

# Senate Health and Human Services Committee

*Sophie Walsh 271-3469*

**HB 377-FN**, relative to health care professionals administering hormone treatments and puberty blockers.

**Hearing Date:** April 23, 2025

**Time Opened:** 1:50 p.m.

**Time Closed:** 3:38 p.m.

**Members of the Committee Present:** Senators Rochefort, Avard, Birdsell, Prentiss and Long

**Members of the Committee Absent:** None

**Bill Analysis:** This bill prohibits the performance of a medical procedure or the prescription or issuance of medication, upon or to a minor child, that is intended to alter the minor child's gender or delay puberty. This bill also provides for a limited period in which a health care provider may systematically reduce or taper puberty-blocking or cross-sex hormone medications or drugs to avoid harm to a minor already receiving treatment.

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**Sponsors:**

Rep. Mazur

Rep. Kofalt

Rep. Layon

Rep. Reinfurt

Rep. Seidel

Rep. Litchfield

Rep. J. Aron

Rep. DeVito

Rep. Peternel

Sen. Murphy

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**Who supports the bill:** 193 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (Sophie.Walsh@gc.nh.gov).

**Who opposes the bill:** 993 people signed in opposition of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (Sophie.Walsh@gc.nh.gov).

**Who is neutral on the bill:** 3 people signed in neutral to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (Sophie.Walsh@gc.nh.gov).

**Summary of testimony presented:**

Representative Lisa Mazur, Hillsborough – District 44

- Representative Mazur stated she is here to discuss puberty blockers and hormone treatments on minors; a medical practice that carries significant risks and long-term consequences.
- Children as young as three are being seen as patients in gender clinics. Minors as young as eight or nine are being prescribed puberty blockers and cross-sex hormones, despite being unable to fully comprehend the lifelong implications of altering their bodies with such powerful medications.
- A growing concern is the fast-tracking of minors into these medical interventions after only brief consultations.
- While gender dysphoria is a real and deeply painful condition, irreversible medical treatments are not the answer, particularly not for children.
- Puberty blockers halt natural development, impacting bones, the brain, and fertility. These treatments are neither safe nor reversible.
- Studies show that over 95% of children who begin puberty blockers proceed to cross-sex hormones, initiating a path of lifelong medicalization.
- Countries including Sweden, Finland, the United Kingdom, and Brazil have reviewed the evidence and implemented bans on these treatments for minors.
- Some argue that without these medications, it increases the risk of suicide in minors. However, the Cass Report found no evidence supporting this assertion.
- This is not a matter of parental rights or denying care. Rather, it's about protecting children from irreversible harm.
- This bill as amended allows for a weaning off period of these medications, avoiding an immediate cessation.
- Compassionate counseling must be prioritized. Long-term well-being should take precedence over short-term solutions that, though well intended, may result in significant harm.
- Senator Avard asked if we allow anabolic steroids for kids who engage in weightlifting.
- Representative Mazur stated this is highly doubtful, but could look further into it.

Representative Katherine Prudhomme-O'Brien, Rockingham – District 13

- Representative Prudhomme-O'Brien stated she had personally observed a minor who underwent top surgery and hormone treatment in New Hampshire and is aware of others who have experienced similar medical interventions.
- She noted that minors are prohibited from tattoos or tanning services.
- Representative Prudhomme-O'Brien knows of people who are frustrated with the lack of care for de-transitioners.

Tye Thompson

- Mr. Thompson stated that the treatments being discussed are part of established medical care for gender dysphoria, implemented collaboratively between the patient, their guardians and healthcare providers.
- These decisions are made between the family and medical professionals, and there is medical oversight.
- It is vital to engage these individuals who have lived these experiences to fully understand the real-life implications of changing legislation that suddenly restricts access to medications.
- Mr. Thompson acknowledged that there are risks with bone density, but they are monitored and managed by providers.
- With any medical treatments carry some level of risk. These risks are weighed by the individuals receiving care and their families.

#### Representative Timothy Horrigan, Strafford – District 10

- Representative Horrigan stated this bill has a circular definition of “biological sex”.
- He emphasized that there are individuals who do not neatly fit into binary sex classifications.
- Even if only one person in the state identifies as transgender, that individual still deserves to be treated with dignity and the right to appropriate medical care.
- Representative Horrigan stated that this bill is unnecessary, and noted that legislation that makes practicing medicine a felony is a bad idea.

