
brought by a person for damages for injuries suffered from gender transition treatment the person received as a  
minor must be commenced ~~within 25 4 2 years from by~~ the date the person reaches ~~18 30 25~~ years of age or  
within ~~4 2~~ years from the time of discovery by the person of both the injury and the causal relationship between  
the gender transition treatment and the injury, whichever occurs later, except that an action may not be  
commenced after the person reaches 35 years of age.

(2) For the purposes of this section, "gender transition treatment" means the following medical  
treatments provided:

(a) to a female minor to address the minor's perception that her gender or sex is not female:

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- (i) surgical procedures, including a vaginectomy, hysterectomy, oophorectomy, ovariectomy, reconstruction of the urethra, metoidioplasty, phalloplasty, scrotoplasty, implantation of erection or testicular prostheses, subcutaneous mastectomy, voice surgery, and pectoral implants;
- (ii) supraphysiologic doses of testosterone or other androgens; or
- (iii) puberty blockers, such as GnRH agonists or other synthetic drugs that suppress the production of estrogen and progesterone to delay or suppress pubertal development in female minors; and
- (b) to a male minor to address the minor's perception that his gender or sex is not male:
- (i) surgical procedures, including a penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty, augmentation mammoplasty, facial feminization surgery, voice surgery, thyroid cartilage reduction, and gluteal augmentation;
- (ii) supraphysiologic doses of estrogen; or
- (iii) puberty blockers, such as GnRH agonists or other synthetic drugs that suppress the production of testosterone to delay or suppress pubertal development in male minors.

**NEW SECTION. Section 2. Reciprocity in gender transition treatment coverage required.** (1) A group or individual insurance policy that includes coverage for gender transition treatment or subsequent treatment directly related to the provision of gender transition treatment must also include coverage for detransition treatment under equivalent cost-sharing policies.

(2) If the group or individual insurance policy ceases coverage for gender transition treatment, the policy is not required to provide equivalent coverage for detransition treatment, except that the policy must provide equivalent coverage to insureds who were enrolled when gender transition treatment coverage was provided and received benefits under that coverage.

(3) For the purposes of this section "gender transition treatment" means the following medical treatments provided:

- (a) to a female to address her perception that her gender or sex is not female:
- (i) surgical procedures, including a vaginectomy, hysterectomy, oophorectomy, ovariectomy, reconstruction of the urethra, metoidioplasty, phalloplasty, scrotoplasty, implantation of erection or testicular

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protheses, subcutaneous mastectomy, voice surgery, and pectoral implants;

(ii) supraphysiologic doses of testosterone or other androgens; or

(iii) puberty blockers, such as GnRH agonists or other synthetic drugs that suppress the production of estrogen and progesterone to delay or suppress pubertal development in female minors; and

(b) to a male to address his perception that his gender or sex is not male:

(i) surgical procedures, including a penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty, augmentation mammoplasty, facial feminization surgery, voice surgery, thyroid cartilage reduction, and gluteal augmentation;

(ii) supraphysiologic doses of estrogen; or

(iii) puberty blockers, such as GnRH agonists or other synthetic drugs that suppress the production of testosterone to delay or suppress pubertal development in male minors.

**NEW SECTION. Section 3. Private cause of action for injuries caused by treatment of gender**

**dysphoria -- definitions.** (1) A health care professional or physician who provides ~~the~~ medical treatments listed in subsection (3) to a minor may be subject to a civil action if the medical treatment results in any injury, including physical, psychological, emotional, or physiological harms, that is proximately caused by a deviation from the applicable medical standard of care of the health care professional or physician as established by qualified expert testimony.

(2) Subject to [section 1], a person who suffers an injury described in subsection (1) or the person's legal guardian or estate may bring a civil action against the offending health care professional or physician in a court of competent jurisdiction for:

(a) declaratory or injunctive relief;

(b) compensatory damages; and

(c) any other appropriate relief.

