

February 11, 2026

Dear Chairman Lynn and Members of the House Judiciary Committee,

My name is Frances Lim-Liberty and I am submitting this testimony in my capacity as a private citizen and resident of this state. I care for children and adolescents with a wide range of endocrine and genetic conditions as a Pediatric Endocrinologist. I am writing to **oppose HB 1356**, *Relative to the statute of limitations for bringing a private right of action for violations of the prohibition on medical procedures intended to alter a minor's gender*.

In my practice, I care for children with conditions that affect pubertal development and sexual development, e.g., Disorders (or Differences) of Sexual Development, Androgen Insensitivity Syndrome, Klinefelter syndrome, Kallmann syndrome, primary ovarian insufficiency, and atypical puberty. Many of the treatments involved—such as hormone replacement or puberty-related care—could be swept into the language of this bill, even though they are long-established, evidence-based standards of care.

HB 1356 goes far beyond gender-diverse youth. It creates legal risk around routine pediatric endocrinology care and introduces uncertainty into decisions that should be guided by medical evidence, clinical judgment, and shared decision-making with families. This chilling effect would become burdensome for families.

Many of the families I serve live in rural parts of New Hampshire. It is common for them to travel two or more hours each way to reach subspecialty care, because of the limited alternatives. Less than 50% of places that train pediatric endocrinologists are currently filled, meaning there will continue to be limited alternatives for the foreseeable future. For these families, there is no easy “other option” if care becomes unavailable locally.

I have cared for families who already face significant emotional, logistical, and financial burdens related to their child's medical condition. The possibility that clinicians may be unwilling or unable to provide standard care because of fear of litigation only adds to that burden. Families should not have to wonder whether evidence-based treatment will be delayed, denied, or abandoned because of legal risk rather than medical need. By expanding the threat of lawsuits tied to evidence-based, guideline-supported care, it creates an environment where physicians may feel pressured to practice defensively or avoid providing necessary treatment altogether.

If we set a precedent that the legislature can single out established standards of medical care and attach legal penalties to them, it raises a broader and deeply concerning question: how can any physician feel comfortable practicing medicine in New Hampshire? This is especially dangerous in a state that already struggles with access to pediatric subspecialty care.

Pediatric endocrine care requires individualized assessment, careful monitoring, and ongoing conversations between clinicians, patients, and families. HB 1356 undermines that process by substituting legal fear for clinical judgment.

For these reasons, I respectfully urge the committee to recommend Inexpedient to Legislate on NH HB 1356. Please enter this written testimony into the public record. Thank you for your time and consideration of my testimony.

Sincerely,

Frances Lim-Liberty, MD