#### Christina Warriner, Reproductive Equity Now

- Ms. Warriner provided testimony on behalf of Sarah Tirrell. She shared the personal experience of her daughter, who in elementary school began experiencing intense anxiety and was diagnosed as depression.
- Her daughter later came out as transgender. Upon disclosure, she contacted her daughter’s primary care physician, who referred them to a gender clinic.
- Over several months, the family engaged in comprehensive conversations with the medical team, carefully evaluating every option, risk and possible outcome. Following the initiation of this treatment, her daughter’s mental health began to show improvement.

#### Lee Brown

- Mr. Brown stated that he is speaking in opposition to this bill.
- When a transgender individual is denied access to puberty blockers or hormone therapy, their body continues to develop in a way that can cause significant psychological distress.

- Delays in care are closely linked to increased rates of anxiety, depression and suicidal ideation.
- He experienced severe depression during the waiting period, not because of being transgender, but because of being unable to access care known to alleviate that distress.
- Upon gaining access to gender-affirming treatment, his mental health improved significantly.

#### Caleb Richmond

- Mr. Richmond stated he is opposed to this bill on the grounds that it is a governmental infringement on the physician-patient relationship.
- He stated that this bill contradicts New Hampshire's foundational "Live Free or Die" principle by inserting government authority into deeply personal and private healthcare decisions between families and their medical providers.
- Broad legislative bans would eliminate access to what can be life-saving healthcare, and also prevent medical students, like myself, from learning how to care for a diverse patient population effectively.
- He had previously served as a crisis counselor at The Trevor Project, where he frequently spoke with queer and transgender youth in crisis. Calls on the crisis line often spiked with the introduction of legislation similar to HB 377.

#### Beth Scaer

- Ms. Scaer expressed her support for this bill.
- Parents are here defending their right to have puberty blockers and cross-sex hormones administered to their children because they have been led to believe that their children were born in the wrong body.
- No one fits perfectly into our culture's gender stereotypes. There is no right or wrong way to be a boy or a girl.
- These children are beginning puberty blockers at an age when they are far too young to give informed consent or fully understand the serious health risks involved.
- The parents and children are told that the puberty blockers are reversible and give them time to think. But almost all of the children who take them go on to cross-sex hormones, never experienced puberty and were left infertile and without normal sexual function.

#### Elle Palmer

- Ms. Palmer expressed support for HB 377.
- When she was 16, her parents took her to Planned Parenthood where she disclosed her history of sexual abuse and mental health. Medical professionals

agreed that the root cause of her suicidal ideation was due to an internal sense of gender identity.

- At age 18, she began losing clumps of hair and was diagnosed with high blood pressure, high cholesterol, iron deficiency, and pre-diabetes.
- At age 19, she returned to Planned Parenthood and informed them she wanted to detransition to female. The staff did not know how to proceed.
- Senator Avard inquired as to what age she began treatment.
- She stated that she began testosterone treatments at age 16.
- Senator Avard asked what state provided these treatments. She confirmed that her treatment occurred in Montana.

#### Evelyn Ullman, Democrats for an Informed Approach to Gender

- Ms. Ullman stated that there are a growing number of young people who have suffered the irreversible effects of puberty blockers, wrong-sex hormones, and needless destructive surgeries, all in the name of gender identity.
- She claimed that neither the parents nor the kids are giving informed consent for what she described as an experimental and dangerous practice called gender-affirming care.
- Puberty is a normal developmental process that all children need to go through.
- Ms. Ullman explained that since many of these young people are same-sex attracted, gender-affirming care constituted an oppressive form of conversion therapy against gays and lesbians.
- Senator Avard inquired as to what she believes is causing the abundance of gender dysphoria.
- She stated that it appeared to be a social contagion, primarily spread online.

#### David Trumble

- Mr. Trumble stated he is in opposition to the bill for several reasons, beginning with family privacy.
- Under the constitution parents have the fundamental right to raise their children, and that this bill infringed upon that right.
- Mr. Trumble stated that the second reason for opposition is that New Hampshire has solid medical safeguards in place.
- Parental consent is required, individuals could opt out at any time, and counseling was provided throughout the process.
- He suggested that if there were any doubts, implementing additional safeguards would be a more appropriate alternative than an outright ban.
- The third reason for his opposition is because he believes this medication could improve the quality of life for many children.
- He explained that the last reason for opposition was due to the fact that the U.S. Supreme Court was expected to decide a relevant case in June, U.S. v. Skrmetti,

and that it would be more prudent for the legislature to wait until that decision was made.

