

## HEARING SUMMARY

REGULATION: 181 NAC 8 - Nonsurgical Pharmaceutical Gender Altering Treatments

DATE OF HEARING: November 28, 2023

Name/Affiliation of Person Commenting	Comments	Department Response
1. Erin Reed	I have a particular question about the section on hormone therapy. In all other sections, the regulation states that it applies to "those who have not reached the age of majority." In the section on hormone therapy, however, that clause is not found. Is this section meant to apply to adults as well? I have a turnaround time of 2 hours for this story.	Thank you for your comments regarding the emergency regulations. These regulations apply to people under the age of majority. No changes will be made.
2. Cassy Kvasnicka	I am writing to share that as a citizen of Nebraska I do not agree with the Let them Grow Act. Timothy A. Tesmer is an Ear Nose Throat doctor and does not have the experience or expertise in this field to be the person making life decisions for our LGBTQ+ community. It is not governments place to be making medical decisions for medical professionals and families because it doesn't fit it their Christian agenda. Individuals who are seeking medical treatment to help them transition doesn't come at a whim. The have carefully considered their decision, sought medical professionals care, researched treatment options all so they can be their true selves. By	Thank you for your comments. No changes will be made.

	<p>adding more barriers to individuals, you are affecting their medical needs and are withholding medical care that is timely for their transition period. Please stop making decisions that do not have the experts at the table to provide medical advice.</p>	
<p>3. Melissa Rotolo</p>	<p>I do not understand why politicians and strangers have any standing to make medical and healthcare decisions for other people's children. This is unconscionable. Get government out of the doctor's office. Keep privacy in medical care.</p>	<p>Thank you for your comment. Nebraska Revised Statutes §§ 71-7301 to 71-7307 require the Chief Medical Officer and the Department to promulgate regulations for nonsurgical pharmaceutical gender altering treatment. The statutory obligations include setting the minimum number of gender-identity-focused therapeutic hours required, patient advisory requirements necessary to obtain informed consent from the patient and/or their parent or legal guardian, patient medical record documentation, and a minimum waiting period between the time the health care practitioner obtains informed consent and the administration, prescribing, or delivery of puberty blocking drugs, cross-sex hormones, or both. No changes will be made to the regulations based on this comment.</p>
<p>4. Jacinth Montez</p>	<p>I have concerns about this proposal in regard to cost to the family as well as over-regulation. The 40 contact hours of therapeutic treatment prior to administration of treatment as well as continued therapy is excessive &amp; costly to patients and their families.</p>	<p>Thank you for your comment. Nebraska Revised Statute § 71-7305 requires the Chief Medical Officer to adopt and promulgate rules and regulations identifying a minimum number of gender-identity focused therapeutic hours the patient must receive prior to the patient receiving puberty-blocking</p>

	<p>This is likely not a decision that will be made lightly. Families already will have to pay any insurance OOP expenses for the drug administration so why must this extra therapeutic cost burden be placed on them?</p> <p>The requirement of a person under 18 having to show an ID for the treatment is also excessive. Most young people do not have an ID until they begin driving. While there is a small financial component to this, there is also a burden of time being placed on the parent. The parent has to take time off work to get their minor an ID or some other acceptable form of identification. The parent will also have to safeguard the identification to prevent loss and having to go through the process again. Identification is not a requirement for prescriptions, and this seems like a layer that is just being added to add another inconvenience.</p> <p>The 7-day waiting period between obtaining consent and prescribing/administration is not reasonable. This also is not a normal practice and is placing arbitrary waiting periods after a patient and their guardian have made this decision. I also worry from a healthcare standpoint that this will bleed into other forms of hormones. For example, a child that needs to take hormones for a reason related to a pituitary gland injury. Will these regulations be misinterpreted to place a burden on that patient &amp; family as well?</p>	<p>drugs, cross-sex hormones, or both. The 40-hour requirement ensures the practitioner assesses the patient over a period of time to assess and address or rule out co-morbidities that may impact the practitioner’s ability to formulate a treatment plan. Additionally, this requirement ensures youth undergoing treatment understand the effects of treatment. No changes will be made to the regulations based on this comment.</p> <p>Nebraska Revised Statute § 71-7305 requires the Chief Medical Officer to adopt and promulgate rules and regulations identifying a minimum waiting period between the time the health care practitioner obtains informed consent from the patient and their parent or legal guardian and the administration, prescribing or delivery of puberty-blocking drugs, cross-sex hormones, or both to the patient. The intent of the seven (7) day waiting period is to allow a patient and their parent or legal guardian time to consider their decision and allow for additional protection of the health and safety of the patient. No changes will be made to the regulations based on this comment.</p> <p>Please also see comment 3.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>There is also a concern for over-regulation. The state should not be able to tell a parent what is best for their child. A parent knows their child better than anyone else. If a parent feels that this the best option for their child's well-being, who are we to tell that parent differently?</p> <p>I understand that this proposal is not banning underage gender altering treatment but wanting patients and their families to take a pause before making a life-altering decision. However, this is a personal decision and something in which the state should not interfere.</p>	
<p>5. LeeAnn Kollmorgen RN, BSN</p>	<p>Thank you for the proposed regulations and requirements in the Let them Grow Act for underage persons seeking gender altering medical treatment. This is not a topic to be taken lightly and I'm glad to see some significant education and therapy required before making any steps toward long-lasting changes to one's physical anatomy.</p> <p>I am in support of more strict regulations for children seeking gender altering treatments. The psychological and mental health impact is huge for these kids and must be the priority for their care, not physical alteration. I do not see the value or reasoning for any minor person to be making life altering decisions.</p> <p>The medical treatment either nonsurgical or surgical should only become available after</p>	<p>Thank you for your comments. The Nebraska Legislature specifically banned gender-altering surgical procedures, and specifically permitted nonsurgical pharmaceutical gender altering treatment. Nebraska Revised Statutes §§ 71-7301 to 71-7307 require the Chief Medical Officer and the Department to promulgate regulations for nonsurgical pharmaceutical gender altering treatment. The Department weighed the gravity of the potentially irreversible and life-altering procedures with the requirements set forth in the statute. The regulations provide an appropriate time for evaluation, diagnosis, and treatment of co-morbidities prior to the prescribing of puberty blocking drugs, cross-sex hormones, or both. These regulations set the minimum requirements for the prescribing, administration or delivery of puberty blocking</p>

	<p>adulthood and intense psychological care, as children’s and adolescents brains have not fully developed enough to make those kinds of choices until then. We need to do our best to protect these children from undue harm that they may regret later in life. Thank you.</p>	<p>drugs, cross-sex hormones, or both; nothing in the regulations prohibit a physician from increasing requirements based on individual patient needs. No changes will be made to the regulations based on this comment.</p>
<p>6. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>FISCAL</b> I truly don’t understand the Fiscal Impact Statement and am hopeful to see the supporting data at some point in the future. This is a health care provider law, NOT a patient law. Therefore, ignoring the potential impact on the patient expense and the insurance expense is terribly shortsighted. A description of why the non-regulated public was deemed to be unimportant is required for this to be a thorough document. To claim that it cannot be determined is inaccurate, a handful of phone calls to providers and local insurance provides an answer of significant negative impact. Additionally, there is no mention of lost tax revenues from business that is currently conducted in Nebraska that will now transfer to other states. I am hopeful that there is an intent to study this issue in terms of tax dollars lost, but also in terms of fragmentation of care. I look forward to a more in-depth description of these issues when responses to public comments are released.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>7. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>Chapter 8</b> The Title of the Chapter is inaccurate and inadequate. “Nonsurgical pharmaceutical” is</p>	<p>Thank you for your comments. No changes will be made.</p>

	nonsensical. It implies that there is a “surgical pharmaceutical” practice and there is not. The current title also ignores that these regulations only apply to the treatment of minors, not all patients. A much more appropriate and accurate title would be: <b><i>Pharmaceutical Gender Altering Treatments for Minors</i></b>	
8. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA	<b>001 Scope and Authority</b> This section uses the same nonsense term “nonsurgical pharmaceutical” and should be changed to match the previous suggestion for the title.	Thank you for your comments. No changes will be made.
9. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA	<b>002.04</b> 002.04 uses the antiquated word “medications.” Most of the remainder of the document chooses the more appropriate word “drugs.” 002.04 should be reworded to say: 002.04 Prescribed Drugs. For the purposes of this chapter, prescribed drugs mean puberty blocking drugs or cross-sex hormones for the treatment of gender nonconformity or gender dysphoria. All other instances of the use of the word “medications” should also be corrected to “drug.” 004 heading; 007(F); 008(C); 008(D); 009(A); 009(B); 009.01 – 3 instances; 012(F); 013(C); 013(D); 014(A); 014(B); and 014.01 – 3 instances	Thank you for your comments. The term “prescribed medication” is used to refer to puberty blocking drugs and cross-sex hormones, this term encompasses both nonsurgical treatments. Using “drug” instead of “medication” may cause confusion as to whether the regulation is referring to the “puberty blocking drug” or “cross sex hormone”. No changes will be made.
10. Ally Dering Anderson, BA, PharmD, RP, FAAIM,	<b>006.02</b> Pharmacists are practitioners. We have NPI	Thank you for your comments. No changes will be made.

