



**Senate Human Services Committee  
Testimony In Opposition to House Bill #1450  
3-17-25**

Madame Chair, members of the Senate Human Services committee, my name is Greg Kasowski, Executive Director of the Children's Advocacy Centers of North Dakota. We are in opposition to House Bill 1450, as it poses a significant threat to the safety and well-being of North Dakota's children.

Our foremost concern is that the bill severely impedes children from disclosing abuse. Yes, section 3b provides an exemption for suspected physical or sexual abuse, but implementation of this exemption inadvertently sets up harmful barriers.

**Deters Children from Disclosing Abuse**

Children are often hesitant to disclose abuse when a caregiver is in the room. Data from Children's Advocacy Centers, who serve victims of child abuse, shows that 96% of children know their offender, with an overwhelming majority of cases being intra familial abuse. It's hard enough for children to disclose that they are being abused; having a family member present compounds that difficulty. Children fear what will happen if they tell. Will my family break up? Will my dad go to jail? Will my mom hate me? Will my dad hurt me more? The shame, guilt, and fear runs incredibly deep. We must remove these barriers to disclosure so children can receive help for the horrific things happening to them.

**Deters Provider Inquiries**

If a provider wishes to ask a caregiver to leave the room, HB 1450 means the provider *must* 1) document the concern and 2) notify the proper authorities. This means that a provider will require a high level of certainty of the abuse before taking action. If the provider's suspicion does not warrant a report (because the child does not disclose, or a myriad of other scenarios), the provider would still be required to notify the proper authorities, leading to unnecessary calls to the Child Abuse and Neglect Reporting Line.

This forces providers into a precarious position: risk legal consequences for documenting suspicions that may not yield disclosure, or refrain from asking the necessary questions altogether. As mandated reporters, medical professionals must have the ability to engage in





open conversations with children to assess their safety without the looming risk of legal consequences for documenting and reporting suspicions that may not yet be substantiated.

### **Does Not Account for the Hidden Reality of Child Abuse**

The 3,153 children we served last year represents only a fraction of kids who are being abused in our state. If national trends<sup>1</sup> hold true in North Dakota, there are tens of thousands of children suffering in silence—hidden behind closed doors, away from mandated reporters and the responsible adults who have vowed to ensure their safety. This bill risks enabling further unchecked abuse by removing a critical pathway for intervention.

### **Compromises Doctor-Patient Confidentiality**

HB 1450 creates a troubling double standard. As adults, we are granted the privilege of confidential conversations with our medical providers. Yet this bill strips away that right from the young people in our state. Where will a young person go when they want to have a private conversation with a doctor?

Our state values the doctor-patient relationship, so much so that our legal system offers a hearsay exception for health care providers to testify to disclosures made to them by victims. The hearsay statement can be made or adopted by the health care provider or the provider's medical record containing a reference to the child's statements. It is admissible as an exception to the hearsay rule if it is made for the purpose of providing a medical diagnosis or treatment. It is easy to imagine situations where a health care provider's testimony will support a young child's account of what occurred. Children need to have unfettered opportunities to make disclosures of abuse so that we can stop the abuse from continuing and protect other potential victims.

### **Would Likely Reduce the Amount of Reported Abuse**

Each year in North Dakota, medical providers report an average of 345 cases to the Child Abuse and Neglect Reporting Line. This bill will undoubtedly reduce that number as children will be more hesitant to disclose and providers would be stripped of their ability to speak privately with children, preventing early identification and intervention.

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<sup>1</sup> 1 in 4 girls and 1 in 13 boys in the U.S. are estimated to experience child abuse.

<https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/>



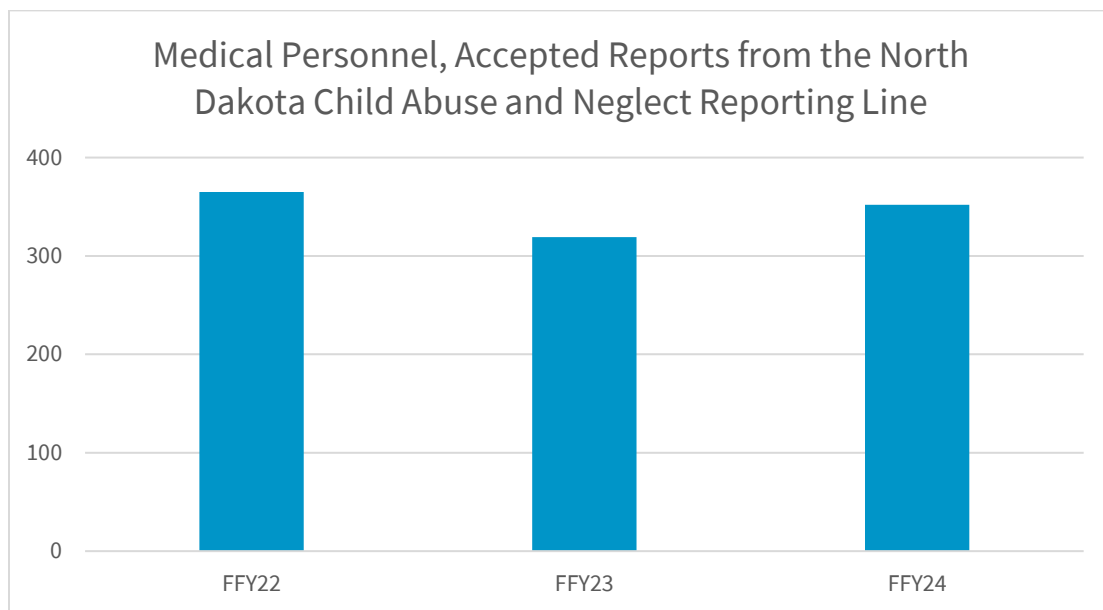
### **Creates Much Confusion**

The language in this bill is ambiguous. The phrase “physical or sexual abuse” lacks clarity. Does it include trafficking, child neglect, or sexual exploitation? Such distinctions of different types of child maltreatment are important. Similarly, the phrase “the appropriate authorities” is vague. Mandated reporting laws specify who qualifies as an appropriate authority, yet this bill fails to align with those established legal standards.

In conclusion, Madame Chair, members of the committee, we would recommend a DO NOT PASS on House Bill 1450. We must prioritize the safety and well-being of our children. This bill undermines this fundamental principle. I appreciate the opportunity to testify today and I will stand for any questions.

Sincerely,

Greg Kasowski  
Executive Director



Source: North Dakota Department of Health and Human Services, Child Abuse & Neglect Reporting Line