

House Human Services Committee
HB 1301
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 HB1301.

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. HB 1301 raises several concerns regarding the care I provide my patients.

The bill defines several areas of transgender care that is prohibited because Gender Dysphoria is not a recognized disorder of sex development. I would argue that Gender Dysphoria is a disorder of sex development that is already recognized in the medical community and these individuals should be afforded the same access to healthcare as their peers.

We recognize the International Classification of Diseases (ICD) is a database of medically verifiable disorders. It allows us to collect, classify and report medical conditions. Conditions such as high blood pressure, Diabetes, Breast Cancer and thyroid disorder all have identifying codes. Mental health conditions such as Depression, Anxiety, Post Traumatic Stress Disorder and Postpartum Depression are also medically verifiable disorders with ICD codes. We recognize these as distinct medical conditions with diagnostic criteria that require care from qualified providers to keep a person healthy. We also recognize that failure to properly treat these conditions can result in permanent, irreversible changes.

Gender Incongruence and Gender Dysphoria are the two diagnostic terms used in the World Health Organization's International Classification of Diseases (ICD) and the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), respectively. These are medically verifiable disorders within the medical community.

Gender Dysphoria is not a new diagnosis. "Gender Identity Disorder," the "disparity between anatomical sex and gender identity," was recognized in 1980 with DSM III. Gender dysphoria replaced Gender Identity Disorder in the DSM V (2013).

Gender Dysphoria is no different from the conditions I mentioned above. It carries an ICD code. It is a medically verifiable disorder with diagnostic criteria requiring 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 insulin from the child with Diabetes, or thyroid medication from the child with thyroid dysfunction just because of their age. We would not ask a child to "think better thoughts" or "calm themselves down" if they had Depression or Anxiety. 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 (World 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 or 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.

Parents or guardians have the capacity to make medical decisions for their children. They should be allowed to do so in all aspects of their child's care. This includes initiation of gender affirming therapies.

Transgender children and adolescents are a marginalized group of individuals and if we further restrict their access to evidence based care we have failed them. 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 1301.

Thank you for time,

Heather Sandness Nelson, MD (She/Her)