FAPhA	numbers, etc. Does 006.02 imply or require that pharmacists must receive some attestation from everyone else on this patient's health care team before counseling the patient on prescribed drugs? Therapeutic treatment is not defined. Would this be clearer if the professions of the non-prescribers were listed?	Therapeutic hours are addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a>
11. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA	<b>008</b> This section poses a distinct challenge to pharmacists that is not clearly addressed in these regulations.	Thank you for your comments. No changes will be made.
12. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA	<b>008(A)</b> – does the lack of a statement regarding the use of the drug imply that a pharmacist must verify use? or may the pharmacist dispense because no statement means that it is not for either gender nonconformity nor gender dysphoria and that it may be dispensed as written?	Thank you for your comments. No changes will be made.
13. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA	<b>008(B)</b> – does the lack of a listing of parents or guardians imply that the prescription is not for gender nonconformity nor gender dysphoria and that it may be dispensed as written? * Please define parent: Biologic parent? Stepparent? Adoptive parent?	Thank you for your comments. No changes will be made.
14. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA	<b>008(C)</b> - Must the names match closely or identically? If the prescription says that John Doe's father is Robert Doe, may we dispense to Bob Doe? M. Robert Doe? Bobby Doe? What documentation will be required of the pharmacy and how long must it be retained? Please note	Thank you for your comment. Nebraska Revised Statute § 71-7305 requires the Chief Medical Officer to adopt and promulgate regulations to regulate the distribution of prescription medications, including puberty blockers and cross-sex hormones, to

	<p>that nothing in the fiscal impact statement comments on any document retention or verification, thus it was not considered a cost and therefore may not be intended by these regulations.</p> <p>What happens when an 18-year-old college freshman lives on campus, 500 miles away from the parent or guardian. If this freshman is not emancipated, what is the parent or guardian to do with the drug after it is picked up?</p> <p>Why can't a "non-emancipated" patient pick up their own prescription? It seems odd that the patient could pick up other drugs for themselves, but not these.</p>	<p>individuals under the age of nineteen. These medications include a complex hormone prescription regimen. This regulation ensures the medication is properly distributed, stored, and administered to the patient. No changes will be made to the regulations based on this comment.</p>
<p>15. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>008(D)</b> – pharmacists are licensed to administer drugs, why have these injections been denied to us? This is particularly important given that pharmacies have longer hours and greater access, in addition to being less stigmatizing in many instances.</p>	<p>Thank you for your comments. No changes will be made.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
<p>16. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>008(E)</b> – this has nothing to do with the prescription, does it? Is this a requirement that this information must be present on the prescription or a requirement that the information must be present in the medical record held by the prescriber. This is very unclear and could result in dispensing being denied due to confusion.</p>	<p>Thank you for your comments. No changes will be made.</p>



<p>17. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>008(F)</b> – as with 008(E) the required documentation site is not specified. Does this too need to be a part of the prescription? Or is documentation at the prescriber office sufficient? Again, vagary in where the documentation is required to be could lead to inappropriate denial of care at the pharmacy level.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>18. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>009(A)</b> – please see the question at 008(C) if the questions were answered under 008(C) do 008 and 009 now match? <b>009 (C)</b> – please define prescription drugs that are NOT lawful to be sent by home delivery. This is a concept with which I am unfamiliar.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>19. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>009.01</b> – please provide an inclusive list of drugs where a pharmacist must take extra time and energy to document “not for gender nonconformity or gender dysphoria.” Please define which are “standard requirements” and which are “additional requirements” of this chapter regarding what a pharmacist is and is not required to do. This language is unnecessarily confusing.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>20. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>009.02</b> – is this necessary? Where is there confusion that a pharmacist’s scope has been expanded? It’s clear where it has been limited – we are allowed to administer by injection, but not these drugs to these patients – but it is unclear to me how this could be interpreted in any way to be expanding scope of practice.</p>	<p>Thank you for your comments. No changes will be made.</p>

<p>21. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>010</b> Is the pharmacist responsible for knowing that the 7-day wait has been met or is this an “additional requirement”?</p>	<p>Thank you for your comments. The 7-day waiting period must be satisfied prior to the prescribing of medication. This requirement falls on the prescribing practitioner, not the pharmacist. No changes will be made.</p>
<p>22. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>013</b> This appears to be identical to 008, with a different group of drugs. Therefore, all questions and comments for 008 will apply here:  This section poses a distinct challenge to pharmacists that is not clearly addressed in these regulations.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>23. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>013(A)</b> – does the lack of a statement regarding the use of the drug imply that a pharmacist must verify use? or may the pharmacist dispense because no statement means that it is not for either gender nonconformity or gender dysphoria?</p>	<p>Thank you for your comments. No changes will be made.  Injectable medications are addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
<p>24. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>013(B)</b> * please define parent: Biologic parent? Stepparent? Adoptive parent? * How is the pharmacy to know the relationship between the patient and the person picking up the drug, if that person is not the patient? What documentation will be required and how long must it be retained? Please note that</p>	<p>Please see comment 14.</p>

	<p>nothing in the fiscal impact statement comments on any document retention or verification, thus it was not considered a cost and therefore may not be intended by these regulations.</p> <p>* An 18-year-old college freshman may not live in the same town or within 500 miles of the parent or guardian. If this freshman is not emancipated, what is the parent or guardian to do with the drug after it is picked up?</p> <p>* Why can't a "non-emancipated" patient pick up their own prescription? It seems odd that the patient could pick up other drugs for themselves, but not these.</p>	
<p>25. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>013(C)</b> – pharmacists are licensed to administer drugs, why have these injections been denied to us? This is particularly important given that pharmacies have longer hours and greater access, in addition to being less stigmatizing in many instances.</p>	<p>Thank you for your comments. No changes will be made.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

<p>26. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>013(D)</b> – this has nothing to do with the prescription, does it? Is this a requirement that this information must be present on the prescription or a requirement that the information must be present in the medical record held by the prescriber. This is very unclear and could result in dispensing being denied due to confusion.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>27. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>013(E)</b> – as with 008(D) the required documentation site is not specified. Does this too need to be a part of the prescription? Or is documentation at the prescriber office sufficient? Again, vagary in where the documentation is required to be could lead to inappropriate denial of care at the pharmacy level.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>28. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>014</b> Likewise, 014 appears to be a rehash of 009 with different drugs and the same comment will apply.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>29. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>014(A)</b> – please see the question at 013(C) if the questions were answered under 013(C) do 013 and 014 now match?</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>30. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA</p>	<p><b>014 (C)</b> – please define prescription drugs that are NOT lawful to be sent by home delivery. This is a concept with which I am unfamiliar.</p>	<p>Thank you for your comments. No changes will be made.</p>

31. Ally Dering Anderson, BA, PharmD, RP, FAAIM,  FAPhA	<b>014.01</b> – please provide an inclusive list of drugs where a pharmacist must take extra time and energy to document “not for gender nonconformity or gender dysphoria.” Please define which are “standard requirements” and which are “additional requirements” of this chapter regarding what a pharmacist is and is not required to do. This language is unnecessarily confusing.	Thank you for your comments. No changes will be made.
32. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA	<b>014.02</b> – is this necessary? Where is there confusion that a pharmacist’s scope has been expanded? It’s clear where it has been limited – we are allowed to administer by injection, but not these drugs to these patients – but it is unclear to me how this could be interpreted in any way to be expanding scope of practice.	Thank you for your comments. No changes will be made.  Injectable medications are addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a>
33. Ally Dering Anderson, BA, PharmD, RP, FAAIM, FAPhA	<b>015</b> Is the pharmacist responsible in any way for knowing that this 7-day limitation has been met? If we are, how will we be notified on which date informed consent was obtained?	Thank you for your comments. The 7-day waiting period must be satisfied prior to the prescribing of medication. This requirement falls on the prescribing practitioner, not the pharmacist. No changes will be made.
34. Erin Rhian	I was expecting to be adamantly against this bill, but it appears that cooler heads have prevailed. Keeping the options of puberty blocking and cross sex hormone drugs available to youths struggling with gender dysphoria and other related disorders is incredibly important. What	Thank you for your comments. No changes will be made.

	<p>people not experienced with these issues don't always take into account, is the fact that developing the sex characteristics for a gender that a patient knows does not match their identity can lead to extreme depression and suicide. Thank you for leaving the use of these medicinal options available.</p>	
35. Triple 9	<p>The people responsible for LB 574 are heartless and cruel, uncaring for the well-being of law-abiding Nebraskans. Repeal this law now!</p>	<p>Thank you for your comments. No changes will be made.</p>
36. Brenda Poley	<p>I want to voice my deep concerns about puberty blockers. I do not believe any child should be prescribed with those drugs. They have only previously been used to prevent premature puberty from happening in young children and would have never even been considered until a few years ago. Gender dysphoria should have remained classified as a mental illness instead of following pop culture rather than science. Minors would never have been allowed to make such life altering decisions and parents should continue to have authority to decide what is best for those they are responsible for. Please reconsider.</p>	<p>Please see comment 5.</p>
37. Jeff Dorough	<p>LB 574 limits the amount of time and above can be performed to 12 weeks. This bill is incredibly limited in scope and doesn't account for a multitude of factors. Namely of a child will be delivered only to die the moment it's delivered to a medical issue.</p>	<p>Thank you for your comments regarding the abortion limitations in LB 574. No changes will be made to the regulations implementing the Let Them Grow Act.</p>

	<p>For example: underdeveloped lungs or Ectopia Cordis is which the child's heart is under a thin layer of skin but is otherwise exposed. This means these children will be born only to die within a very short time after birth. To me this is cruel towards children which this bill is claiming to protect. Imagine the heartbreak of having to carry a child, giving birth and watching it suffocate while nobody can do anything. I can say firsthand losing a child is heartbreaking.</p> <p>Furthermore, if a child is born then put into the foster system as their parent doesn't want them who will help pay for this child? A charity? Certainly not the state as we've seen. Who's to say they won't go into a system that neglects them? Will the proponents of this bill personally oversee that these children make it to a loving home?</p> <p>If this bill is being done for religious reasons, then it should be obvious how this is a clear breach of the separation of church and state and is counter to the second clause of the first amendment.</p> <p>Please reconsider this bill as it's written poorly and doesn't account for a multitude of factors Thank you for your time</p>	
38. Pamela Nicholson Bordner	Nebraska advocates vociferously about parental rights in most other matters, so I question the vague requirements, definitions, and most of all, the actual	Please see comments 3 and 4.

