

January 23, 2023

Re: HB 1301

Dear Chair Weisz and members of the Human Services committee,

My name is Kara Gloe. I am a mental health therapist licensed in both North Dakota and Minnesota. I work at Canopy Medical Clinic in Fargo, ND. Among the primary populations of people I serve are lesbian, gay, bisexual, transgender, queer, intersex, asexual, aromantic, and Two Spirit (LGBTQIA2S+) folks in North Dakota – including students in North Dakota’s public schools. I urge you to vote **Do Not Pass on HB 1301**. If passed, this bill would do irreparable harm to transgender youth throughout North Dakota; attempts to superseded well-established clinical guidelines; infringes upon the rights of parents, children, and doctors; and will drive businesses and professionals out of the state. This bill and every other like it is already doing damage and would be devastating if passed. Gender affirming care is not only necessary but literally lifesaving.

First, the data on the lethality of being a young trans person in the State of North Dakota is concrete. For trans high schoolers in North Dakota we know:

- More than half seriously considered suicide in the last year
- That rate is 3.3 times higher than their straight cisgender counterparts
- 30.4% attempted suicide in the past 12 months
- That is five times higher than their straight cisgender counterparts

This data, which focuses solely on youth in North Dakota, is easily accessible as part of the 2021 Youth Risk Behavior Survey. These are the stats before the 2023 North Dakota legislature introduced 16 bills, to date, which will either directly target or will severely disrupt the lives of our transgender friends, family, and neighbors. We also know being transgender is not a mental health disorder. The American Association of Psychologists removed it as such in 2012. It is now recognized by every major healthcare organization – mental and physical, as a health disorder, specifically a sex disorder. Meaning, the 50% of trans youth in North Dakota who have seriously considered suicide in the last year have not done so *because* they are trans. Rather, the increase in suicidality is due to minority stress, discrimination, and ostracization.

Further, there seems to be misunderstanding regarding how a minor child, their parents, and their doctors arrive at the decision to start gender affirming medical care. It is not because the child woke up one morning, decided to try on another gender, and immediately walked into their doctor’s office. Rather, it is a process people, of all ages, go through and a recognition they come to over time. Beyond one’s personal process, the clinical guidelines used by physicians and mental health professionals require “The experience of gender diversity/incongruence is marked and sustained over time.” For a person to receive a gender identity disorder diagnosis, people must experience incongruence with their body for at *least six months*. Before a minor can be recommended for hormone replacement therapy it is recommended both they and their family receive “age-appropriate information about gender development,” and “about potential gender affirming medical interventions, the effects of these treatments on future fertility, and options for fertility preservation.” Further, it is often required by doctors and/or insurance that patients have a letter of recommendation from a mental health therapist before they begin hormone replacement therapy. Before an adolescent can be recommended for gender affirming surgery, they must have *at least 12 months* of continuous hormone replacement

therapy and likely a letter or letters from a mental health professional. The decision by the child, parents, and doctor to receive/provide gender affirming care is thoughtful and thoroughly considered. Furthermore, medical care best practices are established through well-researched and widely accepted guidelines that require sustained gender incongruity over time.

Lastly, bills criminalizing medical care will force professionals out of the state. We cannot afford to lose more healthcare providers.

Please allow children, families, and professionals with the knowledge and the expertise to provide lifesaving gender affirming care to North Dakota's youth. Please help protect North Dakota's children by voting **Do Not Pass** on HB 1301.

Sincerely,
Kara Gloe, LMSW
Canopy Medical Clinic