

**Testimony House  
Bill 1450  
Senate Human Services  
Monday March 17, 2025  
Rolette County Public Health District**

Chairperson Lee and members of Senate Human Services Committee Members.

My name is Barbara Frydenlund, I am a Registered Nurse and the administrator of Rolette County Public Health. Rolette County Public Health District serves Rolette County located in District 9.

Thank you for the opportunity to submit testimony today on HB 1450. I am speaking from the perspective of local public health. Due to the critical lack of local funding from mill levy funding my agency relies on clinical services for 33% of our funding. With that in mind we do have one of the largest Health Tracks programs in North Dakota. The participants of this program range in age from newborn to 20 years of age.

Parents often provide emotional support for their children during medical exams, which can help ease anxiety or fear. Younger children, may feel more comfortable and cooperative with a parent present. Parents/guardians can help communicate their child's medical history and concerns to the healthcare provider, ensuring a better understanding of the child's needs, this can be conveyed before the actual examination occurs.

There are also times that children are much more cooperative with medical staff in the absence of their parents. One size doesn't fit all. In certain cases, having a parent/guardian in the room may inhibit honest communication between the child and the healthcare provider, especially as children grow older and may want privacy to discuss

sensitive topics like mental health or sexual health. Some medical professionals may also find it easier to focus on the child's care without potential interference from a well-meaning parent.

Most healthcare providers will try to find a balance. For younger children, parents are typically encouraged to stay in the room. As children become teenagers, parents may be asked to step out for part of the visit, allowing the child to have a private conversation with the doctor while still being available if needed.

In our public health office, parents/guardians will often ask the minor if they want them in the room with them, and the majority of will respond with a resounding "No". Years of experience has taught me is that if a parent/guardian is extremely hovering it can be a red flag to the "fear of what the child will reveal".

Too often children do not have the opportunity to make their voice heard to a trusted adult. The opening to make themselves heard may be the clinic visit with the nurse or doctor. It is impossible to provide a parent/guardian with a list of questions or topics that are going to be discussed, it is all based on the interaction between the child and the provider.

The opening for youth to discuss very personal concerns with a trusted adult is crucial. As much as we want to not think about sexual abuse, it is the reality for many children.

### **The National Association of Adult Survivors of Child Abuse reports:**

- One in three girls and one in six boys are sexually abused before the age of 18

- One in 5 youth received a sexual approach or solicitation over the Internet in the past year.
- The average age for first abuse is 9.9 years for boys and 9.6 years for girls.
- Abuse typically occurs within a long-term, on-going relationship between the offender and victim, escalates over time and lasts an average of four years.
- Children are most vulnerable between ages 7-13
- 93% of juvenile sexual assault victims know their attacker,
- 34.2% of the attackers were family members and
- 58.7% were acquaintances and
- Only 7% of the perpetrators were strangers to the victim

It is the professional, ethical and moral responsibility of health care providers to facilitate the setting that makes children feel safe and to be heard. This environment most likely will not include the parent/guardian. It takes time to develop relationships with our clients.

Mental health concerns unfortunately the reality of many children. As with sexual abuse, mental health concerns can be very difficult to discuss in the presence of a parent or guardian.

I have experienced the situation in which sexual abuse has been revealed to me in the confidential setting of the exam room, the revelation of eminent suicidal intention while conducting a teen wellness evaluation program in a school setting. I am doubtful that these admissions would have occurred in the presence of a parent/guardian.

Our youth need the opportunity to have a voice, be heard, this may involve a private setting.

The great majority of time parents, children and staff can interact effectively together but there are truly times that children need to have the opportunity to have those one-on-one conversations with trusted adults.

Please allow the relationships between children and healthcare providers to evolve for the greatest benefit of the child. The unintended consequence of HB 1450 may be not allowing children to be heard, ongoing abuse and even death.

Please vote, Do Not Pass on HB 1450.

I stand for questions.

Sincerely,  
Barbara Frydenlund  
Rolette County Public Health