Courtney Tanner, Dartmouth Health

- Dartmouth Health expressed concerns regarding the clinical efficacy and necessity of gender-affirming treatment.
- Dartmouth Health operates the only pediatric endocrinology program in the state and does provide this level of care to its patients.
- Ms. Tanner raised concerns about the passage of the bill, particularly questions surrounding the process of tapering off such medications.
- She referenced a pending U.S. Supreme Court case and urged the committee to delay action on the bill until that decision has been issued,
- She stated that the violations outlined in the bill were extreme, noting that the penalties are equivalent to a Class B felony
- She expressed concern about the vague language in the bill, specifically language referring to “encouraging or supporting” a child, and questioned whether this would apply only to providers or also include others such as receptionist, patients, teachers.
- Senator Avard stated that the committee has heard testimony that this is a form of conversion therapy and asked what she thought.
- She clarified that although she is not a clinician, she believed that if there was not a strong evidence base, Dartmouth Health would not be providing such care.

Courtney Reed, ACLU NH

- The ACLU is in opposition to this bill.
- Ms. Reed said the legislature has no place interfering in private medical decisions between families, doctors and counselors.
- She referenced *Bostock v. Clayton County* and explained that if this bill is analyzed through this lens, the sex-based classification employed would warrant a heightened standard of judicial review. The bill fails to demonstrate a compelling or important government interest and was not narrowly tailored or highly related to achieving such an interest.
- Ms. Reed cited the broad base of research and support for gender-affirming care, including endorsements from every major medical association and numerous studies.
- While sponsors of the bill note there is a tapering-off provision, its implementation timeline may fail to respect medical decisions already made by doctors and their patients currently receiving care.
- Ms. Reed urged the Committee to wait for the forthcoming U.S. Supreme Court decision before proceeding with the legislation.

### Nancy Brennan

- Ms. Brennan expressed opposition to HB 377.
- She stated that the Cass Review is deeply flawed. She recommended the Yale critique of the Cass Review as a more reliable source.
- Detransitioners have just as much right to comprehensive medical care and support as those satisfied with their affirmed gender. Ms. Brennan argued that using the experience of 1% to deny care to the remaining 99% is unjust and cruel.
- She referenced previous testimony about young people outgrowing their transgender feels and said this figure was based on outdated data.

### Cory Towne-Kerr

- Ms. Towne-Kerr stated that puberty blockers are reversible and physicians do not prescribe them until the child had already begun puberty or later.
- Ms. Towne-Kerr acknowledged concerns about bone density, but explained that physicians actively monitor bone density to ensure the safety of the medications.
- She explained that as the mother of a transgender nonbinary child, passage of this bill would cause significant harm.
- Ms. Towne-Kerr expressed concern that the bill's passage would increase the risk of suicide for her daughter and other transgender youth.
- She argued that this bill would victimize youth, and if passed, the State would be using its authority to impose a prescribed identity on children rather than respecting who they are.
- The medical team providing gender-affirming care for her child is consisted of a psychiatrist, endocrinologist and urologist.

### Heather Mullins

- Ms. Mullins stated that she is speaking in support of this bill.
- As a journalist, she interviewed a woman who had bottom surgery and asked where people get help once they have de-transitioned. She was informed that no doctor wanted to help the woman and no insurance was willing to cover procedures.
- Ms. Mullins noted that there have been congressional hearings about social media and how the algorithms can program kids. She emphasized this could be a reason why we are seeing an increase in children identifying as transgender.

### Dr. Deborah Warner

- Dr. Warner explained that most children have doubts about their alignment with gender ideals. She emphasized they are not solid in their identities.
- Coming to early conclusions to these questions can short-circuit the developmental milestones that children need to go through.

- Dr. Warner emphasized the irreversibility of these treatments, noting that the developmental phase of adolescence happens usually between ages 12-17.
- Senator Avard asked what kind of medicine Dr. Warner practices, and she responded she is a psychologist.
- Senator Avard asked how much experience she has, and she said 5 decades.
- Senator Avard confirmed that Dr. Warner is saying that in regards to irreversibility, once a certain stage is passed it cannot be recaptured.
- Dr. Warner confirmed this is true, as one cannot go back and redo their development.
- Senator Avard asked if the hormones being used on children are anabolic steroids.
- Dr. Warner said she does not prescribe them, but they are powerful drugs. She emphasized that she has treated a lot of children with such issues, and most resolve independently with no medical intervention.
- Senator Avard asked if these treatments are a form of conversion therapy.
- Dr. Warner said they are, but not according to the law.
- Senator Avard asked if the effects of this is the same as those of conversion therapy.
- Dr. Warner said they are somewhat the same. She clarified that conversion therapy as it has been discussed is involuntary, but there are plenty of people who approach therapists wanting to do this. She emphasized that in the case of adults it is up to them, but children are not competent to make informed consent.
- Dr. Warner described the Class B Felony as overkill. If the intent is to only discourage, professional misconduct is a big deal for the provider.
- Senator Avard noted that if someone misleads a 13-year-old into this situation, that will affect the rest of their life.
- Senator Prentiss asked Dr. Warner to expand on what is permanent and what is not.
- Dr. Warner deferred to Ms. Reed and emphasized that if someone is taking these medications through adolescence, they will not be able to later go back and redo it.

