Health and Human Services Committee
1/24/23
HB 1301

Chair Weisz, members of the committee,

My name is Rachel Peterson. I am a board-certified OB/Gyn who has been practicing in Bismarck since 2017. I grew up in Mandan and completed my college and medical school at the University of North Dakota. I then moved to Nebraska for 4 years to complete my residency in Ob/Gyn.

I am here today to testify against House Bill 1254. I strongly encourage a do not pass vote.

As part of my practice, I provide gender affirming care for patients. This usually is in the form of medication although on occasion I do provide gender affirming surgery in the form of hysterectomy or removal of the uterus, as well as removal of the ovaries. I do not perform these surgeries on anyone under the age of 18. I have been performing this care for the 5 years I have been in Bismarck as well as in my residency training. As part of my practice, I do treat patients under the age of 18 who have gender dysphoria.

I follow guidelines set out by National organizations including WPATH (World Professional Association of Transgender Heath) and ACOG (Association of Obstetrics and Gynecology). These guidelines are evidence based and go through rigorous review before they are released. The WPATH guidelines alone are 260 pages that go through all treatment aspects for gender affirming care.

ACOG's position is that all transgender and gender diverse individuals have access to respectful, equitable, and evidence based care free from discrimination and political interference.

I want to outline what this treatment and counseling looks like, in particular for those under 18 because I feel that there are some misconceptions on what these visits look like and what the treatment involves.

When I first meet a patient, we spend time getting to know each other. I usually sit down with them and their support person, who is usually a parent. I ask their pronouns and their name. I discuss with them how long have they felt their gender did not align with their assigned sex at birth. We discuss what their support system is including friends, parents, teachers, and other family members. I discuss with them any medical problems, surgical history, their mental health history and what resources they have in regards to their mental health and if they have a counselor or psychiatrist. We review their family history, discuss any substance use. We discuss their sexual history and plans for future biological children. I discuss their understanding of the treatment as well as their goals.

I then review with them what treatment looks like including any risks of the medication, when to expect the changes and how significant those changes will be. We talk about long term use of these medications, what additional health screening they may need. We talk about what changes are considered permanent and how this may affect their ability for fertility in the future. We talk about financial cost of the medications. We also review what would happen if they want to stop these medications. I answer any questions they have. Typically, these visits take 30-60 minutes. At this point I will have the patient go home with the information and think everything over. I encourage them to discuss more with their support system and decide if they want to start these medications. They then return and we go over all the information again. After obtaining consent from them and their parents, we start the medications. I closely monitor my patients every 3 months for the first 1-2 years and then slowly space out to 6 months then yearly. I encourage these patients to reach out with any side effects, medication changes they wish to make, or other concerns.

There are many transgender and gender diverse individuals who never start medications. We may manage dysphoria in a patient by working to safely stop their period, set them up with counseling or support groups, or simply be a safe place to get care where they know they are respected and heard. Not every person who is transgender or non-binary will use hormones or get surgery. It is very much an individual decision.

If these house bills pass this state becomes a very dangerous place for transgender and gender diverse people. Multiple studies have shown that gender affirming care is lifesaving. People who receive this care report lifelong improvements in their mental health and a significantly reduced risk of suicide. This is especially noted in patient under the age of 18. Supportive family, friends, and community makes a difference in their mental health and prevents suicide. This is Lifesaving care.

We know from multiple studies that individuals who cannot access this care report higher rates of poverty, unemployment, homelessness, substance abuse and more. Discriminatory policies in health care not only create inequalities in health care but criminalize physicians and undermines their ethical obligations to patients.

From my personal experience working with transgender and gender diverse youth, I can tell you it makes such a difference for them to have access to this care. Many come in and are shy and worried they will be denied this care. Once they start care they truly open up. Their personalities shine and its truly humbling to witness. They are so happy to be living as their true selves. Most report significant improvement in their mental health. They do better in school and at home. It is lifesaving care.

I would strongly encourage you to reach out to transgender and gender diverse youth to see their side prior to creating these bills. These bills are incredibly harmful to them and I fear will result in loss of life of young people.

In summary, I cannot recommend strongly enough a DO NOT pass on HB 1301 Please tell the transgender and gender diverse people in our state that they matter and they are valued and important in our communities.

Rachel Peterson MD (she/her)
Obstetrician/Gynecologist