	<p>intent of this legislation. The State has already spent far too much precious time crafting this set of highly intrusive rules. Not only do they violate the medical privacy rights of an already-victimized minority; there is no evidence that the State has any business crafting rules that control parental rights in private medical decisions. This is a solution in search of a problem. It lacks both justification and the necessary logistics to administer it.</p> <ul style="list-style-type: none"><li>• How many Nebraska children are seeking puberty-blocking and/or cross-sex hormones?</li><li>• On what therapeutic standard is the one-size-fits-all, forty-hour counseling requirement based?</li><li>• On what therapeutic standard is the one-size-fits-all requirement "for six consecutive months of living primarily as the preferred gender" before treatments are authorized? (Particularly in rural areas, this could easily put the child in danger of physical/emotional harm.)</li><li>• If there's a difference between "puberty-blockers" and "cross-sex hormones," why are the diagnostic requirements and treatment protocols</li></ul>	
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	<p>identical?</p> <ul style="list-style-type: none"><li>• How many providers in Nebraska are qualified to provide this specialized counseling?</li><li>• Who will foot the bill for the three Continuing Competency Education credits required of them?</li><li>• Who will coordinate interactions between "prescribing" and "non-prescribing" practitioners?</li><li>• What is "acceptable identification" for minors under sixteen years of age?</li><li>• What are the penalties for non-conformance by parents, practitioners, pharmacists, legal guardians, emancipated minors, etc.?</li><li>• What body will determine violations and be empowered to administer penalties?</li></ul> <p>Most concerning of all is the complete disregard for actual stakeholders, who must shoulder the costs, however disproportionately, based on their personal finances and medical coverage. There is no relief for those who lack adequate resources (long-distance travel, overnight lodging, etc.). "Let Them Grow" will not serve Nebraska's trans population and their families.</p>	
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<p>39. Caleb Watson</p>	<p>“If anyone causes one of these little ones—those who believe in me—to stumble, it would be better for them if a large millstone were hung around their neck, and they were thrown into the sea. If your hand causes you to stumble, cut it off. It is better for you to enter life maimed than with two hands to go into hell, where the fire never goes out. And if your foot causes you to stumble, cut it off. It is better for you to enter life crippled than to have two feet and be thrown into hell. And if your eye causes you to stumble, pluck it out. It is better for you to enter the kingdom of God with one eye than to have two eyes and be thrown into hell, where “ the worms that eat them do not die, and the fire is not quenched.”</p> <p>“Salt is good, but if it loses its saltiness, how can you make it salty again? Have salt among yourselves and be at peace with each other.” Mark 9 : 42 - 43 , 45 , 47 - 48 , 50 NIV</p> <p><a href="https://bible.com/bible/111/mrk.9.42-50.NIV">https://bible.com/bible/111/mrk.9.42-50.NIV</a></p> <p>Protecting kids from the trans ideology is defended in Scripture! Jesus Christ does not take corrupting innocent children lightly! Jesus said, "Everyone who drinks this water will get thirsty again and again. Anyone who drinks the water I give will never thirst- not ever. The water I give will be an artesian spring within, gushing fountains of endless life." John 4:13-14 - The Message (MSG)</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>40. Sara Dean</p>	<p>I urge Nebraska lawmakers to follow the science on helping transgender children live their</p>	<p>Thank you for your comments. Treatment is not prohibited under these regulations, rather</p>

	<p>authentic lives. Research shows that respectful, careful medical care improves mental health and reduces suicide rates in this population.</p> <p><a href="https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0261039">https://journals.plos.org/plosone/article?id=10.1371%2Fjournal.pone.0261039</a></p> <p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10063975/#:~:text=The%20most%20recent%20critical%20review,and%20several%20potential%20positive%20outcomes.">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10063975/#:~:text=The%20most%20recent%20critical%20review,and%20several%20potential%20positive%20outcomes.</a></p> <p>Thank you for accepting comments on this dangerous legislation which is based on fear and bigotry and not on acceptance and science.</p>	<p>these regulations provide an avenue for treatment. No changes will be made.</p>
41. Andrea Tagart	<p>I oppose political interference in our healthcare system. This is not right. The state does not have the right to interfere in medical matters between a patient and their doctor. Procedures and treatments should be allowed as a patient and doctor see fit. Putting many obstacles that are costly (for some people) and subjective assessments and therapeutic treatments can be problematic. We don't want to go down this road of forced obstacles and state directed providers deciding whether or not a person can receive gender affirming care.</p>	<p>Please see comment 3.</p>
42. Camie Nitzel, PhD LP Founder/Licensed Psychologist Kindred Psychology	<p>I am writing to seek clarification about specific language included in the revised Emergency Regulations specific to LB574. I write to you as a practicing Licensed Psychologist, Clinical Supervisor, and Founder of Kindred Psychology. We specialize in serving members of the LGBTQ+ community, including a substantial number of gender diverse, nonbinary, and transgender</p>	<p>Please see comment 4.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.</p> <p><a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>youth and their families. As a psychology practitioner, supervisor, and scholar, it is imperative that I understand both the letter and spirit of your statement.</p> <p>The initial Emergency Regulations (10/1/2023) were intended to guide implementation of LB574, which empowered you as Chief Medical Officer of the Division of Public Health for Nebraska Department of Health and Human Services, to “specify the number of gender-identity-focused therapeutic hours required” for transgender and gender diverse youth to be eligible for medical intervention.</p> <p>In addition to specifying the required number of hours (40), the Emergency Regulations (10/1/2023) further required that “the therapeutic hours must be clinically neutral and not in a gender affirming or conversion context”. This statement seemed to conceptually position Gender Affirmative Therapy and Conversion Therapy at opposite and extreme ends of an imagined spectrum, prohibiting both. Practicing in a “neutral” capacity was presented as the desired approach somewhere in the middle.</p> <p>Two weeks later, the Emergency Regulations (10/16/2023) were expanded, now including a reference to the clinical framework for the 40 mandated therapeutic hours. The revised regulations direct therapists to be “clinically objective and non-biased” and “not merely affirm the patient’s beliefs.”</p> <p><b>I require clarification on the aforementioned language. It is unclear to me whether the expanded regulations are prohibiting the use of</b></p>	
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**the empirically supported Gender Affirmative Model of therapy, or whether the regulations are using “affirming” as an adjective, thereby prohibiting therapists from speaking and behaving in a generally culturally competent, affirming manner.**

To guide the clarification process, I wish to provide some background as a Licensed Psychologist with extensive training and experience in Gender Affirmative Therapy. It is my hope that outlining the principles and practices that comprise Gender Affirmative Therapy will dispel any lingering myths and underscore the necessity of immediately amending the Emergency Regulations.

**Gender Affirmative Therapy**

The American Psychological Association (APA) recommends the empirically supported Gender Affirmative Model (Keo-Meier & Ehrensaft, 2018; described below) as the best practice for assessment and treatment of gender diverse youth and their families. As such, this is the model I have used, and have trained other clinicians to use. The Nebraska Psychological Association (NPA) has also trained Nebraska psychologists in this model of care by selecting "Transgender Psychological Evaluations and Gender-Affirming Care" as the theme for the Spring 2023 Conference.

Gender Affirmative Therapy provides a therapeutic relationship for clients to explore the complexity of their identities with a knowledgeable, highly trained provider. In practice, Gender Affirmative Therapy begins with

