Testimony in Support of HB 1297

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Good morning Madam Chair Lee and honorable members of the Senate Human Services Committee. My name is Lovita Scrimshaw and I am a physician in Minot, ND and also serve as the North Dakota State Director of the American Academy of Medical Ethics. I am testifying in regard to House Bill 1297 and I respectfully request that you render a "DO PASS" on this bill.

The sex designation on a birth record should not be changed due to a gender identity change. From a medical standpoint, the sex (and genetic reproductive organs) of the patient directly relates to the patient's safety. The genetic sex of the patient should be clear to providers who will be taking care of this patient, because there are known differences in acute/emergent pathology encountered in male and female patients. For example, a female patient presenting with acute abdominal pain to the emergency department has different possible acute/life-threatening causes of that pain (such as ovarian torsion, ruptured ectopic pregnancy, preeclampsia, placental abruption, etc.) than a male patient presenting with the same abdominal pain (which could be testicular torsion, scrotal infections, etc). There is a case report of fetal death during labor because the medical record only conveyed the individual's gender preference (male) and not their biological sex (female), leading to misdiagnosis and medical catastrophe in the setting of pregnancy.[1] There have been near-misses in multiple hospital systems that I have worked at due to patient's listing their gender preference instead of their genetic sex. Being able to change the birth certificate would only compound this issue and is dangerous for the patient.

Again, I request a "Do Pass" on this bill. Thank you for the opportunity to testify on this important matter.

[1] Stroumsa D, Roberts EFS, Kinnear H, Harris LH. The Power and Limits of Classification - A 32-Year-Old Man with Abdominal Pain. N Engl J Med. 2019;380(20):1885-1888. doi:10.1056/NEJMp1811491