

Senate Health and Human Services Committee

Sophie Walsh 271-3469

HB 712-FN, limiting breast surgeries for minors.

Hearing Date: April 23, 2025

Time Opened: 11:10 a.m.

Time Closed: 1:05 p.m.

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

Members of the Committee Absent: None

Bill Analysis: This bill limits breast surgeries for minors and provides a private right of action against the surgeon for violation of the statute.

Sponsors:

Rep. Mazur
Rep. Seidel
Rep. Notter
Rep. Layon

Rep. Kofalt
Rep. DeVito
Rep. Noble
Sen. Murphy

Rep. Reinfurt
Rep. Litchfield
Rep. Colcombe
Sen. Sullivan

Who supports the bill: 188 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: 946 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: 1 person 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 that this bill limits gender surgeries for minors, while still allowing exceptions for breast surgeries when medically necessary.
- Minors go through immense physical and psychological changes during adolescence.

- Representative Mazur emphasized that performing these surgeries before development is complete can carry unnecessary risks that no child should have to bear.
- Representative Mazur emphasized that the foundation of medical ethics is to do no harm. When a minor's physical health is not at risk, the ethical choice is to wait.
- This bill is drafted to include exceptions for when surgery may be medically necessary. This includes severe juvenile macromastia, significant asymmetry causing distress, trauma, or congenital deformities requiring reconstruction, lymph node removal, and other specific health-related procedures.
- A study published in the Journal of Sexual Medicine found that those who underwent gender transition surgeries had increased rates of depression, anxiety, suicidal ideation, and substance abuse compared to those who did not.
- She emphasized that this legislation is not anti-transgender, but rather a responsible bill that draws a careful line.
- Senator Prentiss inquired about the role of parents in these situations.
- Representative Mazur explained that while she is a proponent of parental rights, there are instances in which the legislature needs to get involved to stop harm. Laws have been built around this, which is why things like getting tattoos or going to the tanning salon are not allowed even with parental consent.
- She emphasized that while gender dysphoria is real and she does have compassion for that, there is no science behind this.

Representative Erica Layon, Rockingham – District 13

- Representative Layon explained that she has dealt with many issues around breast implants as a former medical device analyst. As with any surgical change to one's body, breast implants can cause life-long consequences.
- Representative Layon explained that the bill was drafted carefully to carve out necessary exceptions.
- This bill also prevents girls from getting breast implants for cosmetic reasons until they are adults.
- Representative Layon emphasized that this is a safe, protective effort to address children being misled by the notion that this surgery will make their life better without recognizing the long-term consequences.

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

- Representative Prudhomme-O'Brien shared a story about a transgender individual in New Hampshire who had hormone therapy and top surgery as a minor through Dartmouth Health. This person has since de-transitioned.
- She believes that parents want to do what's best for their children, and they think they are doing that.

- She explained that when she had her children, breastfeeding was very important to her in many ways, including financially.
- She emphasized that we do not allow children to get tattoos or go to tanning salons, and she does not see how this is any less important.

Lee Brown

- Mr. Brown stated that he is speaking in opposition to this bill as a New Hampshire resident, transgender individual and medical student.
- He explained that he came out as transgender at 13 and began seeking gender affirming care at 17. He emphasized that he was not rushed by his physicians. Delays in the process of receiving this care worsened his mental health.
- He emphasized that he does not know what would have happened to him if this had been law when he was a teenager.
- Senator Long confirmed that consultations are being prohibited for those under 18, and Mr. Brown confirmed that the bill prohibits any referral for or provision of gender surgery. The referral would be required for someone to access the consultation.

