

House Human Services Committee Members:

I am a long-time resident of Minot who raised my children in North Dakota after leaving the state to obtain my undergraduate and graduate education. I am writing to express my opposition to HB 1301 which prohibits medical gender transitioning procedures on a minor, provide a penalty and declare this to be an emergency measure. This bill relates to medical procedures that are performed by medical professionals who have been educated and trained to “do no harm”. I am not a medical expert but I know enough to see that this bill would cause major harm if it passes. It concerns me that the sponsors of this bill, who do not appear to have any medical expertise, feel that they know medicine better than the experts. This is one more bill that is an answer to a problem that does not exist and is a waste of legislators’ time and taxpayers’ money.

Laws like this one that ban gender affirming care are ignoring the wealth of research and data available that shows the benefits of this care to transgender individuals. Gender dysphoria is “the acute and chronic distress of living in a body that does not reflect one’s gender and the desire to have the bodily characteristics of that gender.” There is documented research, including one study on 30,000 people, that shows that access to gender-affirming hormone treatment reduced depression in transgender people. We know that suicidal attempts occur in 35-50% of transgender people in the world but a recent study showed they are 73% less likely to be suicidal if they received puberty blocking medications.

This bill also seems to encourage people to engage in medical malpractice suits if they or their family members feel that they were harmed by gender affirming care. 4 under 23-52-03 states that the parent or next of kin of a minor may bring a wrongful death action against a health care provider if the death was a result of the physical or emotional harm inflicted on them by this treatment. Since evidence-based research shows that gender affirming treatment actually reduces suicidal thoughts, it is clear that banning this type of therapy would be more likely to cause increased depression and suicidal thoughts. Following this line of logic, if this passes this legislature, families could bring wrongful death actions against the legislators that voted for this bill.

I believe the sponsors of this and other bills that attack transgender youth are under the misguided impression that they are somehow protecting young people, but unfortunately, they are doing the opposite. Bills that were banning the use of pronouns that were different from the pronoun on the birth certificate is banning social gender transitioning, which gives young people an opportunity to express their desire to live publicly as their desired gender. This and HB 1254 make it illegal for medical professionals to assist young people to make that transition safely.

Junk science is being used to push this bill and others like it across the nation. It goes against the recommendations of 29 medical organizations, including the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the American Medical Association, the American Psychological Association and the American Psychiatric Association. These organizations have researched gender affirming care and have published policy statements and guidelines on how to provide age-appropriate care. These guidelines take into account both physical and mental factors in determining the right course of action and the timing of it.

My son has friends who are transgender, some of whom transitioned earlier in life and others who transitioned long after puberty. Those who were able to use puberty blockers when they were young had a much easier time in their transition, both physically and mentally. When treatment starts after the body has gone through puberty, testosterone blocking drugs need to be given, which can have numerous negative side effects. This bill would force young people who are transgender to wait until they are through puberty to start any medical transition which could increase the risk of medical complications. As such, this bill is not following the medical practice of "Do No Harm".

Medical treatment for gender dysphoria is not done by doctors on a whim. There are therapists, medical doctors and psychiatrists that specialize in gender affirming care. They follow the protocols that take into consideration both the physical health, the level of development and their mental and emotional health before any puberty blocking treatment is started. Hormones are normally not given before the age of 16 and I don't believe any surgical procedures are done on minors in our state. Bottom surgeries are very expensive, medically complicated and only performed by a handful of surgeons in our country. Puberty blocking treatment is somewhat reversible, but puberty itself is not. By denying young people in our state with gender dysphoria an opportunity to transition gradually to the gender they identify with, this bill causes much harm.

Please vote a Do Not Pass on this bill.

Thank you for your time and consideration,

Jane Hirst
Minot, ND