Regarding House Bill 1254

Dear House Member,

**My testimony is in strong opposition to HB1254. I ask that you DO NOT PASS this bill.**

My reasons for opposing this bill include:
1. I swore to always do good and do no harm when I became a physician
2. I am following standards of care guidelines for transgender care in adolescents
3. Medical treatment of transgender health DECREASES their mental health burden and lessens suicidal risk.

I was born and raised in North Dakota. Now I am a board-certified Pediatric Endocrinologist who chose to come back to practice in the state of North Dakota. I have the distinct privilege and pleasure of caring for a multitude of pediatric patients throughout the state with hormone problems. My scope includes caring for children with diabetes, thyroid disorders, adrenal problems, endocrine tumors, bone metabolism problems, growth concerns, early/late puberty, and gender affirming care for transgender individuals. As a board-certified physician, I follow expert committee guidelines and strictly follow best practices established by these governing bodies. On my first day of medical school over 10 years ago we had to recite the Hippocratic Oath where in summary I swore to ALWAYS DO GOOD (beneficence), DO NO HARM (nonmaleficence), the RIGHTS OF THE PATIENT COME FIRST (autonomy), and BE FAIR AND EQUITABLE (justice).

As one of two Pediatric Endocrinologist's in the state, we work with a team including clinical psychologists to provide care for transgender individuals. Our evaluation and management include the use of puberty blockers, discussion of fertility preservation, medications for menstrual management, gender affirming medications and possibly gender affirming surgeries. With each of these, there is a thorough discussion with all stakeholders including the patient and family members through multiple visits to discuss the best treatment options for that patient.

Some people might think gender and sex are the same thing, but sex is usually categorized as female or male based on chromosomes (XX and XY). However, there are more combinations to the sex chromosomes. This includes X (classic Turner syndrome), X/XY (mosaic Turner syndrome), XXY (Klinefelter syndrome), XYY (Jacob syndrome) or patient's born with ambiguous genitalia where their genitalia does not match their chromosomes because of an adrenal genetic condition. So, since those people do not have the classic XX or XY chromosomes should they not receive individualized care?

Gender is different than sex and refers to socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people. Gender dysphoria is a clinically diagnosed term used to describe a PERSISTENT and intense sense of uneasiness that patients have where their gender (male or female) they were born into doesn't match their gender identity. Why should people with gender dysphoria be treated any different? We know that if these patients are not given adequate care (psychological and medical) their risks of anxiety, depression, and suicidal risk are VERY high because they feel like they don't fit in their own skin.

In the transgender population that I care for across the state, some of the patients that I care for not only have gender dysphoria but also have short stature or thyroid disease or type 1 diabetes. So why should I be told I can only prescribe medications for 1 of these conditions (like insulin once the patient has clearly met the diagnostic criteria for type 1 diabetes) and not be able to prescribe gender affirming treatment when they've met the WPATH established guidelines for gender dysphoria? Also, if you believe giving gender affirming medications is "cosmetic" then does that means I shouldn't give growth hormone to a patient that is significantly short and meets the criteria for growth hormone deficiency?

If this bill passes, we know the patients and families will still seek gender affirming care which could result in a large exodus of families to other states. You also have the potential to lose specialists that are providing specialized care to hundreds of children across the entire state.

Treatment with gender affirming care DOES NOT cause any more harm to these patients than the medications we'd be prescribing for other hormone imbalances. BUT there are proven studies that have found not treating gender dysphoria increases their mental health burden and suicidal risk. To not allow care of these patients in the state which includes GENDER AFFIRMING CARE, you are telling these people they do not matter. If this bill passes, the North Dakota legislature governing body should be at fault for the increase in adolescent suicide rates.

Thank you for allowing me to speak and for your time in this important matter. I trust that the legislature will do what is best for the state and that includes opposing HB1254.