Torrence Becker

- Mr. Becker stated that he is the father of a transgender son who came out at 11. His son was struggling with identity and depression, needing to be hospitalized for multiple weeks. With support from family, therapy, and eventually affirming care, his son is now thriving.
- Mr. Becker emphasized that these bills do not support or protect children, but rather endanger them.
- Senator Long noted previous testimony that kids are being told this will make them better and asked if this has been Mr. Becker's experience in that process.
- Mr. Becker explained that his son was hospitalized and knew how he felt, but he was not getting that recognition from others. Once they talked through it, they found a way to address it and now he is doing better.
- Senator Long inquired about the length of this process.
- Mr. Becker said they have been at it every day for the last three years. They saw a lot of improvements after the first year.
- Senator Avard asked if local hospitals are providing puberty blockers.
- Mr. Becker said his son was hospitalized at Elliot Hospital in the adult psychiatric ward, but they are using their primary care provider.
- Senator Prentiss inquired about the different appointments and steps that have been made in this process.
- Mr. Becker explained that it started in the hospital with a psychiatric therapist and was followed with months of therapy. During that time, there were doctor

appointments every 3 months to ensure his son's mental health was okay and to check on progress. He emphasized that this is a continuing process.

Beth Scaer

- Ms. Scaer stated that she is speaking in support of this bill.
- She said too many girls are having this done at a young age and questioned why there is so much urgency to undergo such a serious operation.
- She explained that some may feel temporary relief from these procedures, but this is followed by reality hitting that it did not fix anything. She emphasized they have the same problems that they had before, but compounded by the pain and trauma of losing healthy body parts.
- Senator Avard asked if this is being done on minors in New Hampshire.
- Ms. Scaer said she is not sure. She noted that Dartmouth Health says they do not do it, and that Boston Children's Hospital is performing this on people as young as 15.

Evelyn Ullman, Democrats for an Informed Approach to Gender

- Ms. Ullman stated that she is speaking in support of this bill.
- She explained that many of the people getting these procedures do not conform to gender stereotypes, and external societal pressures make them think that there is something wrong with them.
- She emphasized that there is a strong link between gender nonconformity in childhood and homosexuality in adulthood.
- Ms. Ullman said this is not healthcare, but rather a new form of conversion therapy. This is a situation in which young people, many of whom will grow up to be lesbian, gay, or bisexual, are coming out on the other side of this with their bodies irreversibly mutilated.
- She stated that there is no credible evidence that this cures anything or prevents suicide.
- Ms. Ullman stated that teenagers do not comprehend the significance of these procedures and are incapable of giving informed consent for something that will rob them of future choices.
- Senator Avard asked if the doctors performing this are able to determine before surgery whether the patient is suffering from gender dysphoria.
- Ms. Ullman said that to her knowledge, plastic surgeons are just given a script. She does not think they are psychologically evaluating patients.
- Senator Avard referenced conversion therapy and noted that it is not allowed in New Hampshire.
- Ms. Ullman explained that gender affirming care is a form of conversion therapy on lesbians and gay people because they are being told as kids that they were

born in the wrong body and need surgery to fix it, while they would normally grow up to be gay.

Doug Pounds

- Mr. Pounds stated that he is speaking in support of this bill.
- He shared a personal story about a friend of his who had been on cross-sex hormones and underwent sex change surgery. After receiving proper psychological help to deal with their childhood trauma, they de-transitioned. However, the surgery and physical damage from the long-term use of cross-sex hormones could not be undone.
- Mr. Pounds explained that parents are blackmailed to believe that their children will commit suicide if they do not support their children to facilitate hormone blockers, cross-sex hormones, or cross-sex surgeries.
- He emphasized children are more likely to commit suicide if they are allowed to follow through with these procedures because the underlying causes are not being addressed.
- Mr. Pounds cited clinical evidence showing that up to 90% of minors will outgrow gender dysphoria by the time they reach adulthood.
- Mr. Pounds explained that when administered to someone with depression, cross-sex hormones can provide temporary alleviating affects. When administered to someone with gender dysphoria, this may also provide temporary relief, but the results will not last.