	<p>a parent or guardian seeking out and consenting to mental health services. We begin with a thorough developmental assessment that is multi-modal (screening tools, questionnaires) and multi-informant (parents, youth, siblings, teachers) in nature. Further, the developmental assessment also considers the following:</p> <p>DSM-5-TR criteria for mental health disorders (i.e., neurodevelopmental such as autism spectrum disorder, eating, mood and anxiety disorders, current or past experiences of trauma, suicidality or self-harm behaviors, thought or personality disorders, substance use, etc.)</p> <p>Personal and family strengths</p> <p>Physical health, co-occurring medical conditions</p> <p>Psychosocial functioning, behavior, job/school performance</p> <p>Peer relationships and interpersonal functioning</p> <p>Experiences of minority stress</p> <p>Religious, spiritual, and cultural values</p> <p>Family attunement, including the ways the youth's gender expression is understood and accepted among other family members.</p> <p>This evaluation process guides the development of the clinical conceptualization and treatment plan, which provide the roadmap for therapy. Any behavioral health needs identified in the assessment are incorporated into a treatment plan.</p> <p>Gender Affirmative Therapy also addresses any symptoms of gender dysphoria the youth is experiencing, and may include important</p>	
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	<p>therapeutic processes such as psychoeducation about gender and sexuality, body care and awareness, facilitating physically healthy behaviors, teaching coping skills, deepening self-understanding, facilitating assertiveness and self-advocacy, envisioning self in the future, restructuring family communication, encouraging family support, improving home-school cooperation, cultivating supportive community relationships.</p> <p>In therapy, gender diverse youth explore their own questions about themselves, according to their individual needs and stage of development. The therapist's role in this process involves helping youth find language for their internal experiences related to gender identity. We spend time navigating the complexity of intersection between sexual orientation, sexual attraction, relationship affiliation, and feelings around gender. Some youth request assistance with social transition and coming out to friends and family.</p> <p>Sometimes gender-affirming therapists help pre-pubescent youth adjust to their rapidly changing bodies, or cope with physical changes that are causing unanticipated distress. For those youth who are experiencing specific anatomic or genital dysphoria, we provide therapeutic interventions for dysphoria management.</p> <p>A multidisciplinary approach to care may be warranted for youth with long-standing and highly developed clarity about their gender, coupled with heightened levels of concomitant distress. Referrals may be made for dysphoria-</p>	
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	<p>related physical interventions such as speech therapy (for vocal dysphoria), physical therapy (for postural pain related to binding or slouching), nutrition counseling (for intervening with disordered eating used to achieve shape goals) or hormone therapy (puberty blockers and/or cross sex hormones). These referrals occur in collaboration with parents/guardians, and within the context of the comprehensive assessment, conceptualization, and treatment planning process.</p> <p>To be clear, Gender Affirmative Therapy is not a coercive or manipulative set of psychological practices. This therapy does not exist for the purpose of “convincing kids they are trans” to “chain them to a lifetime reliance on pharmaceuticals,” as was asserted on the floor during the legislative session. Referrals are not made for surgical intervention for youth. Further, there is absolutely no intention or motive to “dupe parents and kids into silliness that if you (transition) you’re going to become happy” (Pillen, 5/22/2023). The purpose of Gender Affirmative Therapy is not to help all gender diverse and transgender youth to physically transition, nor does it “merely affirm the patient’s beliefs.” Rather, it is a conceptual framework to guide self-exploration and discovery around identity topics that are intensely private, nuanced and complex, personal, and currently loaded with stigma and cultural shame.</p> <p>Gender Affirmative Therapy is aligned with the emergency regulation that “the therapeutic</p>	
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	<p>hours must include sufficient parental or legal guardian involvement to ensure adequate familial support during and post treatment.” The importance of family involvement and support is incorporated throughout Gender Affirmative Therapy by using a Multidimensional Family Approach (Malpas, Glaeser, &amp; Giammattei, 2018). For example, Buckloh et al. (2022) state, “working with parents and caregivers of transgender and gender diverse youth is an integral part of competent gender affirming care... Evidence-based comprehensive care is imperative, which includes involving parents and caregivers. Moreover, parental and caregiver acceptance and support are one of the most important protective factors against anxiety, depression, and suicidality. By supporting parents and caregivers along their own journey, mental health providers can improve outcomes for the whole family (p. 325).</p> <p>In sum, the conceptual framework of identity exploration, therapeutic relationship, and family attunement are core components that help youth clarify identity and determine the path forward for themselves, which may or may not involve medical intervention. Should Gender Affirmative Therapy be prohibited as a model of therapy in Nebraska, gender diverse youth will lose access to the most thorough and empirically supported treatment available to them. Thus, restricting the practice of Gender Affirmative Therapy will most certainly harm the vulnerable youth that LB574 sought to protect.</p> <p><b>“Affirming” as an Adjective</b></p>	
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	<p>I sincerely hope I am misinterpreting the earlier quoted statement and can be assured that Gender Affirmative Therapy can continue to serve as the theoretical model guiding the newly required therapy hours. If this is not the case, I am concerned about the alternative interpretation. Is the complex, multidimensional care I provide being reduced to one adjective which I may not embody? “Affirming.”</p> <p>Am I to understand that psychologists and therapists are prohibited from providing an “affirming” (adjective) context for clients? If “affirming” is understood to mean to “offer someone emotional support or encouragement; give (life) a heightened sense of value, typically through the experience of something emotionally or spiritually uplifting” (Oxford Language Dictionary, 2023), then all quality mental health clinicians may as well relinquish their licenses now.</p> <p>Feeling deeply seen, heard, and affirmed for one’s unique existence is central to the therapeutic experience, no matter the presenting problem or gender identity of the client. It’s what makes the therapeutic relationship safe enough to withstand challenges to entrenched unhelpful thinking patterns (CBT), carefully worded questions when behavior is out of alignment with value systems (ACT), and to feel the security necessary to reprocess traumatic experiences (CPT).</p> <p>Further, what comprises a “gender-affirming context”? Am I allowed to call youth by their chosen name and pronouns, even when I have</p>	
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	<p>parental acknowledgement and support for doing so? Using correct name and pronoun is a basic affirming (adjective) gesture, as well as an important component of practicing Gender Affirmative Therapy. (It's also part of being a decent human being.) If the artwork in my office reflects gender-diverse faces, is that overly affirming? What about the sign that says Trans Nebraskans Belong by our front door? May I no longer wear my shirt that says Protect Trans Youth? Requiring a "clinically objective and non-biased" context, void of these important signifiers of safety and belonging, is contrary to best practices for inclusion (Bass &amp; Nagy, 2022) and impossible to standardize or achieve. Further, such restrictions would infringe upon my personal and constitutionally protected freedoms of speech and expression.</p> <p>In summary, the Emergency Regulations have disrupted our clinical practice by using the word "affirming" in vague reference to the type of care we may <i>not</i> provide. Mental health providers were not presented with a sound definition or alternative empirically supported model to guide our daily clinical decisions. Instead, the language as it currently stands leaves mental health providers in a personal and professional quandary for how to practice both legally and ethically in the State of Nebraska. <b>This Emergency Regulation as it is currently written forces providers working with gender diverse youth to violate Chapter 156 002.04 of the Nebraska Regulations Defining Unprofessional Conduct by Psychologists, which states,</b></p>	
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	<p><b>“Unprofessional conduct is conduct which fails to conform to the accepted standards for the psychology profession and which could jeopardize the health safety and welfare of the client.”</b></p> <p>It is my sincere hope that this letter elucidates the urgent need for further clarifying edits to the regulations so that gender diverse youth in Nebraska can continue to receive care that is in alignment with best practices of the American Psychological Association (APA) and the existing regulations governing our practice in Nebraska. If I can provide any further assistance or answer any other questions, please feel free to contact me at [email]. Thank you for your time in reading and providing clarification.</p>	
43. Jennifer Lentfer	<p>I strongly opposed LB574 prior to its passage because it goes against the basic democratic rights of every person to be in charge of their own health. Bodily autonomy is a human right.</p> <p>Gender affirming care is a medically established best practice that is recognized and endorsed by leading medical groups as a medical necessity of treatments. The CMOs' proposed regulations would punish physicians for offering humane care and this must be stopped.</p> <p>Taking families and doctors out of the decisions about the medically-sound, affirming healthcare for transgender youth is pure subjugation, and should never, in no way be brought under someone else's or the State's domination or</p>	Please see comment 3.

	control.	
<p>44. Gab Rima  Director of Operations and Programming  Urban Abbey UMC  First Unitarian Church of Omaha  Rev. Debra McKnight, Urban Abbey UMC  Bishop J. Scott Barker, Diocese of Nebraska  Bishop K. Jevon Chambers, Mount Calvary Community Church  Deacon Eric Haitz, ELCA  Deacon Nancy W. Huston, St. Martha’s Episcopal Church  Brother Jerrold Thompson, OSB, The Benedictine Way/Incarnation Monastery  Brother James Dowd, The Benedictine Way  Rev. Deacon Ralph Wesley Agar Jr. , St. Martha’s Episcopal Church  Rev. Deacon Bryan Peterson, All Saints Episcopal Church Omaha  The Rev. Mark F. Selvey, Episcopal Diocese of Nebraska</p>	<p>We are reaching out to you regarding the upcoming regulations hearing around gender affirming care on November 28th.</p> <p>Earlier this year, we asked the faith communities we are connected with in Nebraska their thoughts on the proposed LB 574 and the further restriction of gender-affirming care for young people. This legislation proved to be extremely unpopular, with the following people feeling moved to sign on to a letter against this legislation.</p> <p>As you move forward with these regulations, we wish to remind you just how unpopular this legislation is. There is already a standard of care. There is no reason for politicians to stand between patients and doctors.</p> <p>As people of faith, we stand in support of transgender youth in Nebraska. We support the sacred relationship between healthcare providers and their patients, hindering or intruding on this relationship is unjust.</p> <p><b>We oppose LB 574.</b></p>	<p>Please see comment 3.</p>

