

## Testimony in Support of HB 1181

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Good morning Chair Ruby and honorable members of the House Human Services Committee. My name is Lovita Scrimshaw and I am a physician in Dickinson, 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 1181 and I respectfully request that you render a “DO PASS” on this bill.

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.<sup>1</sup> There have been near-misses in many hospital systems due to patient’s listing their gender preference instead of their genetic sex.

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

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<sup>1</sup> 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