(3) (a) Except as provided in subsection (4), a health care professional or physician may be found liable under subsection (1) for an injury proximately caused by a deviation from the applicable medical standard of care of the health care professional or physician, as established by qualified expert testimony, in providing

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the following treatments to a minor female patient to address the patient's perception that the patient's gender or sex is not female:

(i) surgical procedures, including a vaginectomy, hysterectomy, oophorectomy, ovariectomy, reconstruction of the urethra, metoidioplasty, phalloplasty, scrotoplasty, implantation of erection or testicular prostheses, subcutaneous mastectomy, voice surgery, or pectoral implants;

(ii) supraphysiologic doses of testosterone or other androgens; or

(iii) puberty blockers such as GnRH agonists or other synthetic drugs that suppress the production of estrogen and progesterone to delay or suppress pubertal development in female minors.

(b) Except as provided in subsection (4), a health care professional or physician may be found liable under subsection (1) for an injury proximately caused by a deviation from the applicable medical standard of care of the health care professional or physician, as established by qualified expert testimony, in providing the following treatments to a minor male patient to address the patient's perception that the patient's gender or sex is not male:

(i) surgical procedures, including a penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty, augmentation mammoplasty, facial feminization surgery, voice surgery, thyroid cartilage reduction, or gluteal augmentation;

(ii) supraphysiologic doses of estrogen; or

(iii) puberty blockers such as GnRH agonists or other synthetic drugs that suppress the production of testosterone to delay or suppress pubertal development in male minors.

(4) The medical treatments listed in subsection (3) may be the basis of a claim under subsection (1) only when knowingly provided to address a minor female patient's perception that the patient's gender or sex is not female or a minor male patient's perception that the patient's gender or sex is not male and only when performed in a manner that deviates from the applicable medical standard of care as established by qualified expert testimony. Subsection (3) does not apply for other purposes, including:

(a) treatment for a person born with a medically verifiable disorder of sex development, including:

(i) a person born with external biological sex characteristics that are irresolvably ambiguous, including an individual born with 46 XX chromosomes with virilization, an individual born with 46 XY

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chromosomes with undervirilization, or an individual having both ovarian and testicular tissue; and

(ii) a person whom a physician has otherwise diagnosed with a disorder of sexual development in which the physician has determined through genetic or biochemical testing that the person does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action for a male or female;

(b) treatment of any infection, injury, disease, or disorder that has been caused or exacerbated by a medical treatment listed in subsection (3), whether or not the medical treatment was performed in accordance with state and federal law and whether or not funding for the medical treatment is permissible under state and federal law; or

(c) any other clinically appropriate or evidence-based basis for the treatment.

(5) As used in this section, unless the context clearly indicates otherwise, the following definitions apply:

(a) "Female" means a member of the human species who, under normal development, has XX chromosomes and produces or would produce relatively large, relatively immobile gametes, or eggs, during her life cycle and has a reproductive and endocrine system oriented around the production of those gametes. An individual who would otherwise fall within this definition, but for a biological or genetic condition, is female for the purposes of this section.

(b) "Gender" means the psychological, behavioral, social, and cultural aspects of being male or female.

(c) "Health care professional" means a person who is licensed, certified, or otherwise authorized by the laws of this state to administer health care in the ordinary course of the practice of the person's profession.

(d) "Male" means a member of the human species who, under normal development, has XY chromosomes and produces or would produce small, mobile gametes, or sperm, during his life cycle and has a reproductive and endocrine system oriented around the production of those gametes. An individual who would otherwise fall within this definition, but for a biological or genetic condition, is male for the purposes of this section.

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(e) "Physician" means a person who is licensed to practice medicine in this state.

(f) "Sex" means the organization of body parts and gametes for reproduction in human beings and other organisms. In human beings, there are exactly two sexes, male and female, with two corresponding types of gametes. The sexes are determined by the biological and genetic indication of male or female, including sex chromosomes, naturally occurring sex chromosomes, gonads, and nonambiguous internal and external genitalia present at birth, without regard to an individual's psychological, behavioral, social, cultural, chosen, or subjective experience of gender.

