# Washington State PTA Opposes Initiative Measure No. IL26-638

Washington State PTA (WSPTA), founded in 1905, is the oldest and largest volunteer child-advocacy association in the state. Our more than 80,000 members advocate for the health, safety, and well-being of every child; for schools in which all students are safe and free to participate equitably; and for children's access to scientifically rigorous, evidence-based health care (1).

WSPTA opposes Initiative Measure No. IL26-638. The initiative designates itself the "defending equity in interscholastic sports act" (2); on the November ballot it carries its certified ballot title, "Initiative Measure No. IL26-638 concerns participation in athletics at K-12 schools" (3). The measure would bar students it designates as "biologically male" from female-designated interscholastic sports — specifically, individual or team competition activities that are intended for female students only and that maintain separate male and female classifications — and would require every student seeking to compete in such a sport to obtain a signed statement from a personal health care provider verifying the student's biological sex by one or more of three methods: the student's reproductive anatomy, genetic makeup, or testosterone levels (2). No comparable requirement applies to any student seeking to play a boys' sport (2).

## Why WSPTA opposes IL26-638 — at a glance:

- **Discriminatory by its own text.** It writes a one-directional exception into Washington's sex-equity-in-athletics statute, requiring only students who seek to play girls' sports to verify their sex, and is drafted too imprecisely to apply consistently (2).
- **Harmful.** It makes a clinically unnecessary intimate examination the practical price of playing for many girls and forces disclosures that endanger transgender and gender-nonconforming students (2, 8, 9).
- **Built on a false premise.** The initiative claims existing sports physicals already verify a student's sex. The state's own athletic-eligibility forms do not (2, 4, 5).
- **Below the standard of care.** A routine sports physical does not assess a student's sex; the initiative would instead require diagnostic procedures on healthy children for a non-medical purpose, and the testosterone test it permits cannot reliably do what the statute asks (2, 6, 7).
- **Disproportionate.** About ten transgender athletes are known among the more than 200,000 students who compete statewide — roughly one in 20,000 — yet the measure would require every girl in Washington who seeks to compete in a female-only interscholastic sport to undergo recurring non-medically necessary verification in order to play (2, 4).

## The measure is discriminatory by its own text — and too imprecise to apply fairly.

Section 4 of the initiative amends RCW 28A.640.020 — Washington's statute requiring that athletics be offered "without regard to sex" — to carve out an exception for this measure alone (2). The burden runs in one direction only: students entering female-designated sports must verify their sex, while no student entering a boys' sport faces any comparable requirement (2).

The measure is also drafted too loosely to apply consistently. It never defines "biological sex" or "biologically male," though it takes care to define "knowingly" (2). It permits verification "relying only on one or more" of the three methods, with no thresholds specified — so a single method may legally suffice, leaving a provider free to certify on the least reliable measure. However two methods may well return conflicting results for the same student, such as in the case of intersex individuals or unreliable tests.(2). And it requires the verifying statement from a student's "personal health care provider" while folding that statement into the "required routine sports physical examination," conflating two different encounters and leaving families to guess which provider qualifies (2). A law this imprecise is not a safeguard; it is a liability.

## The measure harms students.

Because the verifying statement must come from a "personal health care provider," the measure may push families off the school-based physicals many depend on — including the group physicals some districts arrange for students without a regular doctor — and onto outside providers, shifting a recurring cost onto families and weighing hardest on those with the least access to care (2). Since insurance is unlikely to cover the other two options the initiative offers for gender verification, for many girls the practical result would be an intimate examination that serves no medical purpose and exists only to act as a gate keeper for sports eligibility, potentially beginning in middle school and possibly repeatedly. The price of joining a school team should never be a clinically unnecessary intimate exam.

By compelling the documentation and disclosure of biological sex, the measure also heightens the danger to transgender and gender-nonconforming students. These students are at elevated risk not because of who they are, but because of the stigma and mistreatment they face — which forced disclosure compounds. The Trevor Project's 2024 national survey found that 12 percent of LGBTQIA2S+ young people, and 14 percent of transgender and nonbinary youth, reported a suicide attempt in the past year (8, 9). By compelling that disclosure and making an unnecessary exam the price of participation, the measure runs directly contrary to WSPTA's positions supporting trauma-informed schools, suicide prevention, and the protection of students from harassment and from forced disclosure of confidential information (Resolutions 2.13, 2.18, 11.26) (1).