Courtney Tanner, Dartmouth Health

- Ms. Tanner stated that Dartmouth Health is concerned about legislating any kind of medicine. They have concerns about the provisions creating penalties for providers.
- Dartmouth Health is the home of the only pediatric endocrinology program in New Hampshire, with gender affirming care clinics in Manchester and Lebanon.
- Ms. Tanner stated that top surgeries are not performed in New Hampshire on minors at Dartmouth Health or elsewhere.
- She expressed concern about prohibiting referrals, and explained that Dartmouth Health interprets this bill to interfere with the patient-provider relationship.
- Senator Avard asked if Dartmouth Health would provide a referral for a 13-year-old patient.
- Ms. Tanner said she would assume not and emphasized that it depends on the patient and provider.
- Senator Prentiss confirmed that while Dartmouth Health does not perform these surgeries in the state, they have referred patients out-of-state for gender affirming care. Ms. Tanner confirmed.

- Senator Prentiss inquired about the prohibition on consultations.
- Ms. Tanner explained that the bill prohibits any referrals, which they have significant concerns about. Ms. Tanner noted that there may be situations in which a 17-year-old wants to get top surgery before they go to college. Dartmouth Health believes that in consultation with patients and parents, providers should have the option to discuss clinical care.
- Senator Long confirmed that no one in New Hampshire is providing these surgeries for minors, and Ms. Tanner said she assumes that no one is because Dartmouth Health is not providing them as the only pediatric endocrinology program in the state.

Dr. Deborah Warner

- Dr. Warner stated that she has 5 decades of experience in psychology and family practice. Standards of licensing and the provision of care are familiar subjects to her.
- Informed consent is the foundation of all provided care. Providers need to make sure the patient understands what is happening to them, the risks and benefits, as well as long-term effects and consequences.
- Dr. Warner explained that children do not have the ability to make face-value decisions on a logical basis. Instead, they need to experiment with alternatives and options. She emphasized that everything children try needs to be reversible.
- Dr. Warner said it is important we preserve the non-permanence of children's decisions.

Michael Haley, GLAD Law

- Mr. Haley referenced the referral provision and emphasized that this is trying to solve a problem that does not exist in New Hampshire. This is a rare surgery that is not performed in New Hampshire.
- He explained that the referral provision is vague, as it is not clear if this includes insurance referrals or conversations about potential surgeries.
- Mr. Haley explained that this bill could be found unconstitutional by a court due to the penalties attached to the bill. This could violate the first amendment free expression rights of a physician who is trying to inform a patient of their options.

Heather Mullins

- Ms. Mullins stated that she is speaking in support of this bill.
- Ms. Mullins referenced previous testimony about providing puberty blockers to children and described it as grooming.

- Ms. Mullins said our most vulnerable people are those suffering from gender dysphoria. This is a psychological illness that does not require a physical solution.
- Senator Prentiss noted that this is the first time she has heard grooming be brought up today and asked if it would be fair to say that Ms. Mullins equates previously described mental health care being provided to a child as equitable to grooming.
- Ms. Mullins said that if you are a trusted authority figure and convince a child that they can be something that they are not, then you are grooming them.
- Senator Prentiss asked if there is clinical evidence supporting the equality between mental health treatment and grooming.
- Ms. Mullins said there is plenty of data that she would be happy to provide.

Simon Amaya Price

- Mr. Amaya Price said he has a friend who had a double mastectomy at 14. He is also a de-transitioner himself.
- Many of these people have been victims of sexual assault or abuse.
- He described healing as a long road where one cannot see the end, so when someone is presented with transition as a clear and defined step, they will opt for that.
- Mr. Amaya Price said at least 43 children have had breasts removed in New Hampshire. He cited two doctors as publicly advertising that they perform double mastectomies on minors.
- Senator Rochefort asked where this is being advertised.
- Mr. Amaya Price said it is on their medical websites, and there are public insurance claims available.

