2023 HOUSE BILL 1254

House Human Services Committee

Representative Robin Weisz, Chairman

January 24, 2023

Chairman Weisz and members of the House Human Services Committee. I am Danial Sturgill, PhD, a clinical psychologist at Sanford Health Fargo. I am here to testify in opposition to House Bill 1254. I respectfully ask that you give this bill a **Do Not Pass** recommendation.

North Dakota needs to be a state where parents and families are free to pursue the best possible health care for our youth. As a clinical psychologist, I have seen firsthand the seriousness of Gender Dysphoria. It is a serious health condition where a person's internal sense of gender is inconsistent with their body experience. Patients frequently express a sensation of being born into the wrong body. It is a condition that can begin at an early age, but frequently intensifies at or around puberty. For those of us who have never had to endure this painful situation, it is hard to fathom the way that it can negatively impact every aspect of a person's life.

Over the last 30 years, significant research has been conducted on alleviating this condition. Initial efforts at changing the mind (conversation therapy) have been unsuccessful and dangerous (leading to increased depression, functional difficulties, and increased risk for suicide). We have come to understand that gender dysphoria can be best addressed by bringing a person's body experience into alignment with their internal identity. For many, this may involve a social transition. I am aware of many individuals whose symptoms have improved with just this intervention. For others, the body dysphoria is best relieved with positive changes to the body.

There are no known medical treatments for patients who have not yet entered puberty. Once someone enters puberty, a full assessment that looks at biological, psychological, and social functioning is completed. Puberty blocking agents can provide patients, families, and physicians time to evaluate the source of the dysphoria. Effects of puberty suppression are fully reversible and do not preclude later fertility. After thorough assessment, some

patients may go on to benefit from hormone treatment that will trigger secondary sex characteristics consistent with the person's gender experience. Although more rare, some patients require surgeries to further provide relief and a chance for a fulfilling life.

Breast construction should be available for a woman that loses her breasts through cancer. Breast removal should occur for those men who have a condition where breast growth occurs (gynecomastia). In transgender care, similar procedures are life-saving for some individuals. As for other surgeries with youth, these procedures are exceedingly rare and not being done in our state.

When it comes to youth care:

1) Health care providers have an obligation to follow best practice when they diagnose a medical condition. Every intervention meets the standard of medical necessity. To withhold such treatment would be malpractice.
2) I have personally witnessed numerous examples of youth improvements in dysphoria, academic functioning, social functioning, and overall well-being following proper administration of medical interventions. These improvements last into adulthood. Patients that are not afforded this treatment in youth experience a variety of challenges as adults (increased mental health problems, lower economic status, social problems, increased substance use, etc.)
3) Current standards are being followed to rule out conditions or situations that could be better treated by other means. These decisions are being made with multiple providers each of which brings specialized expertise in the decision-making process. There is a careful process of weighing the risks and benefits and sharing this with parents and youth.

To acknowledge that gender dysphoria is a serious medical condition (as members of the legislature have) and then provide no means of treatment would be very cruel indeed. Please allow physicians and families to be the driving force for the health of our youth by voting **DO NOT PASS** on HB 1254.

Thank you for your time. I would be happy to answer any questions you may have.

Respectfully submitted,

Danial Sturgill, PhD
Clinical psychologist