

March 3, 2025

House Health, Human Services and Elderly Affairs Committee

HB 377 FN – Relative to Health Care Professionals Administering Hormone Treatments and Puberty Blockers

My name is Diana George and I am a resident of Hancock, NH. My husband, Jason George, and I are the parents of a 23 year old, assigned female at birth, transgender son. Our son came out to my husband and I as male at age 15, just before his sophomore year of high school. As you can imagine, as a parent hearing this from their child; a child you had been raising as a girl for 15 years, and never would have thought otherwise, news like this is initially shocking and confusing, to just name a few of the emotions and thoughts going through a parent's mind. Amongst the confusion, as a parent you wonder, "is this a phase" and "where is this coming from?" Rather than dismiss my child's feelings and courage, which I know now would have been a devastating mistake, my husband and I sought help for our child through the healthcare community. When my son was a minor, he had been under the care of a licensed psychologist, a licensed psychiatrist, and an endocrinologist. These healthcare professionals had determined through evidence-based guidelines, evaluation, and medicine that my son was transgender and that the best course of treatment was to allow him to transition from female to male socially and medically via hormones. As a registered nurse, I am also versed in reading and evaluating evidence based scientific and medical research which I have done extensively regarding gender dysphoria and gender identity since my son came out as being transgender.

In NH, for a child to begin any hormonal treatment for gender dysphoria the child must be assessed by a licensed therapist who specializes in working with transgender youth. The therapist must evaluate the child to determine if the child is persistent, consistent, and insistent about their gender dysphoria and gender identity. If after six months of therapy, and living socially as their preferred gender, and the child is persistent, consistent, and insistent, the child may be allowed to begin hormone treatment under the care of a pediatric endocrinologist. Hormone blockers simply stop puberty and give the child more time to psychologically mature, and the parents/guardian, more time to decide if the child is truly transgender. Hormone blockers are completely reversible. Cross-hormones, such as testosterone and estrogen, are not allowed to begin until the child has met the above mentioned criteria under a licensed therapist's care and, in most cases, has reached the age of at least 14 years old. Again, the child would be under a pediatric endocrinologist's care for this treatment.

The World Professional Association for Transgender Health (WPATH) is an international and interdisciplinary healthcare association who sets the standards of care for transgender healthcare. The following professional organizations who are in support of WPATH standards of care are: the American Medical Association, the Endocrine Society, the American Psychiatric

Association, the American Psychological Association, the National Commission of Correctional Healthcare, The National Association of Social Workers, the American College of Obstetrics and Gynecology, the American Society of Plastic Surgeons, and the World Health Organization.

A child does not choose to be transgender. Being transgender opens the door for incessant ridicule, misunderstanding, rejection, and bullying. Most children, especially by adolescence, are not confused about being transgender. Multiple studies have shown that when a transgender child is allowed to transition, and are accepted by their family, peers, and society, they go on to thrive and lead healthy and happy lives. My son, who began his transition at 15 and is now a 23 year old healthy and thriving young man, is proof that transgender youth exist and are not mentally ill or partaking in a fad. As reported in the journal Nature Human Behavior, transgender children who are denied their true gender identity, not supported, and denied treatment for gender dysphoria have a 72% rate increase of attempted suicide since states across the country have been enacting anti-transgender laws. This rate drops to be more in-line with the average population when a child's gender identity is affirmed and supported. Self-harm, such as cutting, is also common among transgender youth who are not supported and allowed to transition. The myth that some parents steer their children in the direction of being transgender is absurd. When a child comes out as transgender parents must make the most heart wrenching and difficult decisions about their child's health and future. There is an enormous amount of thought, consideration, fear, and worry about making the deeply personal and difficult decision to allow your child to transition. To support and pass a bill which states that parents and healthcare professionals would be committing a crime for allowing a minor child to transition if they have been carefully evaluated and determined to be transgender is deeply hurtful, insulting, and offensive. It also risks the health, stability, and safety of the child. I'm concerned about the repercussions for violating HB 377-FN if this bill becomes law. How would someone know that a minor is undergoing hormone treatment for gender dysphoria without accessing their medical record? Doing so would be a violation of HIPAA. I submit this testimony to you today to tell the committee that I vehemently oppose HB 377-FN.

Thank you for your time – Diana George, RNBC