## The measure is built on a false premise.

The initiative's preamble asserts that students already undergo a physical that documents their sex assigned at birth, and that this provides a "reliable and medically verified basis" to

determine biological sex (2). The Washington Interscholastic Athletic Association's (WIAA) own forms contradict that. Of the three evaluation forms, only the Medical Eligibility Form is submitted to the school; the clinician's examination form, which stays in the provider's file, records height, weight, blood pressure, vision, and a review of body systems, with no field for sex (5). Sex appears only on the history form that a student and parent complete before the visit and that is never sent to the school — a self-report, not a verified clinical finding (5). The initiative's own backer has claimed the measure would add nothing to existing requirements, but it would in fact be a significant change from a current practice that verifies nothing of the kind (2, 4, 5).

## The measure mandates procedures below the standard of care.

Verifying a student's sex is not part of a routine sports physical — the state's standard examination form includes no genital examination and no field for sex (5) — and none of the three methods the initiative would require is a standard component of one. A reproductive-anatomy examination, likely the most accessible of the three for most families, is a diagnostic procedure performed when clinically indicated, not a screening every athlete undergoes (2, 6). The testosterone option is no better suited to the task: the common immunoassay method overstates testosterone concentrations and obscures the very differences between male and female levels that the statute relies on it to detect — a limitation documented in peer-reviewed comparison against mass spectrometry in adolescents (7). The statute compounds the problem by naming "normal … testosterone levels" without defining any threshold, and by freezing these three methods into law even as clinical practice advances (2). A verification scheme written below clinical standards runs contrary to WSPTA's call for access to scientifically rigorous, evidence-based health care (Ensuring Access to Healthcare resolution) (1).

## The measure is disproportionate to any problem it identifies.

The WIAA, through its assistant executive director, has said it is aware of roughly ten transgender athletes among the more than 200,000 students who compete across the state — about 0.005 percent, or one in 20,000 (4). The state superintendent has separately cited a comparable figure of five to ten (4). Because schools neither track nor verify gender identity, these counts reflect only students known to officials, not a full census; the true number is presumably somewhat higher, since some transgender students do not disclose. There is no basis, however, for thinking it is dramatically higher — and the question specific to girls' sports involves only transgender girls, a subset of an already small group. Even a generous adjustment for non-disclosure leaves the number a vanishingly small share of the students competing statewide. To address a group this small, IL26-638 would impose a potentially recurring medically unnecessary gender verification requirement on every girl in Washington who wants to compete in a female-only interscholastic sport — a burden out of proportion to the concern it raises. A statewide mandate borne by every girl in order to address an extremely small population is itself a structural inequity, the very thing WSPTA resolutions commit us to dismantling and the opposite of the equitable participation this initiative claims it values (Resolutions 2.19, 2.26, 11.30) (1).

## In summary, WSPTA opposes IL26-638 because it is:

- **Discriminatory** — it burdens only students entering girls' sports and carves a one-way exception into the state's sex-equity statute.
- **Harmful** — it threatens the privacy, finances, and well-being of Washington's students, and falls hardest on those least able to bear it.
- **False in its premise** — the existing sex verification it points to does not exist.
- **Clinically unsound** — it mandates methods below the standard of care and writes their limitations into law.
- **Disproportionate** — a statewide mandate on every girl who competes in a female-only interscholastic sport, to address a population the WIAA numbers at about ten.

WSPTA's opposition rests on the initiative's own text, on published clinical and laboratory evidence, and on positions adopted by our membership — not on partisan framing. Public policy affecting children should be built on accurate facts, applied equitably, and held to the standard of care. IL26-638 fails on all three.

The WSPTA board has adopted this position and recommends that local PTAs and councils adopt it as their own, grounding their opposition to IL26-638 in the initiative's text and the published evidence.

For additional information, contact ptaadvocacydir@wastatepta.org

### References


1. Washington State PTA Board Positions and Resolutions (Resolutions 2.13, 2.18, 2.19, 2.26, 11.26, 11.30, and the Ensuring Access to Healthcare resolution).
2. Text of Initiative IL26-638 (Washington State Legislature).
3. Ballot title and measure summary for Initiative Measure No. IL26-638, Office of the Attorney General / Washington Secretary of State.
4. Sarah Mizes-Tan, "Transgender ballot initiative could require genital exams for WA secondary school students," KUOW (June 2026).
5. WIAA Preparticipation Physical Evaluation (PPE) forms.
6. Preparticipation physical evaluation guidance, American Family Physician (May 1, 2021).
7. Chemiluminescent immunoassay overestimates hormone concentrations and obscures testosterone sex differences relative to LC-MS/MS in a field study of diverse adolescents, PubMed PMID 35755201.
8. 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People, The Trevor Project (2024).
9. Facts About Suicide Among LGBTQ+ Young People, The Trevor Project.