



Womankind Counseling Center

March 2nd, 2025

RE: HB 377 and HB 712

Dear Members of the House Health, Human Services, and Elderly Affairs Committee,

Thank you for the opportunity to provide written testimony. My name is Dr. Erin Sandler. I am writing to you on behalf of Womankind Counseling Center, a nonprofit feminist mental health center located in Concord, NH, whose mission is to promote and restore mental and emotional health, personal empowerment and social justice for clients, families, and the community. I am a licensed clinical psychologist providing mental healthcare at Womankind. I specialize in providing mental health services for transgender children, adolescents, and adults. Other providers at Womankind offer care for these underserved populations as well. I follow the World Professional Association for Transgender Health (WPATH) Standards of Care in providing these specialized services, which is internationally recognized as the highest standard in healthcare for transgender people of all ages. These Standards are grounded in rigorous scientific research and developed by international committees of doctors and experts based on the most up-to-date clinical literature in order to lead to the most optimal health outcomes possible for transgender people. I also provide services in accordance with the professional ethical codes and guidelines for transgender healthcare set forth by my professional organizing body, the American Psychological Association.

I am urging you to oppose HB 377 and HB 712, both of which would eliminate access to gender-affirming medical care for minors. The WPATH Standards of Care recommends that gender-affirming medical care be made accessible to adolescents who meet specific criteria. Transgender and gender diverse youth are at a sharply heightened risk for suicide in comparison to their cisgender peers, with nearly half having seriously considered suicide according to a 2024 national survey¹. Medical interventions such as puberty blockers and hormone therapy are often associated with decreased mental health distress and alleviate suicidal symptoms for these youth. Puberty blockers put a temporary pause on puberty, giving youth the time and opportunity to explore and increase their understanding of their gender identities without their bodies continuing to develop in ways that increase their distress. This medicine has been used for decades to treat other conditions such as precocious puberty. If a youth retransitions and no longer identifies as transgender, they can simply cease puberty blockers and their body will be able to continue through pubertal development. When eligible transgender adolescents access hormone therapy, they are able to experience their body going through the puberty and physical development that most closely aligns with how they experience and express their gender, alleviating gender dysphoria and associated mental health symptoms. The majority of these young people do not access masculinizing chest reconstruction or feminizing breast augmentation prior to reaching the age of 18, but for some youth access to this care during their adolescent years is necessary in order to relieve their mental health symptoms and prevent suicide. These decisions are carefully made and thought out through a lengthy process in collaboration with parents, mental health providers, and medical providers. In fact, youth cannot access this care without parental consent. The risk of retransition (later changing one's gender identification) has been shown to be infrequent after the age at which youth can begin to access gender-affirming medical care, while the vast majority of transgender youth maintain their gender identities over time².

¹ 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People by The Trevor Project

² Olson KR, Durwood L, Horton R, et al. Gender Identity 5 Years After Social Transition. *Pediatrics*. 2022;150(2):e2021056082



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HB 377 and HB 712 would be harmful for the mental health and well-being of transgender and gender diverse youth by banning medical care that for many youth is necessary to improve and overcome anxious distress, depression, and suicidality associated with gender dysphoria. These bills would make it illegal for parents and their children to access the most scientifically sound care available for them. **If enacted, this bill would be life-threatening for many of these youth.** In addition, the politicization of LGBTQ+ community health issues has been shown to be harmful to the mental health of this population. If the aim is to protect these minors from harm and to prioritize the mental health and well-being of our community, then HB 377 and HB 712 must be stopped.

In addition to harming transgender youth, HB 377 and HB 712 would be detrimental to healthcare in New Hampshire. If you have ever accessed medical or mental healthcare in New Hampshire, you were likely faced with long waits for appointments or difficulty finding a provider at all (and if you have not experienced these barriers you have been quite lucky!). We face a shortage of medical and mental health providers in many parts of our state. Banning healthcare that is consistent with best medical practices and ethics will make New Hampshire a less desirable state for providers to practice. The providers who offer gender-affirming care also provide services for cisgender individuals. For instance, pediatric endocrinologists who oversee puberty blockers and hormone therapy for transgender youth also provide care for children with diabetes, children with impaired bone health from a variety of conditions, and children experiencing endocrine consequences from cancer treatment and organ transplantation. Providers will likely move away from New Hampshire, and providers will forgo consideration of open positions in our state if they are not able to provide the full repertoire of evidence-based care to patients. We are seeing these negative effects on access to maternal healthcare in states that have implemented strict abortion bans, restricting the kinds of care providers can offer to those who are pregnant. I am also aware of medical providers leaving states where access to gender-affirming care for minors has been restricted. Increased shortages of medical and mental health providers negatively impact all Granite Staters with increased barriers to healthcare. Our state has already faced costly lawsuits due to problems with access to mental healthcare.

I hope our state can count on you, the Members of this Committee, to prevent more hardships for Granite Staters, especially our youth, and to keep healthcare from becoming demoralizing and burdensome for the providers of that care. To protect the people of the state of New Hampshire, and to uphold the imperative of my professional ethics code to **do no harm**, I urge that you oppose HB 377 and HB 712 by voting both of these bills inexpedient to legislate.

Thank you for your service, time, and consideration.

Sincerely,

Erin R. Sandler, Psy.D.
New Hampshire Licensed Psychologist
License #1441
Womankind Counseling Center