<p>Rev. Karen Jeffcoat, Great Plains Conference of the United Methodist Church</p> <p>Rev. Kathy Rice, United Methodist Church</p> <p>Rev. Rebecca Hjelle, Great Plains Conference of the United Methodist Church</p> <p>Rev. Marshall Johnson, St. Luke UMC</p> <p>Rev. Doodle Harris, Presbyterian Church</p> <p>Rev. Dr. Scott Jones, First Central Congregational Church</p> <p>Rev. Stephanie Ahlschwede, St. Paul Benson UMC</p> <p>Rev. Cathy Cole, Faith United Creighton</p> <p>Rev. Irene Prince, AME Church</p> <p>Rev. Kate West, United Church of Christ</p> <p>Rev. Kirstie J. Engel, Lincoln First UMC</p> <p>Rev. Dr. Marcee Binder, Rockbrook United Methodist Church</p> <p>Rev. Kyoki Roberts, Soto Zen Buddhist Association</p> <p>Rev. Cath Gebers, St. Paul UMC</p> <p>Rev. Lisa A. Hadler, Nebraska Conference United Church of Christ</p> <p>Rev. Dr. Jon Gathje, Trinity Lutheran Church Omaha</p>		
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<p>Rev. Stephen Pera, Trinity Lutheran Church Omaha</p> <p>Rev. Daishin McCabe, Nebraska Zen Center</p> <p>Rev. Hollie Schmidt, First Plymouth Church</p> <p>Rev. Fay Ann Blaylock, United Church of Christ</p> <p>Rev. Erica Nelson, Heritage Presbyterian Church</p> <p>The Rev. Elizabeth Easton, Diocese of Nebraska</p> <p>Rev. Ellie Thober, Episcopal Diocese of Nebraska</p> <p>Rev. Shari Woodbury, First Unitarian Church of Omaha</p> <p>The Very Rev. Vanessa E.B. Clark, Trinity Episcopal Cathedral</p> <p>The Rev. Emily Schnabl, St. Martha's Episcopal Church</p> <p>Rev. Karen Watson, All Saints Episcopal Church Omaha</p> <p>Rev. Dr. Marisa Thompson, All Saints Episcopal Church Omaha</p> <p>Kelsey Ellis, Director of Faith Formation, Holy Cross Lutheran Church</p> <p>The Rev. Benedict Varnum</p> <p>Rabbi Deana Sussman Berezin</p> <p>Rabbi Steven Abraham</p> <p>Rev. Chad Boling</p> <p>Rev. Steven Mitchell</p> <p>Rev. Jim Corson</p>		
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<p>The Rev. Scott Alan Johnson  Rev. Sarah Comer, Urban  Abbey UMC  Rev. Keith Winton, Episcopal  Diocese of Nebraska  Rev. Heather L. Grell, Holy  Cross Lutheran Church  Rev. Stefanie Hayes, Hanscom  Park UMC  Rabbi Batsheva Appel, Temple  Israel  Gab Rima, Urban Abbey UMC  Kole Hutson, Urban Abbey  UMC  Dr. Jack Armitage, Urban  Abbey UMC  Melissa Hudson-Benash, Urban  Abbey UMC  Mako Jacobs, Urban Abbey  UMC  Mary Koneck-Wilcox, Urban  Abbey UMC  Jennifer Platt, Urban Abbey  UMC  John Heller, Urban Abbey UMC  Alyssa Bavar, Urban Abbey  UMC  David Dick, Trinity Cathedral  Victory Klafter, South Street  Temple  Rev. Dr. Chris Alexander, ELCA  Rev. Amy Slater, South Gate  UMC</p>		
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<p>Rev. Dr. James Brewer, United Methodist Church</p> <p>Joyce E. Solomon, United Methodist Church</p> <p>Rev. Cynthia Karges, United Methodist Church</p> <p>Linda Nelson, South Gate UMC</p> <p>Charlene Wilcox, St. Paul Benson UMC</p> <p>Randy Sanks, South Gate UMC</p> <p>Mikayla Wicks, South Gate UMC</p> <p>Rev. Juniper Meadows, 2nd Unitarian Church of Omaha</p> <p>Rev. Dr. Doug Griger, United Methodist Church</p> <p>Pastor Janet Davis, United Church of Christ</p> <p>Rev. Thomas Dummermuth</p> <p>The Rev. John Schaefer, Episcopal Church</p> <p>Kathryn Ladd, LISW, LMHP</p> <p>Dr. Alison Larsen</p> <p>Dr. Caitie Liebman</p> <p>Nora Graham, Urban Abbey UMC</p> <p>Minister Tim Sohl</p> <p>The Rev. Dr. Kate Hennessy-Keimig, Trinity Episcopal Cathedral</p> <p>Rev. Joy Simpson, Metropolitan Community Church of Omaha</p>		
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<p>Rev. Sarah Rentzel Jones, Countryside Community Church</p> <p>Rev. Chris Jorgensen, St. Andrews United Methodist Church</p> <p>Rev. Nancy J.H. Phillips, United Methodist Church</p> <p>Rev. Dr. Don Bredthauer, United Methodist Church</p> <p>Rev. Susan P. Davies, United Methodist Church</p> <p>Rev. Gina Gile, United Methodist Church</p> <p>The Rev. David R. Stock, Episcopal Church</p> <p>Rev. Lisa Aguilar, Episcopal Church</p> <p>Co-President Deborah K. Iwan, Kearney Unitarian Universalists</p> <p>Dr. Donald Callen Freed, First United Methodist Church</p> <p>Alan Dappen, First United Methodist Church</p> <p>Jann Dappen, First United Methodist Church</p> <p>Cass Opal, First United Methodist Church</p> <p>Nicky Clark</p> <p>Julie Snyder, South Gate UMC</p> <p>Pastor Madeline Baugous, First United Methodist Church</p> <p>Rev. Dr. Jane Florence, St. Paul UMC Lincoln</p>		
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<p>Dr. David Sidebottom  Madilyn Moore, St. Paul UMC  Lincoln  Jacqueline L. Sanks, South Gate  UMC  Amber Leed-Kelly  Rev. Carol Windrum, United  Methodist Church  Carole Gushard, Urban Abbey  UMC  Christine Basque Malloy  Susan Shear, United Church of  Christ  Daniel Loven-Crum,  Countryside Community  Church  Patricia Lamberty, United  Church of Christ  Helen Brasch, Trinity Lutheran  Church Omaha  Leah Wyatt, Trinity Lutheran  Church Omaha  Michelle, Trinity Lutheran  Church Omaha  Emily Klug, First United  Methodist Church  Toni Henderson, Metro  Community Church  Tony Mitera, St. Bernadette  Catholic Church  Anne Barker, Trinity Episcopal  Cathedral  D’Arcy Blosser, First Christian  Church Lincoln</p>		
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<p>Cheri L. Cody, Second Unitarian Church  Allec McGuire, Pagan  Christie Leupold, St. Andrew's UMC  Christie Abdul-Greene, LCSW, LMHP, St. Andrew's UMC  Leigh Snow, St. Andrew's UMC  Sheila Coleman, St. Andrew's UMC  Mary Manero-Deaver, St. Andrew's UMC  Charlene Smith, St. Andrew's UMC  Nicole Everingham, St. Andrew's UMC  James Davenport, St. Andrew's UMC  Dr. Benjamin Graham, Urban Abbey UMC  Rev. Jacob Cloud, United Methodist Church  Pastor Tobi White  Taylor Bickel, Urban Abbey UMC  Rev. H. Eduardo Bousson, United Methodist Church  Rev. Penny Greer, United Church of Christ  Emily Schoenleber, South Gate UMC  Abby Johnson, St. Andrew's UMC</p>		
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<p>Julie Wagner, St. Andrew's UMC Ashley Danielson, St. Andrew's UMC Michael A. Greene, St. Andrew's UMC Rev. Charlotte Abram, United Methodist Church Megan McCuen Witt Pauline Balta Joyce McVicker Kiel Hansen Anica Brown Nancy Marty Cathy Szynskie John Griswold Richard Koneck Dorthy Norgard Sierra Fox Jamie Sass Lori VanLo Eli Rigatuso Grayson McGregor Angela M. Peterson Micah Oswald Jamie Ingram Shannon Coryell Mary Helen Peters Michaela Atkins Robert W. Peters Zoey Huckins Sarah Siedlik Lisa Ferguson Brian Ferguson</p>		
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<p>         Billy Garver          Lauren Holmes          Daryl R. Nelson, Urban Abbey          UMC          Mary Gibilisco          Elsa Ashelford          Ruth Baker, Hanscom Park          UMC          Lauren Jones, Church of Jesus          Christ of the Latter-Day Saints          Maureen Hornacek,          Countryside Community          Church          Chloe Morrison          Jennifer Roberts          Bilinda Hastie, Pentecostal          Church          Andres          Brenda Deaver, St. Andrew's          UMC          Cantor Joanna Alexander,          Temple Israel          Gail Jones          Diane Lamb, South Gate UMC          Dr. Mary C. Fieber, M.D., First          Central Congregational Church          Taron Ballard          Patricia Bohart, M.D., St. Paul          UMC          Anne Olson          Joan Griffin          Rev. Stephen Griffith, United          Methodist Church          Bess Sullivan Scott       </p>		
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<p>Dr. Mary Beth Lehmanowsky,  First Plymouth Church  Janet Millnitz, United  Methodist Church  Rev. Dr. Ron Roemmich, First  United Methodist Church  Aarron Schurevich  Dr. Cathy M. Roller, First  Central Congregational Church  Nicole Lewis  Debbie McGovern  Gerald DiBernardo  Dr. Beth Ann Brooks, M.D., St.  Paul UMC  Pam Edwards, St. Paul UMC  Suzie Olberding  Rev. Nan Kaye-Skinner, United  Methodist Church  Ashley Roberts, Holy Cross  Lutheran Church  Kelley Kennedy, Holy Cross  Lutheran Church  Elizabeth Yearwood, Holy Cross  Lutheran Church  Kathryn Ferris, Holy Cross  Lutheran Church  Marisa Gift, Holy Cross  Lutheran Church  Mary Chipman, Holy Cross  Lutheran Church  Dr. Debra Manning, Holy Cross  Lutheran Church  David Magnuson, Holy Cross  Lutheran Church</p>		
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<p>Muriel Kuckler, Holy Cross Lutheran Church</p> <p>Julie Noteman, Holy Cross Lutheran Church</p> <p>Tracey Duke, Holy Cross Lutheran Church</p> <p>Gwen Wellsandt, Holy Cross Lutheran Church</p> <p>Jonathan Wellsandt, Holy Cross Lutheran Church</p> <p>Jennifer Gitt, Holy Cross Lutheran Church</p> <p>Barbara Hannon, Holy Cross Lutheran Church</p> <p>Tyler Glesne, Holy Cross Lutheran Church</p> <p>Dr. Alan Gift, Holy Cross Lutheran Church</p> <p>Kevin Leahy, Holy Cross Lutheran Church</p> <p>Sharon Hardel, Youth and Family Ministry Director, Holy Cross Lutheran Church</p> <p>Peggy Schneider, Holy Cross Lutheran Church</p> <p>Jim Schneider, Holy Cross Lutheran Church</p> <p>Gay L. Sutter, First Lutheran Church Lincoln</p> <p>Harold L. Sutter, First Lutheran Church Lincoln</p> <p>Debra Rosman-Webber, First United Methodist Church</p>		
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<p>Angie Gehring, St. John's Lutheran Church ELCA Dr. George Basque M.D., St. John's Catholic Church Gabriel Brennen Forest, Hanscom Park UMC David Smith, Hanscom Park UMC Cynthia Gasper, Hanscom Park UMC Erik Oberg, Trinity Episcopal Cathedral Krisanne Weimer, St. Paul Benson Anna Helzer, ELCA Brie Mahoney, Catholic Church Kimberly Doss-Bane, Baptist Church Dr. Jessie Stallings, Unitarian Universalist Laura Seyl, United Methodist Church Cameron Koenig-Barker, Episcopal Church Sarah Overbeck, Lutheran Church Jana, Urban Abbey UMC Julie E. Major-Frunz, Methodist Church Anna, Lutheran Church Rachel, Lutheran Church Elizabeth, Methodist Church Dr. Stephanie Kidd, PhD. Dr. Jim Martin</p>		
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Dr. Douglas McKnight Dr. Whitney Gent Ella Ferguson Nikki Thompson Kathryn Keller Krystal Wyatt Jamie Bonkiewicz Adam Ebert Tiffany Moore Emily Weiss Scott Moore Logan Coleman Maureen Pieper Abigail Krizsko Heidi Harper Elle Nina Love Julia Kaltoft Melanie Knight Maizie Boyd Lauren Kroeker Deirdre Routt Dr. Caitie Liebman Dallas Cathy Ramsey Alejandra Hannah Emily B. Brandi Allyson Hope BreeAmber Jordan, United Methodist Church		
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<p>Chris Newton, St. Andrew's UMC</p> <p>Allison Brown-Corson, United Methodist Church</p> <p>Nico Di Bernardo</p> <p>Mary Lefevre, OSM</p> <p>Darby Kurtz</p> <p>Rev. Melissa Finlaw-Draper</p> <p>Rex Newsham, South Gate UMC</p> <p>Cynthia Heidelberg, St. Andrew's UMC</p> <p>Rev. Dr. Jeff Slater, Trinity UMC Lincoln</p> <p>Lindsey Bray, St. Andrew's UMC</p> <p>Rev. Benjamin Hanne, United Methodist Church</p> <p>Dawn Pielstick, St. Andrew's UMC</p> <p>Dr. Kaitlyn V</p> <p>Megan Maccomber, Trinity UMC Lincoln</p> <p>Orene Taylor, St. Paul Benson UMC</p> <p>Lupe Clark.</p> <p>Rev. Richard Lane Bailer, United Methodist Church</p> <p>Erica, St. Andrew's UMC</p> <p>Patricia L. Corwin, St. Andrew's UMC</p> <p>Eric Van Zee, St. Andrew's UMC</p> <p>Kaleigh, St. Andrew's UMC</p>		
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<p>Rev. Jim Wallasky, United Methodist Church  Diane Farrand, United Methodist Church  Dr. Julie Filips, Congregational Church  Barb Jacobson, St. Paul UMC  Sandra Black, Trinity UMC Lincoln  Laurie Witters-Churchill, United Methodist Church  Mark Churchill, United Methodist Church  Lynne Fritz, St. Paul UMC Lincoln  DiAnna Schimek, Unitarian Church  JohnCarl Denkovich, Temple Israel  Leslie Cooper, Urban Abbey UMC  PJ Thomas, Urban Abbey UMC  Jacob Wiese, St. Andrew's UMC  Sheryl A. Schultz, St. Paul UMC  Deacon Judith A. Sandeen, First Congregational United Church of Christ  Dr. Nancy Becker, First Plymouth Congregational Church  Lauren Ruhe, Presbyterian Church  J. Flores, Urban Abbey UMC</p>		
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<p>Hannah Meckna, Urban Abbey UMC Kim Samuelson, St. Andrew's UMC</p>		
<p>45. Greg Baumann</p>	<p>Stop screwing with what God created. He created them male and female. What the heck makes you think you can change that. How about straightening them out. Geez.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>46. Gregory A. Brown PhD, FACSM Professor, KSS Dept. Director of General Studies University of Nebraska Kearney</p>	<p>I am writing to you regarding polices that regulate how puberty blockers and cross-sex hormones can be prescribed to children in Nebraska.</p> <p>I have a PhD in the Biological Basis of Health &amp; Human Performance and I'm a professor of Exercise Physiology at UNK. Below I provide a very succinct summary of relevant scientific information. My comments do not represent a statement on behalf of UNK.</p> <p>From a biological point of view, human beings are either male or female. While there are disorders of sexual development that may be called intersex, which can be identified through laboratory tests, these disorders affect less than 0.02% of all humans and a person with an intersex condition is still biologically either male or female <sup>1-3</sup>. Don't let anyone try to tell you otherwise, humans are either male or female based on their biology.</p>	<p>Please see comment 5.</p>

