

Senate Human Services Committee

HB 1450

March 17, 2025

Chairman Lee and Committee Members

My name is Dr. Joan Connell. As a parent, pediatrician, and North Dakotan, I am asking you to vote NO on House Bill 1450 to save health and lives.

At best, this violates the physician-patient relationship, which can be so important, especially when parents, children, or both are trying to forge forward in the face of conflict.

I am particularly concerned about the ≥ 14 -year-olds who would be affected by this legislation. It is contradictory that anyone would want to destroy the sanctity of the physician patient relationship during this critical developmental period when it is essential that children begin to form bonds with non-parent role models.

[HealthyChildren.org](https://www.healthychildren.org) substantiates why this is so important

I am also concerned about the required notice, which includes an option to opt out of answering screens that help us better understand risks for mental health issues, including depression, anxiety, and suicidality, as well as the means and motivations for suicidal intent. I can assure you that gender dysphoria will not result from me asking a teen how they identify. I can also assure you that lives have been saved in my office when kids feel they have no one else to turn to and sometimes fear for their safety should their parents learn of an unintended pregnancy, homosexual behaviors, and/or suicidal thoughts.

Many of the issues this bill wants to limit are for me being able to screen for and possibly open up a discussion about issues associated with increased risk of suicidality, including gender dysphoria (8x risk for suicidal thoughts compared with cisgender adolescents), early sexual activity (14.3% risk for suicide attempt compared with 5.1% suicide attempt in virginal teens), substance use disorder (4x risk for suicidality), exposure to domestic violence (1.7x increased risk for suicidality), anxiety and depression (66% with suicidal ideation vs 10% of all teens).

If this bill passes, how will we know if we need to address any of these concerns if the parent has opted out of the screens, or strongly "encouraged" the child to do so, or answered the questions for the child? The potential consequences could be dire, with undiagnosed mental health issues, abuse, or other health risks leading to tragic outcomes.

Screening for firearms and their storage is essential to reduce access to a quick, lethal means to suicide.

How will we know if we should screen for STDs if we do not get a sexual history?

How would we know to suspect physical or sexual abuse if the child does not have the opportunity to disclose this very personal horror that they are often too ashamed to share with their parents initially, assuming the parent is not the perpetrator.

Kids are already challenged with access to care. Please do not tie their hands, thereby decreasing their potential for a quality life and increasing their risk for undiagnosed diseases that could lead to fatal consequences.

Please do not prevent physicians and other providers from providing this necessary care to our patients.

As my 17-year-old son stated, "If you are going to take away all those questions, why have a well check?"

From the mouths of Babes.

