

Regarding House Bill 1139

This letter is in opposition to house bill 1139. I ask that you DO NOT PASS this bill.

I am one of two Pediatric Endocrinologists in the state of North Dakota. I was born and raised in North Dakota and returned to practice as a Pediatric Endocrinologist. In my practice I see children with disorders of sexual development (DSD) and see patients from every corner of the state of ND.

Children born with genitals that do not appear typically “male” or “female” or they have an appearance discordant with chromosomal sex are classified as having disorder of sexual development. DSD’s with a genital appearance that are sufficiently atypical occurs in approximately 1 in 1000-4500 live births.

Sex is usually categorized as female or male based on chromosomes (XX and XY). **The reason why I am in opposition to this bill is because not every child born has “typical” genitalia where the external genitalia matches their sex chromosomes – XX for girl with vagina and XY for boy with a penis and scrotum.** There are more combinations to the sex chromosomes than only XX and XY. This includes X (classic Turner syndrome), X/XY (mosaic Turner syndrome), XXY (Klinefelter syndrome), XYY (Jacob syndrome) or patient’s born with ambiguous genitalia where their genitalia does not match their chromosomes because of an adrenal genetic condition.

Families with a child born with DSD have increased stress right after birth because of the ambiguity in their newborn. By requiring sex be added to a birth certificate would only cause unnecessary harm to the child and family while they are working with their healthcare provider to evaluate the etiology. There is no benefit for the individual to have this added to their birth certificate and is only adding harm/risk. Because of this, HB1139 is an example of government overreach.

Thank you for taking the time to read and consider my written testimony. I trust that the legislature will do what is best for the state and that includes opposing HB 1139.

Thank you for your time and consideration.

Dr. Amanda Dahl

Pediatric Endocrinologist