Gender dysphoria is not the same as intersex, but you are going to hear from people who try to conflate the two. Instead, gender dysphoria is when a person has a gender identity that does not align with their biological sex. But there is no biology-based test for gender identity. You cannot get an x-ray, MRI, CT scan, or blood, DNA, or genetic test to diagnose gender dysphoria <sup>2,4</sup>.

Puberty blockers are a class of drugs called gonadotropin-releasing hormone agonists. They cause the pituitary gland to stop producing follicle-stimulating hormone and luteinizing hormone which then interferes with normal puberty when administered to children. Puberty blockers are not FDA approved for treating gender dysphoria <sup>4,5</sup>. I just cannot fathom stopping the normal and healthy process of puberty in a child and calling it health care.

There are very few studies on the effects of puberty blockers on growth and development in children. But what those few studies show is that administering puberty blockers to gender dysphoric children does not simply pause puberty while the gender dysphoria is resolved. Instead, over 90% of the children who are prescribed puberty blockers continue to a lifetime of pharmaceutical treatments and surgery, whereas 80-90% of those who do not receive puberty blockers cease experiencing gender dysphoria during puberty<sup>5,6</sup>. However, the current research shows that even after 8 years of puberty blockers and then cross sex hormones, biologically male

	<p>individuals still have more lean body mass and a taller body height than biological females<sup>7-13</sup>. In other words, using puberty blockers and cross sex hormones does not cause a person to change their biological sex.</p> <p>Furthermore, puberty blockers and cross sex hormones do not alleviate the anxiety and depression frequently associated with gender dysphoria and may even cause mental health to get worse. However, the use of puberty blockers and then cross sex hormones likely results in permanent sterility, impaired bone health, increased risk of heart disease, and other negative health effects<sup>5,6,12</sup>.</p> <p>A key concern that arises is whether children and their parents can truly give informed consent to the use of puberty blockers, and the answer is an emphatic NO because the long-term health consequences to using puberty blockers remain largely unknown. It is known that puberty blockers impair bone growth, and the use of puberty blockers and then cross-sex hormones is very likely to cause permanent sterility. Indeed, currently there are malpractice 11 lawsuits underway in the United States in which individuals who were prescribed puberty blockers and/or cross-sex hormones and/or "gender affirming surgery" as children are claiming that they were not provided enough information to truly consent to how their bodies would be permanently damaged.</p>	
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Nebraska has laws to protect children from the effects of using alcohol, tobacco, and other harmful substances. I encourage you to also protect Nebraska's children from the harmful effect of puberty blockers, cross sex hormone, and unnecessary surgeries.

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47. Jane Teeter	<p>My name is Jane Teeter. I am a physician assistant practicing medicine in Omaha, Nebraska. I have been providing gender affirming care for over 7 years. I am writing to you about my concerns over LB574 as it is written. Access to gender affirming care for adolescents in Nebraska is critical. Remember 45% of trans teens that were surveyed by the Trevor Project in 2022 had attempted suicide in the last year. This makes</p>	<p>Thank you for your comment. Nebraska Revised Statute § 71-7305 requires the Chief Medical Officer to adopt and promulgate rules and regulations to regulate the distribution of prescription medications. This treatment may require the injection of a complex hormonal medication regimen. This regulation ensures providers can monitor how the medication is</p>

	<p>affirming care which may include medications lifesaving.</p> <p>The legislation as written directly impacts my patients lives. It provides an excessive and arbitrary number of contact hours with a licensed therapist in order for a gender diverse adolescent to receive medically necessary and lifesaving care. No other medical condition or procedure has such a high amount of behavioral health therapy before or during treatment legislated by the state. For most standard CBT treatment plans for patients being treated for depression and anxiety, per a therapist I work, with is 12-15 sessions. We live in a state that had severe shortage of licensed therapists and mental health providers to meet the needs of patients prior to this legislation. And now our system is even more strained as we now need essentially a years' worth of therapy with a gender affirming care trained therapist for kids to start or restart therapy. I believe in working with therapists and making sure patients, their parents and healthcare providers are on the same page and providing informed consent, doing a thorough evaluation prior to medical interventions and receiving ongoing treatment per WPATH SOC 8 guidelines. However, 40 hours is an arbitrary and not patient centered or evidenced based approach, and the lack of mental health care capacity makes this a big barrier to receiving gender affirming care.</p>	<p>being used, the medication's dosage, and ensures regular monitoring of the effects and any side effects of treatment. This also allows for prompt changes to medication usage, dosage, and timing. No changes will be made to the regulations based on this comment.</p> <p>The regulations do not prevent the prescribing practitioner or patient's primary care provider from receiving the injectable prescribed medication directly from the pharmacy. The prescribing practitioner or patient's primary care provider may also order from a licensed wholesaler a stock of injectable medication for administration in the office. If the prescribing practitioner or primary care provider prefer not to receive the injectable medication directly from a pharmacy or obtain a stock of injectable medication, the regulations do not prevent the prescribing practitioner or primary care provider from setting guidelines for patients to safely deliver the injectables to the provider's office for administration. No changes will be made to the regulations based on this comment.</p> <p>Please also see comments 3, and 4.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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Also, many of my patients are uninsured or underinsured and do not qualify for Medicaid. So, asking these families to pay a therapist let's say \$140 cash per session (average for NE) which may or may not be a full hour in length for a minimum of 40 appointments that is a minimum of \$5600 a family is being mandated by the state to pay to receive a lifesaving treatment. That cost does not include the cost of the medical appointments, medications and lab costs or the ongoing therapy costs afterwards.

Also, the way this law is written currently will lead to discrimination at commercial pharmacies. If this law is adopted as originally written bigger pharmaceutical companies will be able to decline to fill gender affirming care prescriptions due to their perceived legal risk for being sued by a family, making it possibly impossible for patients in rural areas or underserved areas to get their prescribed medications. It's already happening, and no other condition has similar prescribing requirements which makes it discriminatory.

Finally, the law as written makes it almost impossible for folks needing injectable medication for their gender affirming care to do this. The law requires that all medications have a 7-day waiting period. For an adolescent and their parents that completed a years' worth of therapy and had many medical appointments with informed consent is completely ridiculous they clearly have paid a lot of money and spent a lot of time and desire this next step. Also, if a patient

	<p>has to travel from the panhandle of Nebraska to receive once weekly testosterone injections in their prescribers office in Omaha it's just not feasible for anyone. We don't require cis gendered men or boys on testosterone therapy for hypogonadism to go to their doctors office for weekly injections. This is purely discriminatory towards these kids and their parents- implying that these parent can't properly and safely administer injections to their kids. And topical and oral testosterone is not cheap and often not covered by insurers. Finally, my organization does not have a specialized pharmacy on site that insurers will cover for dispensing and administering medication. And even if a patient brought a medication in to be injected, if they did not handle or store the medication appropriately prior to administration and there is an adverse event or outcome, me and my office are liable to litigation. So many clinics will not be able or willing to administer the meds which makes this a medication ban by the state. This takes medical decisions away from kids and their parents and their healthcare provider.</p>	
<p>48. Margo Juarez</p>	<p>I have a few basic concerns on this topic:</p> <ol style="list-style-type: none"> <li>1) Doctors, including PhD professionals, should have the expertise needed to form an opinion on the regulations going forward. Step back if you are not an expert.</li> <li>2) Regulations should not be in place which are</li> </ol>	<p>Please see comment 3.</p>

	<p>detrimental to the health of our citizens.</p> <p>3) Someone’s personal agenda should not dictate what is best for the entire state. Let the patient and medical/PhD professionals move forward on what is best for the patient. This includes the parents on behalf of their child.</p> <p>4) The people of Nebraska should support an inclusive environment.</p> <p>I hope our current environment has not been detrimental to any person’s health.</p>	
49. Autumn Smart	<p>I am writing in regard to the draft DHHS guidelines for minors receiving gender-affirming care in the state of Nebraska. I urge the DHHS and Dr. Tesmer to take a nuanced view on this issue, to listen to parents of trans kids with open hearts, and to remember that the people in the best positions to help all kids medically, whether trans or not, are the parents/primary caregivers, therapists, and doctors treating those kids.</p> <p>As a Nebraska parent of two children in elementary school, I agree with the state that minors' brains are not fully developed. They just aren't. Thus, it is critical to ensure, to the best of our abilities, that they are not allowed to make decisions they will later come to regret.</p> <p>Principally here, as it relates to gender-affirming care guidelines, is that minors should not</p>	Please see comment 3.