Courtney Reed, ACLU NH

- Ms. Reed stated that the ACLU holds a deep opposition to government overreach and interference into private medical decisions, especially interference with decisions made by trained physicians, clinical teams, and families.
- The ACLU also holds concerns with the sex classification in the bill, the referral provision, the impact on first amendment and parental rights.
- Ms. Reed said the courts have continuously agreed that referral bans infringe on first amendment rights. She noted that this provision is vague and lacks clarity, as it will chill physicians that may want to provide a referral for care in a legal jurisdiction.
- As there are waiting times and delays associated with this care, there is a question surrounding whether or not a referral for 17-year-old patients who may receive surgery at 18 would also be in violation of this bill.

- Ms. Reed noted that the disciplinary actions within the bill are wide-ranging.

Stephen Scaer

- Mr. Scaer stated that transgenderism is a religion that teaches that a boy's soul can possess a girl's body, and failure to affirm this gender identity will likely result in suicide.
- Mr. Scaer explained that libraries teach girls who do not fit the stereotypes that they are boys, which is then affirmed in school safe spaces and online communities. Our conversion therapy bans make it a crime for therapists to say otherwise.
- Mr. Scaer stated that girls who are suffering from trauma, depression, and autism are being subjected to chemicals and surgeries leaving them maimed and sterilized.
- He emphasized that gender identities are imaginary and based on people's desired to escape their bodies, fantasies of being the opposite sex, sex-based stereotypes, and circular reasoning.

Ann Marie Banfield

- Ms. Banfield stated that she is a parental rights advocate.
- She explained that there are times when the State needs to step in to protect a child. She emphasized that this is a big hurdle, but described a child removing body parts as a time when the State needs to step in.
- Ms. Banfield said she cannot fathom doing this and she has family in the medical field who do not believe this is right.

Nancy Brennan

- Ms. Brennan stated that she is speaking in opposition to the bill.
- She provided a study disputing claims from a study showing that transgender surgery increases suicide. She said one of the main flaws with the study is that it compares suicide in transgender people who have had the surgery with cisgender people who have not had it.
- She emphasized that every major psychiatric and pediatric association says gender affirming care is real and necessary.
- Ms. Brennan referenced a preliminary study showing that the brains of transgender people have some similarities to the cisgender people they know they are.

Bonnie Bruno

- Ms. Bruno explained that for every story about someone feeling as though their life has been ruined, there is another story about someone who feels as though

this has saved their life. She emphasized that these subjective experiences are real on both sides.

- Ms. Bruno explained that a friend of hers spoke with someone who said their life was ruined by gender affirming care at an event. That person was made promises that no doctor should have made for any surgery. She emphasized that this person's anger was misdirected and misguided.
- Ms. Bruno noted that at the House hearing, this bill was opposed by 1,279 people and supported by 106 people.

Jamie Reed, LGB Courage Coalition

- Ms. Reed stated that she is speaking in support of this bill as a public whistleblower who previously worked in a pediatric gender setting.
- She stated that 43 minors in New Hampshire have had this surgery between 2017-2023. 20 of these procedures were at Dartmouth, 22 were at Elliot Hospital, and 1 was at Portsmouth Regional Hospital.
- Ms. Reed stated that 73% of the patients in pediatric gender centers in the United States are girls, which has not always been the case.
- Ms. Reed said this reversal has been reported in clinics in Western Europe, Canada, Australia, and The United States.
- She described this reversal as rare and worrying. There is a hypothesis that this is a socially mediated looping behavior, otherwise known as a social contagion.
- Senator Rochefort asked Ms. Reed to describe the social mediated looping behavior.
- Ms. Reed explained that social scientists used to observe social contagions being picked up through physical contact. However, cellphones have created this looping mechanism being pushed through algorithms.
- Senator Avard noted that Dartmouth Health has testified that they are not doing these surgeries and asked if Ms. Reed can prove her claims.
- Ms. Reed explained that insurance data can be purchased nationwide, and an organization called Do No Harm purchased the 2017-2023 data set and cross referenced all of those claims.
- She explained that they were looking for specific billing codes, such as F64, which is a gender related billing code. They matched these codes with gender related surgeries, cross referenced them, and published the results.
- Do No Harm database found that there were 17 Dartmouth Hitchcock Medical Center patients and 3 Dartmouth Hitchcock clinic patients. Dartmouth Hitchcock Medical Center in total billed for 76 referred sex change patients for a submitted charge of \$70,523.
- Senator Avard asked what insurance is paying for this.
- Ms. Reed explained that Medicaid, Medicare, Tricare, CHIP, and most private insurance companies cover these services.

