



**House Human Services Committee
HB 1450
February 3, 2025**

Good morning, Chairman Ruby and Committee Members

I am Dr. David Field, a family physician that has served the state of North Dakota for over 41 years. During that time, I have seen about 240,000 patient contacts - trying to make North Dakota the healthiest state in the nation.

I strongly oppose House Bill 1450. In my experience, the restrictions that the bill places will hurt the ability of primary care providers to understand, diagnose, and treat the true issues that affect our vulnerable youth. There is no feasible way that primary care providers can know all the questions to ask before an adolescent exam occurs in their office.

When I perform an adolescent exam in my office, they fill out screening forms for anxiety and depression. This is standard in primary care offices. My exam usually starts with a welcome to my office and 'How can I help you today.' This open-ended questioning allows for honest reasons for the visit. Parents are usually present with younger children, but older high school students are many times there by themselves.

There is absolutely no way to fully understand before the clinic visit what questions a parent needs to approve to perform the best evaluation and care possible. Many issues can be addressed for acute care and wellness issues. Anxiety and depression screening are part of almost all of these primary care provider visits. Parents are helpful in answering some of these questions, but there are times when private communication between the provider and the teen is needed.

According to the National Children's Alliance, the parent company of Dakota Children's Advocacy Centers based in our state, 1 in 4 girls and 1 in 13 boys will experience child abuse. Of those experiencing abuse, 77% will be abused by a parent. The next most common offender is a close relative. In 2020, there were 184,000 children under the age of 18 in the state of North Dakota. According to these statistics – with 92,000 girls – 23,000 will possibly suffer abuse.

I understand that the exemption in the bill includes “a suspected case of physical or sexual abuse,” but if a physician or other practitioner is not allowed to ask questions that may lead to revealing the problem, this exemption is meaningless.

There are definitely times when a healthcare provider needs a private conversation with the child. How can a child be honest when the person sitting next to them may be the biggest part of the problem?

Other life-changing issues **MUST** also be discussed also. This includes, anxiety and depression, drugs and alcohol, smoking and related products, and real facts about sexual behaviors.

If this bill passes, it will cripple the ability of healthcare providers to do what is right for their child and adolescent patients.

Almost 1900 children died of child abuse last year in the U.S. Those who suffered abuse without death may endure a lifetime of pain. The immature choices of drugs, alcohol, and sexual behavior may also have a similar lifetime effect.

Please VOTE NO to this bill. I have cared for patients for 41 years. I hope others can do the same.

David Field, MD