	<p>generally be undergoing elective surgeries in Nebraska until they are at the age of majority (19). This means that all gender-affirming elective surgeries and procedures (including breast augmentation, breast reduction, lip fillers, rhinoplasty, etc.) should be disallowed for all minors. To allow gender-affirming surgeries and procedures for some people but not "those" people is clearly discriminatory on its face.</p> <p>I also believe in the rights our forefathers bravely set out in declaring their independence from tyrannical rule - the rights to individual liberty and the pursuit of happiness - that we as humans have the right to pursue that which brings us peace and wholeness, including having control over our own bodies and destinies.</p> <p>The government should therefore tread lightly and take care to not insert itself unnecessarily between parents, children, and medical providers on any number of issues. Parents have rights that must be respected, even if you do not personally agree with the outcomes. Politicians in Nebraska should stop behaving as if they know best medical practices better than doctors, period. This is ignorant and dangerous. Dr. Tesmer, as a physician, I am sure you can identify with this in principle.</p> <p>So, what to do about puberty blockers and hormone replacement therapy (HRT)? Puberty blockers allow kids and families invaluable time to continue working through the issues in</p>	
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	<p>consultation with doctors and therapists. They are an absolute gift for many families with a trans kid. They are safe and effective, do not result in irreversible effects, and should continue to be broadly available to treat trans kids.</p> <p>However, puberty must not be delayed indefinitely so this is another decision point for trans kids, their parents, and doctors. After having possibly taken puberty blockers, gone through extensive therapy and lengthy consultations with doctors, HRT gives those children the "correct" puberty which has been shown to deliver better outcomes for them than undergoing HRT later in life. Yes, HRT starts a person down a path, but the effects remain reversible for a substantial period of time. So, the question is when can HRT begin to be prescribed?</p> <p>The draft DHHS guidelines require a certain number of hours of therapy for a minor to be able to receive HRT. Talk therapy throughout the process is critical. I would argue that more people, in general, could genuinely benefit from therapy. Root causes and comorbidities should be explored and addressed. However, here again, parents rights matter and a parent should be allowed to choose the therapist they and their child work with regardless of whether it is "gender-affirming" or not. Forcing a child to be subjected to a therapy approach that may be viewed as harmful to the child by parents and doctors just to check a government-mandated box is antithetical to delivering high-quality</p>	
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	<p>medical services. I sincerely hope DHHS will consider changing the language in this part of the guidelines to reflect the right of parents to choose their child's therapist.</p> <p>At what point a person realizes within themselves that they are, or might be, transgender is highly variable and related to numerous environmental factors. On top of that, at what point a person "comes out", or not, is highly variable and related to numerous environmental factors. Further, whether a person decides to medically transition is highly variable and related to numerous environmental factors. So, a one-size-fits-all approach is not going to work well for anyone. I again urge the DHHS and Dr. Tesmer to take an impartial and nuanced view on this issue and keep in the front of mind that these policies affect real Nebraskans - your families, friends, and neighbors. We should seek to be a welcoming and accepting state where who you are or how you identify matters less than what you do to make this state a better place for all Nebraskans.</p>	
50. Ciel Del Toro	I am a provisionally licensed therapist who works with trans youth, without doing gender-focused therapy. While focusing on whatever the client found to be difficult in day-to-day life, my clients have seen a reduction in gender dysphoria. Some revert to birth gender while others become more comfortable in their new identities.	Please see comment 5.

	<p>There are permanent effects of puberty blockers (I have a friend who is wheelchair bound due to Lupron) that children and teens cannot consent to. There is no way for them to have informed consent regarding a loss of fertility, IQ, and general health.</p> <p>Further, it is outside of a therapist's scope to be prescribing medication. We can have therapy requirements (and we should) for transitioning young adults. However, it should not be up to a therapist if the client receives medical care for transition. Medicine of any kind is outside the scope of a psychologist.</p> <p>I began my own transition in Nebraska roughly 10 years ago, and for the first 2 years I was heavily pressured by my hormone provider, to undergo gender-affirming surgeries, of which I have zero interest, and multiple life-threatening contraindications. I put my foot down and refused, but it all made me feel like I was crazy for saying no. I cannot imagine any of my youth clients being able to stand up for themselves under these circumstances.</p> <p>There is too much excitement by medical professionals to move us forward through our transition, and a woeful disregard for how trauma and dissociation can affect the view of the self and the body.</p> <p>Thank you for your time.</p>	
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<p>51. Janelle M. Stevenson</p>	<p>I am submitting an email comment in regard to the regulations on gender-affirming care set forth by the Let Them Grow Act. As an ally, I support the healthcare needs of our LGBTQIA+youth and adults.</p> <p>I want to first start by pointing out that this bill targets a very small percentage of people but impacts them greatly. Only 0.5% of youth under 19 identify as transgender. Research shows that when someone is given proper gender affirming care (such as support from their community) it decreases depression by 60% and decreases suicidality by 70%.</p> <p>Gender affirming care includes a wide range of resources from calling someone by their preferred pronouns and name, to therapy, puberty pausers, hormone treatment, to *surgery.</p> <p>*Surgery is rarely performed on minors.</p> <p>As far as therapy goes, 40 hours of gender-identity-focused contact of therapeutic treatment is an arbitrary number that is not timely or affordable. Seeing as therapy is expensive and most insurance does not cover gender-affirming care it is cost prohibitive to most. It would take a minimum of 5 months to complete this time requirement, that's if the patient is able to find a provider who can see them 2 hours each week. It has been suggested that this "40" number is not backed by any research. I would suggest the number of therapeutic treatment hours be based on the patient, provider, and parents' thoughts on the</p>	<p>Please see comment 4.</p>
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	<p>individual's situation. Each person is unique and different and will require different times. Also, the 7-day waiting period after the informed consent is received is another arbitrary number that purposely delays the patient's treatment. Why are legislators meddling in the decisions about someone else's body? We have trained professionals (pediatricians, family practitioners, OBGYN's) who already have safe and effective treatments for their patients. There are misinformed senators who continue to restrict and deny other people's bodily autonomy. Let's not forget this minor who wants care that affirms their gender identity, has to have a parent present with them, they aren't doing it on their own. This "Let Them Grow Act" is a slap in the face to our medical providers, parents, and more importantly, that young person who feels like society hates them and wants them to hide.</p> <p>Please make the regulations more accessible for families.</p>	
<p>52. Joan Sangimino, R.N., C.P.N.</p>	<p>I am writing this as a Pediatric Registered Nurse who has cared for special needs children for 24 years. If you pass LB 574 with the language suggested, some of my patients who are born with ambiguous genitalia and fistulas, (openings and wounds of the genital area), will no longer be able to receive appropriate care. I can tell you this will be devastating to the gender identity and physical health of that child. I implore you to leave medicine and medical providers to look</p>	<p>Please see comment 3.</p>

	<p>after children and their medical care. Not lawmakers! (So many of which have no medical background.)</p> <p>Being transgender is a medical issue, not a political one! I thought the Republican Party was one of small government, not interfering in every measure of medical care. You are in violation of HIPAA if you continue down this road.</p>	
<p>53. Julie Jones</p>	<p>My name is Julie Jones, J-U-L-I-E, J-O-N-E-S. And I am here representing the Lincoln Monthly Meeting of Quakers. We celebrate the presence of transgender people in our midst. These members enrich our community and deepen our worship. We believe that there is that of God in everyone, and everyone has gifts to bring to this world. Whenever anyone is excluded, God's ability to work in our midst is diminished. We commit ourselves to support the civil and human rights of all transgender people. We also commit to enlarging our understanding of their experience. No one should face discrimination in employment, housing, healthcare, or have their dignity assaulted and their human rights curtailed because of their gender identity. We are particularly concerned about recent legislation in our state limiting the rights to appropriate medical care for trans people under 19.</p> <p>The rights of medical care providers, trans people under 19, and parents of these young people to make appropriate medical care decisions must be respected. Difficulties in medically sound and</p>	<p>Please see comments 3, and 5.</p>

	<p>humane treatment under the regulations are generally problems with the law itself. One issue is the one-size-fits-all approach to standards that would better be left to the professional judgment of the therapist. Other parts of the standards are difficult or impossible to measure with any certainty. For example, the requirement that therapy be clinically neutral is vague -- is a vague requirement that makes fair enforcement difficult or impossible. Historically, Quakers were often jailed for holding views such as our conviction that the ability to discern the truth is not affected by one's gender or social class. Because of this history, we are particularly sensitive to the overreach of state power, unfortunately demonstrated, we believe, in this statute and its regulations.</p> <p>Thank you.</p>	
54. Virginia Magnuson	<p>I reviewed the proposed regulations and find that they prioritize a commitment to discriminate against trans youth, a marginalized population, and serve only to add excessive regulations to their life-saving care. This is not even to mention the increase in financial burden to patients and their loving families, who have together made decisions on this healthcare with their medical team. I unequivocally oppose this unnecessary legislation that inserts politics and culture wars into the healthcare of Nebraskans. Gender affirming care is medically established best practice, recognized, and endorsed by leading</p>	Please see comment 3.

