



March 9, 2023

Members of the Judiciary Finance and Civil Law Committee
House of Representatives
State Office Building
100 Rev Dr Martin Luther King Jr Blvd
Saint Paul, MN 55155

Re: OPPOSE HF 2280

Dear Members,

Minnesota Family Council represents tens of thousands of families across the state, and on their behalf, **we urge you to oppose HF 2280.**

HF 2280 states, “Every individual has a fundamental right to make autonomous decisions about the individual’s own gender, and related gender-affirming health care.”¹ Since “individual” is not defined in the bill, the word includes both adults and children. Outfront Minnesota shares that “gender-affirming care” includes counseling; puberty blockers; hormones; and surgeries such as mastectomies, hysterectomies, removal of male genitalia, and construction of female genitalia. Outfront Minnesota’s website states, “Generally, surgery is only available for adults.”² As written, this bill will legalize the prescribing of wrong-sex hormones and sterilizing surgery for children.

NHS of the UK claims “[Cross-sex] hormones cause some irreversible changes,” and “Long-term cross-sex hormone treatment may cause temporary or even permanent infertility.”³ With the passage of this bill, Minnesota lawmakers are legalizing the sterilization or potential sterilization of children. This is reckless and extreme. Children cannot consent to partial or full sterilization, especially without their parent(s) or guardian’s consent or even knowledge, for that matter.

Not only do sex hormones develop a child’s sexuality, but those hormones direct other aspects of a child’s development. For example, the Office of the US Surgeon General reports, “Sex hormones are also extremely important in regulating the growth of the skeleton and maintaining the mass and strength of bone.”⁴

Hormone treatment has been linked or potentially associated to long-term side effects other than sterilization, including the loss of speed processing and memory⁵, increased risk of heart attacks and ischemic strokes⁶, loss of sexual function, etc. In other cases, experimental treatments which have linkages to such severe side effects are typically given in situations where all other patient options are unavailable. This reality seems even more extreme with the following information from the Journal of the American Academy of Child and Adolescent Psychiatry: “Many children who experience gender dysphoria (GD), a sense of discomfort from incongruence between their gender identity and assigned sex, will not continue to experience dysphoria into adolescence and adulthood.”⁷

¹ HF 2280 (2023).

² Outfront Minnesota. (2023). *Health Care Coverage*. OutFront Minnesota. Retrieved March 6, 2023, from <https://www.outfront.org/health-care-coverage>

³ NHS. (2023). *Treatment: Gender Dysphoria*. NHS choices. Retrieved January 29, 2023, from <https://www.nhs.uk/conditions/gender-dysphoria/treatment/>

⁴ *the basics of bone in health and disease - NCBI bookshelf*. National Library of Medicine. (2004). Retrieved January 30, 2023, from <https://www.ncbi.nlm.nih.gov/books/NBK45504/>.

⁵ Schneider, M., et. al. (2017). Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case under Pubertal Suppression. *Frontiers in Human Neuroscience*. Retrieved January 29, 2023, from <https://www.frontiersin.org/articles/10.3389/fnhum.2017.00528/full>

⁶ American Heart Association. (2022, June 2). *How does hormone therapy affect heart health in transgender people?* www.heart.org. Retrieved March 7, 2023, from <https://www.heart.org/en/news/2019/10/28/how-does-hormone-therapy-affect-heart-health-in-transgender-people>

⁷ Steensma, T. D., McGuire, J. K., Kreukels, B. P. C., Beekman, A. J., & Cohen-Kettenis, P. T. (2013). Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(6), 582.



HF 2280 would make it legal for the medical industry to make money from children who cannot have informed consent to these procedures, especially if this bill passes, making it legal for neither parent(s) nor a guardian to be aware of the situation. Both hormones and gender surgeries bring in sizable revenue. For example, in leaked 2018 footage from the Vanderbilt transgender clinic, a doctor explained, “These surgeries make a lot of money. Female-to-male chest reconstruction can bring in \$40,000. A patient just on routine hormone treatment who I’m only seeing a few times a year can bring in several thousand dollars [because] it requires a lot of visits and labs. It actually makes money for the hospital.”⁸ She explained that a vaginoplasty costs around \$20,000 before hospital stay, post-op visits, anesthesia, operating room, etc. She also talked about how there are entire clinics which are financially supported by phalloplasties, calling them “huge money makers.” Lawmakers must be aware of the significant interests at play in this transaction.

In addition, this bill disregards the reality that European nations are taking a more cautious approach when it comes to prescribing puberty blockers, wrong-sex hormones, and gender surgery. The *New York Times* reports,

Sweden’s national health service determined that gender-related medical care for young people should only be provided in exceptional cases when children have clear distress over their gender, known as dysphoria. All adolescents who receive treatment will be required to be enrolled in clinical trials in order to collect more data on side effects and long-term outcomes. Finland took a similar stance last year.⁹

While other nations are recognizing that more scrutiny and caution must be taken when it comes to prescribing hormone drugs and gender surgery, lawmakers in the state of Minnesota are removing all barriers. Across the world, youth are experiencing confusion with identity at unprecedented rates. They need more support from the adults in their lives to help them make long-lasting decisions about sterility, sexual function, and the overall health of their body. If passed, this bill puts no barriers between children struggling with identity and an industry which stands to make significant money from medical interventions.

This is just too extreme for Minnesota. Members, please vote no on HF 2280.

Sincerely,

Rebecca Delahunt
Acting Director of Public Policy

⁸ Walsh, M. (2022, September 20). *Vanderbilt opened its trans clinic in 2018. during a lecture the same year, dr. Shayne Taylor explained how she convinced Nashville to get into the gender transition game. she emphasized that it's a "big money maker," especially because the surgeries require a lot of "Follow ups"* [pic.twitter.com/zedm7hbcbe](https://twitter.com/zedm7hbcbe). Twitter. Retrieved March 8, 2023, from <https://twitter.com/MattWalshBlog/status/1572313523232931840?s=20>

⁹ Ghorayshi, A. (2022, July 28). *England Overhauls Medical Care for Transgender Youth*. The New York Times. Retrieved March 7, 2023, from <https://www.nytimes.com/2022/07/28/health/transgender-youth-uk-tavistock.html>