

Beneficiary Name: _____

Mississippi Medicaid ID #: _____

Age at the time of Procedure: _____

I, _____ (Print name of the physician), certify that I am not performing any gender transition procedures on a person under the age of eighteen. Under House Bill 1125 of the 2023 Mississippi Legislative Session, gender transition procedures mean any of the following medical or surgical services performed for the purpose of assisting an individual with a gender transition:

1. Prescribing or administering puberty-blocking drugs;
2. Prescribing or administering cross-sex hormones; or
3. Performing gender reassignment surgeries.

However, Gender transition procedures do not include:

1. Services to persons born with a medically verifiable disorder of sex development, including a person with external sex characteristics that are irresolvably ambiguous, such as those born with forty-six (46) XX chromosomes with virilization, forty-six (46) XY chromosomes with under virilization, or having both ovarian and testicular tissue;
2. Services provided when a physician has otherwise diagnosed a disorder of sexual development that 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;
3. The treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of gender transition procedures, whether or not the gender transition procedure was performed in accordance with state and federal law or whether or not the funding for the gender transition procedure is permissible under this act; or
4. Any procedure for a male circumcision.

I understand that performing gender transition procedures on individuals under the age of 18 is against Mississippi Law, and that fraudulently completing and submitting this form may constitute Medicaid fraud.

Date of Procedure: _____

(Signature of Physician)