- Senator Avard asked how a differentiation is made between medically necessary and gender dysphoria.
- Ms. Reed explained that code numbers should be looked at and you can also cross reference with billing for a mental health letter.
- Ms. Reed also noted that fraud is prevalent in these practices.
- Senator Avard asked if the F64 code reflects the age of the patient.
- Ms. Reed responded that the database is only for pediatric billing.
- Senator Avard asked what the youngest age Ms. Reed has seen, and Ms. Reed said the youngest age she has observed is 13.

LeAnne Owen, LGB Courage Coalition

- Ms. Owen explained that she grew up as a tomboy, and she is glad that transitioning was not a choice when she was young, as she would have opted for it.
- She emphasized that this is gay conversion therapy.
- She emphasized that this is an irreversible procedure driven by social pressure and homophobia.
- Ms. Owen said she believes in protecting children's futures and not reshaping their bodies to suit stereotypes.

Courtney Tanner, Dartmouth Health

- Senator Rochefort noted that there is conflicting testimony about whether Dartmouth Health is performing these procedures.
- Ms. Tanner said this testimony is concerning and falsified data. She emphasized that they do not perform these procedures on minors seeking gender affirming care.
- Senator Avard asked if Ms. Tanner could explain the coding aspect.
- Ms. Tanner said she does not have it in front of her, but she is willing to sit down with respective parties to assess it. She emphasized that they have reviewed this data and it is her understanding that it is falsified.

Prisha Mosley

- Ms. Mosley stated that she was groomed by her doctors as a teenager and underwent breast removal surgery
- The surgery left her with nerve damage and painful scar tissue.
- 10 months ago, Ms. Mosley gave birth to her son. This was accompanied with surgical complications and more trauma.
- She emphasized that this surgery is cosmetic in nature and destroys functioning body parts.
- Senator Avard asked how old Ms. Mosley was when she received the surgery.

- Ms. Mosley said she was 18, but was still not developed or informed enough to understand that her doctors were tricking her.

Jennifer Smith, MD, MPH

- Dr. Smith urged the Committee to think twice before accepting that all people who do this are going to feel regret.
Dr. Smith started gender therapy 30 years ago and found it useful to change her gender. She emphasized that she has never been diagnosed with anything other than gender dysphoria, which has since been resolved.
- She emphasized that while age matters and she feels badly for people who have had a negative experience, having a blanket prohibition is a mistake.

Terese Bastarache

- Ms. Bastarache cited the National Review, which reports that in 2022 there was a \$4.12 billion gender affirming care industry.
- Ms. Bastarache explained that children are very impressionable, as they have not gone through the developmental phases to truly understand who they are.
- She emphasized that mental health issues are never solved by a surgical intervention removing healthy body parts.
- Ms. Bastarache explained that this causes nerve pain and impacts the endocrine system.
- She emphasized that if we encourage children to be confused, then we are influencing and grooming them down a path with irreversible harm.

Tye Thompson

- Mr. Thompson stated that he is a transgender person who has had top surgery and uses cross-gender hormones.
- He emphasized that transgender and non-binary people have always existed in many cultures and across time.
- Mr. Thompson stated that youth are trying to navigate a complicated world and deserve access to comprehensive healthcare.
- His experience with transition involved years of therapy.
- Mr. Thompson emphasized that it is harmful to create a blanket piece of legislation that would preclude the opportunity to have access to care. It also increases civil liabilities for doctors who perform care.