Jamie Reed, LGB Courage Coalition

- Ms. Reed explained that medically transitioning children with puberty blockers and hormones began in the Netherlands with a study on 70 children.
- Lupron, which is commonly used in this field, has never been approved by the FDA for this purpose and is being used off-label.
- Ms. Reed referenced prior testimony and explained that pediatric endocrinologists are the only professional trained to manage this.

- She explained that after this began being used on children, a study on sheep found that the reduction in long-term spatial memory persists after discontinuing the use of GnRH agonists. She emphasized this means that giving puberty blockers will irreversibly alter cognitive function during a critical window of development.
- The puberty blockade followed by cross-sex hormones will result in the permanent sterility of children, especially boys.
- Ms. Reed noted that testosterone is an anabolic steroid regulated under the 1990 Anabolic Steroid Control Act as a Schedule 3 Substance.
- Senator Prentiss inquired about what is permanent and what is not.
- Ms. Reed explained that if you give a girl testosterone, their voice will be permanently change, as the vocal cords are scarred and dropped. It can also cause the growth of a microphallus. About 70% of people given testosterone will go on to have permanent effects to their urethra, vaginal canal, uterus, and ovarian tissues.
- Boys can develop breast tissue that can only be removed surgically.
- Ms. Reed stated that most patients who are hormonally disrupted in these ways will go on to have other endocrine conditions such as diabetes. She said we might be reducing their lifespan by upwards of 10 years.
- Senator Avard said the Committee heard testimony that transgender individuals are committing suicide because of bullying, and asked if this is true.
- Ms. Reed said that is a hypothesis, but we know from short-term studies that individuals who proceed with this medicalized pathway an initial boost in behavioral response can be observed. In longitudinal studies, we find that these people are not graduating from school, getting jobs, or having meaningful long-term relationships.
- Ms. Reed said she would not disagree that some young people will say this made them feel better. However, we do not scientifically know if simply being affirmed and listened to made them feel better or if it was a consequence of the intervention.

#### Stephen Scaer

- Mr. Scaer stated that there is no such thing as a transgender child.
- He said this ideology is built on fabrications and coercion of threatening child suicide.

#### Prisha Mosley

- Ms. Mosley stated that a transgender identity is not a medical condition.
- She described the chemical and surgical alteration of children with distressing thoughts as abusive fraud.

- Ms. Mosley was wrongly prescribed testosterone as a minor, resulting in a number of chronic health conditions. She will be dependent on doctors and the pharmacy for the rest of her life. She emphasized this would still be true if she continued to identify as transgender.
- Ms. Mosley emphasized that children who are depressed should not be given hormones to mask their symptoms and traumatized children deserve trauma-informed care.

Peter Doyle, LGB Courage Coalition

- Mr. Doyle stated that he once identified as a transgender child.
- He cited that before the introduction of gender affirming care, most children claiming to be transgender discarded that identity after puberty. They also grew up to be same-sex attracted.
- He said the ACLU admitted that the suicide narrative has no evidence in *United States v. Skrametti*.
- Mr. Doyle said given that childhood gender non-conformity is a common experience for same-sex attracted adults, one cannot tell the difference between someone who have been harmed by medicalization and someone who would not have been.
- Mr. Doyle cited that 11 other countries have banned gender affirming care due to lack of evidence.

Simon Amaya Price

- Mr. Amaya Price stated that he experienced grooming, emotional manipulation, and malpractice from doctors and adults he was supposed to trust.
- He emphasized that there are tens of thousands of de-transitions and likely hundreds in New Hampshire who are afraid to speak up.
- Mr. Amaya Price emphasized that there is a \$4.4 billion industry for this.