**Section 4.** Section 2-18-704, MCA, is amended to read:

**"2-18-704. Mandatory provisions.** (1) An insurance contract or plan issued under this part must contain provisions that permit:

(a) the member of a group who retires from active service under the appropriate retirement provisions of a defined benefit plan provided by law or, in the case of the defined contribution plan provided in Title 19, chapter 3, part 21, a member with at least 5 years of service and who is at least age 50 while in covered employment to remain a member of the group until the member becomes eligible for medicare under the federal Health Insurance for the Aged Act, 42 U.S.C. 1395, unless the member is a participant in another group plan with substantially the same or greater benefits at an equivalent cost or unless the member is employed and, by virtue of that employment, is eligible to participate in another group plan with substantially the same or greater benefits at an equivalent cost;

(b) the surviving spouse of a member to remain a member of the group as long as the spouse is eligible for retirement benefits accrued by the deceased member as provided by law unless the spouse is eligible for medicare under the federal Health Insurance for the Aged Act or unless the spouse has or is eligible for equivalent insurance coverage as provided in subsection (1)(a);

(c) the surviving children of a member to remain members of the group as long as they are eligible for retirement benefits accrued by the deceased member as provided by law unless they have equivalent coverage as provided in subsection (1)(a) or are eligible for insurance coverage by virtue of the employment of a surviving parent or legal guardian.

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1        NEW SECTION. Section 11. Codification instruction. (1) [Section 1] is intended to be codified as  
2 an integral part of Title 27, chapter 2, part 2, and the provisions of Title 27, chapter 2, part 2, apply to [section  
3 1].

4        (2) [Section 2] is intended to be codified as an integral part of Title 33, chapter 22, part 1, and the  
5 provisions of Title 33, chapter 22, part 1, apply to [section 2].

6        (3) [Section 3] is intended to be codified as a new part in Title 50, chapter 4, and the provisions of  
7 Title 50, chapter 4, apply to [section 3].

9        NEW SECTION. Section 12. Effective ~~date~~ dates. (1) Except as provided in subsection (2), [This  
10 act] [this act] is effective October 1, 2026.

11        (2) [Section 13] and this section are effective on passage and approval.

13        NEW SECTION. SECTION 13. RETROACTIVE APPLICABILITY. (1) EXCEPT AS PROVIDED IN SUBSECTION (2),  
14 [SECTION 1] APPLIES RETROACTIVELY, WITHIN THE MEANING OF 1-2-109, TO PREVIOUSLY FILED ACTIONS THAT HAVE  
15 BEEN DISMISSED ON THE BASIS OF AN EXPIRED STATUTE OF LIMITATIONS.

16        (2) [SECTION 1] DOES NOT APPLY TO:

17        (A) A CLAIM THAT HAS BEEN LITIGATED TO FINALITY ON THE MERITS IN A COURT OF COMPETENT  
18 JURISDICTION PRIOR TO [THE EFFECTIVE DATE OF THIS ACT]; OR

19        (B) A SETTLEMENT AGREEMENT REACHED PRIOR TO [THE EFFECTIVE DATE OF THIS ACT] THAT INVOLVES  
20 CLAIMS ALLEGING INJURIES CAUSED BY THE PROCEDURES DESCRIBED IN [SECTION 1].

22        COORDINATION SECTION. Section 13. Coordination instruction. If both Senate Bill No. 218 and  
23 [this act] are passed and approved, then [section 1 of Senate Bill No. 218] and [section 2 of Senate No. Bill  
24 218], amending 27-2-205, are void.

26        NEW SECTION. Section 14. Severability. If a part of [this act] is invalid, all valid parts that are  
27 severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications,

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1 the part remains in effect in all valid applications that are severable from the invalid applications.

2  
3 ~~NEW SECTION. SECTION 14. APPLICABILITY. [SECTION 1] APPLIES TO A CAUSE OF ACTION PENDING OR~~  
4 ~~COMMENCED ON OR AFTER [THE EFFECTIVE DATE OF THIS ACT], REGARDLESS OF WHEN THE CAUSE OF ACTION AROSE.~~

5 - END -