House Human Services Committee
HB 1254
January 24, 2023

Good afternoon Chairman Weisz and members of the Committee. My name is Dr. Heather Sandness Nelson. I am an physician here in Bismarck. Thank you for giving me the opportunity to speak with you today. I am asking for a Do Not Pass of HB1254.

I am a North Dakota native. I was born here in Bismarck and completed my Medical School education at University of North Dakota. I completed my residency training and specifically returned to North Dakota not only to raise my family but to practice Medicine and bring quality healthcare to our residents.

As part of my practice I provide care for transgender patients. This can include medical or surgical affirming therapies. HB1254 raises several concerns regarding the care I provide my patients.

The bill defines "sex" as a biological state of being female or male based on sex organs, chromosomes or hormones present at birth. Sex is typically broken down into two categories: genotypic and phenotypic. Genotypic sex is based on an individual's chromosomes. Phenotypic sex is determined by internal and external genitalia and by the expression of secondary sex characteristics. Furthermore, sex is not synonymous with gender.

Gender is defined as a person's subjective perception of their sex.

Disorders can occur when the genotypic sex, phenotypic sex and/or gender do not align.

These disorders can be at the chromosomal level (Klinefelter syndrome, Jacob syndrome, Turners syndrome) or even with the physical (phenotypic) expression of sex (Androgen Insensitivity syndrome).

These conditions are medically recognizable disorders of sexual development. They each have criteria for diagnosis, and each require medical (and sometimes surgical) therapies.

Disorders can also occur with gender. Gender Dysphoria is the marked incongruence between one's experienced/expressed gender and their assigned gender.

Gender Dysphoria is no different from the conditions I mentioned above. It carries an ICD code and a DSM definition. It is a medically verifiable disorder with diagnostic criteria deserving of quality healthcare. We also know that failure to properly treat individuals with this condition can result in permanent, irreversible changes.

It should not matter if the individual diagnosed with Gender Dysphoria is a minor. We would not withhold treatment for other disorders of sexual development. We would offer those individuals medical intervention and our patients with Gender Dysphoria should be afforded the same.

The decision to treat an individual with Gender Dysphoria is based on standard of care guidelines. Guidelines established by WPATH (Word Professional Association of Transgender Health) and ACOG (American College of Obstetrics and Gynecologists). These guidelines are evidence based and intended to promote quality, consistent care for transgender individuals.

These guidelines advocate for thorough assessment of adolescents including a multidisciplinary approach to their care. We actively involve the patient's guardian in the

consent process and discuss minimum requirements to initiate care as well as long term expectations and outcomes. We do not advocate for irreversible therapies for adolescents.

These decisions are made with careful consideration and most importantly, with guardian consent. Transgender care of a minor, just like any other care of a minor, can not be initiated without guardian consent.

We trust in parents and guardians to direct the care of their child in all aspects of their healthcare. From day one of life they are the medical decision makers and have the legal capacity to accept and even decline medical intervention for what they believe is in the best interest of the child. If a parent or guardian wants to pursue lifesaving medical intervention for their child, they have that right. We as the medical community have the responsibility to present the options for care and the associated risks and benefits. We have the responsibility to answer their questions, however it is in the capacity for the parent or guardian to make the final decision whether to pursue care. The final decision does and should always rest with patient and their family. If the good faith decision of a parent of guardian is sufficient for general medical healthcare, transgender care should be no different.

We do not advocate for irreversible procedures in adolescents. I do not perform Gender affirming surgery in anyone under the age of 18. Gender affirming surgeries such as hysterectomies, oophorectomies, mastectomies, vasectomies, phalloplasty and vaginoplasty would not be recommended for prepubertal individuals. Adolescence is a time of significant physical change, which can lead to failure of some of these procedures if done too soon.

Transgender children and adolescents deserve the same quality healthcare as other individuals with disorders of sex development. They deserve equal access to therapies irrespective of their chromosomal make up. Transgender care is healthcare. To withhold healthcare from a medically recognized patient population is irresponsible and not what we as physicians took a oath to do. I strongly urge for a Do Not Pass Recommendation on HB 1254.

Thank you for time,

Heather Sandness Nelson, MD (She/Her)