LeAnne Owen, LGB Courage Coalition

- Ms. Owen explained that if she were a child today, she would have transitioned. She emphasized that she was not born in the wrong body, she was just a girl who did not conform. Later on, like many studies on childhood gender dysphoria report, Ms. Owen realized she was gay.
- Ms. Owen emphasized that this is a social contagion and she does not want to see children like she was to be harmed.

Michael Haley, GLAD Law

- Mr. Haley referenced *United States v. Skrametti* and noted that there are similar cases in Maryland and Florida in which this is being found unconstitutional.

- He noted that the *United States v. Skrmetti* opinion is expected by June, and said it makes sense to re-refer the bill to take that decision into account.
- Mr. Haley said we share the goal of ensuring healthcare is safe and effective, and that people are not given treatments they should not receive. He emphasized there are ways to do that without posing constitutional issues, noting that several states have established guardrails on this care without banning it entirely.
- He addressed previous testimony about the ACLU not having evidence to back up the claim of increased suicide among trans youth and explained that the risk of suicide attempts and suicidality are correlated with the failure to receive such care. There is insufficient evidence on completed suicides, as they are much rarer than suicide attempts.
- Mr. Haley expressed concern for the lack of continuing care provision for adolescents who do not have an adequate weaning off period.
- Mr. Haley said felony penalties for providing medical care are out of proportion, noting that professional misconduct is more common.
- Senator Long noted that the bill calls for an end to prescriptions by January 2026 and questioned if there is liability for someone who is already taking these medications.
- Mr. Haley said this could be a traumatic and upsetting situation for those already taking these medications. Having some availability for people who have been receiving this care and are successful in it to allow them to continue receiving it would prevent such harm.
- Senator Long asked what questions were put forth for the Supreme Court to answer.
- Mr. Haley explained the question presented was whether Tennessee's ban on gender affirming care violated the Equal Protection Clause.
- Senator Long asked if there are any states that have passed a ban that has not been challenged.
- Mr. Haley said every ban has faced some challenge in federal or state court. The states that have implemented guardrails have not been challenged or subject to litigation.

Jennifer Smith, MD, MPH

- Dr. Smith urged the committee to table this bill or make a study committee.
- She emphasized that this is not black and white, as gender and sexuality are being conflated.
- She resents that people are assuming that she must be mentally ill because she is transgender.
- Dr. Smith emphasized that this is driving people out of the state already.

- Senator Rochefort asked what will happen to individuals who have been taking these medications for extended periods of time when this bill goes into effect, and they must stop.
- Dr. Smith explained that she has been on cross-sex hormones and has briefly stopped for some periods of time. She assumes that if an individual has testicles, they would start functioning again.
- Dr. Smith emphasized that getting this care for children takes a lot of time.

#### Stephanie Vazzano

- Ms. Vazzano stated that she is speaking in opposition to the bill.
- The language in this bill could make her work as a therapist felonious. She could lose her license, practice, and livelihood.
- Ms. Vazzano has never told anyone that they are transgender or not. She emphasized that this is not something a competent provider does.
- She has clients who are on a variety of puberty blockers or cross-sex hormones, and she has clients who are not on any because their parents do not agree with it. She emphasized that this is how the system should work.
- Ms. Vazzano stated that medical teams should be able to help parents make informed decisions for their child.

#### Torrence Becker

- Mr. Becker stated that he is speaking in opposition of this bill.
- He told a story about his transgender son who came out at 11 when he was struggling with depression and identity. After spending three weeks in an adult psychiatric ward, he was able to receive support, therapy, and eventually affirming care.
- Mr. Becker emphasized that these bills do not protect children, but rather endanger them.

#### Phil, LBG Courage Coalition

- While *United States v. Skrametti* is framed as a sex discrimination issue, the counter argument brought forth by the state is that this is an age-based restriction.
- Thus, this law should not be framed as a restriction on boys receiving estrogen and vice versa, but rather a restriction on children receiving a certain type of treatment.
- 27 states have enacted some kind of ban on these procedures, 22 of which have a full ban on all 3 elements of pediatric gender procedures and 5 of which have some type of exception that may allow treatment in certain circumstances. Only a handful of states have had legal challenges that resulted in injunctions or stays.

Hannah Knapp-Broas on behalf of Rosie Emrich

- Ms. Emrich is the parent of a transgender child on puberty blockers whose life will be directly impacted by this bill.
- Ms. Emrich did not force her child and was not swayed by medical professionals.
- Ms. Emrich wants her child to be happy and healthy. She made a medical decision in collaboration with her child and with guidance from their medical provider. She emphasized that no parent making this careful decision should have a felony over their head.

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Date Hearing Report completed: May 7, 2025