Peter Doyle, LGB Courage Coalition

- Mr. Doyle stated that he is speaking in support of this bill as a gay man with a history of youth gender dysphoria.
- Mr. Doyle explained that generations of LGB people fought for the right to live in peace and be protected from harmful medical interventions.

- He explained that gender medicine is not evidence-based and results in a lifelong regimen of harmful medicalization.
- Senator Avarad asked how Mr. Doyle came across the information regarding these surgeries occurring in New Hampshire.
- Mr. Doyle explained that the Do No Harm website was created to visualize health data concerning gender-related procedures.
- Senator Avarad noted that there is conflicting testimony and asked how the Committee should sift through it.
- Mr. Doyle said the data doesn't lie and these procedures were billed for.

Betsy Harrington

- Ms. Harrington explained that without a true medical crisis, removing a woman's breasts is physical abuse.
- She cited lobotomies as an example of a surgery given for mental health reasons that was a disaster. She said a similar mistake is being made here, emphasizing that allowing puberty to continue to adulthood is the reasonable option.

Stephanie Vazzano

- Ms. Vazzano stated that she is speaking in opposition to the bill.
- She has been working with gender diverse youth since 2010.
- She questioned if it would be more useful to have a bill on educating people to make complaints about terrible providers. She emphasized that no one should ever be tricked or convinced.
- Ms. Vazzano emphasized that she has never had a gender diverse youth or adult regret any of the gender affirming care they have received.

Maura Weston, New Hampshire Medical Society

- Ms. Weston stated that she is speaking in opposition to the bill.
- The New Hampshire Medical Society believes that legislating medical care compromises the fundamental principle that decisions about patient treatment should be made by physicians and patients, based on medical expertise and the specific circumstances of the individual.
- They also have concerns about the penalties attached to the bill and vague language on page 2 section IV, questioning who that would include.
- Ms. Weston emphasized that clinicians should not be penalized for what they believe is appropriate medical care. They also believe being subject to discipline for providing a referral is inappropriate.

Kate McCarty

- Ms. McCarty stated that she is speaking in opposition to the bill.

- She questioned if something different should be done, like holding a summit. She recommended tabling this bill until respective parties can meet.
- Ms. McCarty emphasized that singling out a minority and deciding they should not have the same rights to privacy, healthcare, and parenting as others means that not all receive liberty and justice.

Holly Testerman

- Ms. Testerman stated that she is speaking in opposition to the bill.
- As a therapist, she sees transgender individuals as a large percentage of her patients.
- She has an ethical responsibility to work within her scope of care, and she finds this bill concerning because many legislators supporting and proposing this legislation are not professionals in the medical or mental health fields.
- Senator Rochefort noted that legislators deal with things such as roads and bridges. He questioned if they should all be civil engineers.
- Ms. Testerman emphasized that this is her scope of care, and she can tell the Committee what is within her scope of care as a licensed therapist.
- Senator Rochefort asked who provides the license and where they get to do so, and Ms. Testerman responded the license is provided by OPLC.
- Senator Rochefort noted that OPLC gets the authority to do so from the legislature. He emphasized that as a licensed professional himself, it is a privilege to practice his profession, and he must do so under the guidelines set by the legislature.
- Senator Avard asked if Ms. Testerman is engaging in conversion therapy by allowing or encouraging individuals to go forward with these types of surgeries.
- Ms. Testerman said she is not sure if she understands the question, as it is not converting if it is their identity.
- Senator Long asked if Ms. Testerman has ever advised someone to get a body part removed, and Ms. Testerman responded that she has not.
- Senator Long asked how long Ms. Testerman has been a therapist in this area, and she said 2 years.
- Senator Long confirmed that she has never advised anyone to get a procedure, and Ms. Testerman confirmed. She emphasized that this legislation would take away an option for people, and she thinks the decision is between patients and their doctors.