



March 05, 2025

SB 588 - UNF

Education - Interscholastic and Intramural Junior Varsity and Varsity Teams - Designation Based on Sex (Fairness in Girls' Sports Act)

Dear Chair Brian J. Feldman, Vice-Chair Cheryl C. Kagan, and Members of the Education, Energy, and the Environment Committee,

Although for many, even most, contexts transgender identity will take priority over potentially conflicting biological sex, in the sports competitions context it is biological sex that usually should take priority, starting sometime within the first few years immediately following puberty. One exception are biological females who have received male hormone treatments. They should be assigned to otherwise biological male only sport to protect other biological females from unfair competition. Also, biological males who have not undergone male puberty due to puberty blockers should be allowed to participate in otherwise biological female only sports. By accommodating such situations that are usually specific to trans individuals in our law, even though they are uncommon, we communicate to trans individuals that they are accepted members of our communities. Once so amended, a bill such as this that prioritizes biological sex for sports competitions is justified and should be enacted.

Testosterone during puberty results in taller heights, wider shoulders and longer armspans, narrower hips, larger bones and hearts, greater lung capacity, muscles that are easier to build and harder to lose with more resistant connective tissues, leaner body mass and higher levels of haemoglobin, the protein that carries oxygen within the blood. Post-puberty suppression of testosterone is slow to reverse the impact of male puberty and such post male puberty testosterone suppression does not reverse many of the physical changes that advantage males in sports competition. Because of the relevance of male hormones, biological females who have reached puberty and who refuse to reveal whether or not they have taken, or are taking, male hormone treatments, should be able to be blocked from participating in biological female only sports.

Activists on both sides of this issue tend to wrongly deny either the relevance of biological sex (based on testes or ovaries) or of gender identity (a cognitive and psychological based trait). Which one has priority when they conflict is context (and

also details) sensitive and to some extent different for biological males and biological females. In the sports competition context biological females with a DSD that results in high testosterone is also a possible issue that could be addressed. Some guidelines for individuals with ambiguous biological sex could also be included, but the large majority of people with a DSD are unambiguously male or female. Some simplification and compromise may be unavoidable given the real world complexity.

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Respectfully, Mathew Goldstein 3838 Early Glow Ln Bowie, MD