	<p>medical groups. We should not be wasting our time or taxpayer money on this.</p>	
<p>55. Elizabeth Arnold</p>	<p>My name is Elizabeth Arnold. My children are not transgender and may or may not be LGBTQ. I didn't have the hardship of providing medical care for and protecting a transgender child, a thing I am certain is scary and extremely difficult due to other people's ignorance and fear of what they don't understand. I write this letter in opposition to the emergency regulations Nebraska is trying to implement in regard to gender affirming medical care.</p> <p>I believe this type of legislation is encroaching on the purview of medical science and dangerous in its attempt to legislate morality. Do not legislate my life, nor my body, nor that of my children. Elected and/or appointed officials should not legislate morality. Morality is personal and private; it varies from individual to individual and from group to group. Additionally, and even more importantly All medical decisions for children (and adults) should be the sole responsibility of the parents and/or guardians and the appropriately qualified medical professionals (within the specific specialty), based on the most current medical science.</p> <p>A final note, transgender children are not a new occurrence. Social pressures are not creating more transgender children, they have been and will always be created by nature. We are however, a kinder and gentler society that allows for diversity and discussion of diversity. It is</p>	<p>Please see comment 3.</p>

	<p>scientifically proven biological sex although typically expressed as either XX or Xy, has many variations at the chromosomal level. These variations are neither new nor unusual and will be expressed in an individual.</p> <p>Thank you for your service and I ask you, please, to legislate from a place of human decency and not political agenda.</p>	
56. Jane McGill	<p>My name is Jane McGill, and I am a student at [School] [City] who opposes further restrictions on gender-affirming care for trans youth at Nebraska. The emergency regulations place an undue emotional and financial burden on already struggling trans youth.</p> <p>This issue is important to me because I am a patient who has received gender-affirming care and experienced first-hand the benefits of gender-affirming care on mental health. I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these discriminatory laws and make the decision NOT to further restrict access to this care.</p>	Please see comment 3.
57. Aarin Fellows	<p>Hello, my name is Aarin Fellows, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.



	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you for taking the time to hear my opinion.</p>	
58. Al Riskowski	<p>Hello, my name is Al Riskowski, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.

	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
59. Alex Dworak	<p>Good morning! I am writing to document our work at our interdisciplinary meeting this morning between DON Courtney Nelson RN, Clinical Pharmacists and faculty Jessica Downes and Jessica Witt PharmD, and myself.</p>	<p>Please see comments 4 and 47.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>The emergency regulations promulgated at the order of LB574 require that puberty blockers be administered in the provider’s office; this, like the 40 hours of gender specific therapy requirement, is not part of the WPATH Standards of Care. OneWorld has patients facing the issue of the family’s insurer mandating the use of specialty pharmacies which are external to our prescribing office. Per OneWorld’s Pharmacy Director Coleen Schrage PharmD, OneWorld’s pharmacy is unable to meet the requirements to be a specialty pharmacy and there are no prospects for that to change (per my personal direct correspondence with Coleen). However, the medical best practice is for “clear bagging” which consists of injectable medications being under the continuous custody of clinic employees at all times prior to administration by clinic staff. This policy was in place at OneWorld prior to the promulgation of the emergency regulations and applied to all medications. Thus, patients and parents are placed in the untenable position of this care being effectively banned—they cannot access it without using a specialty pharmacy, but it is illegal for it to be administered by said pharmacy and it violates existing best practice and OneWorld’s clinic policy to allow meds to be brought in and administered. Clearly, a de facto ban is against the stated purpose and the spirit of the emergency regulations whose function is to regulate care, not cause a blanket prohibition and cause forced detransition or interruption in care, with all the well documented attendant harms which would</p>	
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	<p>ensue (particularly for the adolescents, but also including the violation of parental autonomy to direct the medical care of their children despite fully complying with all other requirements). To that end, OneWorld has convened this interdisciplinary team to troubleshoot this illogical feedback loop. We are drafting an informed consent for parents/guardians to sign documenting that medication received by a specialty pharmacy and brought to OneWorld for administration is being done due to the legal mandate of the emergency regulations and that the parents/guardians must accept full responsibility and attest that they have properly stored said medications. We are going to engage our attorneys to review this once complete. I am concerned about the potential for liability to OneWorld (and I don't know if the state or DHHS could be sued if there is an adverse event too?), but as always, our primary commitment is to our patients and ensuring they receive excellent care which complies with the standards of care and state law.</p> <p>Diana, I am wanting to keep Dr. Tesmer informed by ccing you. I can forward this to HHS Senators upon request as well. OneWorld has never had anything to hide, and we want to make you aware that other clinics (of the exceptionally small minority in Nebraska who are willing and able to serve this extremely marginalized group of patients) are certainly grappling with this as well. It also needs to be acknowledged that families who have insurance, money, high health literacy,</p>	
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	<p>controllable schedules with free time, and transportation are the ones who will be able to make multiple trips to different locations to make this care happen for their children. Minority, impoverished, limited English, and families with disabled parents who cannot drive or who do not have very high health literacy are going to be excluded even by this workaround. I think it needs to be said, one day after the Trans Day of Remembrance and amid the ongoing despicably disproportionate rates of murder of minority trans people in the USA (especially Black trans women) that policies which have discriminatory effects, even if written by people who want to do the right, must be judged on their effects and not their intentions.</p>	
<p>60. Alexis Lochner</p>	<p>Hello, my name is Alexis Lochner, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts,</p>	<p>Please see comment 5.</p>

	<p>increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children.</p>	
61. Alfred and Carolyn Hanson	<p>Hello, our names are Alfred and Carolyn Hanson, and we live at [Address]. We are emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular</p>	Please see comment 5.

	<p>disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you for reading this concern.</p>	
62. Alice Brown	<p>Hello, my name is Alice Brown and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk</p>	Please see comment 5.

	<p>of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
63. Alice L. Baden	<p>Hello, my name is Alice L. Baden, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to</p>	Please see comment 5.



	<p>minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state's priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>64. Amy K. Arndt DNP APRN FNP</p>	<p>I wanted you to be aware of changes my clinic is seeing since 10-1-23 regarding my patients' ability to get hormone prescriptions filled. This problem is occurring with both adults and youth. I have local Pharmacists (Walgreens, CVS, Walmart) calling my office requesting ICD 10 codes for these medications, not for insurance purposes. They say they are "cracking down on hormones" and telling me this is state law to "flag the chart". I have never had these requests prior to 10-1-23 and I am concerned about my patients' privacy and HIPPA. So, I contact my patients to get permission to disclose or try to find a new pharmacy. This is causing delays and unnecessary stress. Please feel free to reach out</p>	<p>Thank you for your comment. Nebraska Revised Statute § 71-7305 require the Chief Medical Officer to adopt and promulgate regulations to regulate the distribution of prescription medications. Providers generally include an indication or reason for a prescription when ordering medications, which assists with determining possible complications or contraindications for those medications. Pharmacists are a licensed profession bound by a code of ethics included in the regulations governing the profession to protect patient confidentiality. Providers must also comply with all local, state, and federal laws governing patient confidentiality. If you believe a pharmacist is engaging in</p>

	<p>if you have questions for me or to help me navigate this for my patients.</p>	<p>misconduct regarding patient confidentiality, you may file a complaint with the Department. The only individuals picking up the medications should be the minor’s parent or legal guardian, or an emancipated minor. No changes will be made to the regulations based on this comment.</p>
65. Andrew Kohlan	<p>Teachers not licensed as psychiatrists must NOT in any way promote or encourage transgender transition in their students. Punishment for doing so MUST be harsh, especially those who engage in this behavior with the very young. Further, puberty is NOT a disease. That must be stressed in education. Changes to the body and mind are normal during puberty. We all go through them.</p>	<p>Thank you for your comments. No changes will be made.</p>
66. Anne Dyke	<p>Hello, my name is Anne Dyke, and I live at [Address] . I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors,</p>	<p>Please see comment 5.</p>

	<p>including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
67. Anne Madison	<p>My name is Anne Madison, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk</p>	Please see comment 5.

	<p>of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that more than 90% of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
68. Belia Padilla Irby	<p>Hello, my name is Belia Padilla Irby, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p>	Please see comment 5.

	<p>The state's priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children I do not believe any children of any age should be given any of these horrible life changing treatments or surgeries period! This is wrong and immoral. Where is God in all of this? These are permanent changes that cannot be reversed and no state should even be considering these must... before treatments and/or surgery. And where are the parents listed in all of this? All of us go through the confused teen years, but to take that and say oh let's start hormone treatment and/or surgery is not the answer. I am not in agreement with any of this and if children are confused about who they are, how about offering Christian counseling/therapy with counselors and therapist who have a heart of God. Anything less is unacceptable. We have become a nation who is too quick to prescribe harmful medications for everything.</p> <p>"The Joy of the Lord is my Strength "</p>	
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<p>69. Bethany Brunzman</p>	<p>I am a resident in the city of [city] and a parent of an adult non-binary individual. I'm writing to comment on the proposed regulations for Title 181, Chapter 8 of the Nebraska Administrative Code (NAC) – Nonsurgical Pharmaceutical Gender Altering Treatments. Please revise the regulations so that they are consistent with evidence-based gender-affirming medical practices supported by the American Medical Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Urological Association, the American Society for Reproductive Medicine, the American College of Physicians, and the American Association of Clinical Endocrinology.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>70. Beverly Brown</p>	<p>My name is Beverly Brown, and I live at [Address]. I am writing for the purpose of submitting a written comment concerning the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code - Nonsurgical Pharmaceutical Gender Altering Treatments. I am extremely concerned about the long-term effect of using puberty blockers and cross-sex hormones on young children in the attempt to change their gender. Doctors are aware that there are serious risks to using these drugs: osteoporosis, cardiovascular disease, cerebrovascular disease, infertility, and a lack of natural growth. There are several men and women who have previously undergone such therapy, only to regret it as an adult. Unfortunately, once these drugs are used, the</p>	<p>Please see comment 5.</p>

	<p>harm is already done and cannot be reversed. I urge you to protect children's well-being by implementing stronger regulations. Thank you so much for your consideration.</p>	
<p>71. Beverly Winstrom</p>	<p>Hello, my name is Beverly Winstrom and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not</p>	<p>Please see comment 5.</p>

	<p>transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children.</p>	
72. Brenda Schmidt	<p>Hello, my name is Brenda Schmidt, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p>	Please see comment 5.



	Please implement stronger regulations to protect children	
73. Brent Bogner	<p>Hello, my name is Brent Bogner, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p>	Please see comment 5.

	Please implement stronger regulations to protect children.	
74. Brit Gunther-Lehman	<p>My name is Brit Gunther-Lehman. I am an expert in the field of psychology and mental health and represent my own business, Brave Resilience Counseling, in Bellevue, Nebraska. I am a licensed independent mental health practitioner and provide services primarily to the transgender community. I am also the founder of Transformative, a social support group for trans and gender non-conforming adults.</p> <p>Since LB574 was suggested in our legislature, I have been seriously concerned about the ethical applications of this law, both in general, and as it applies to my practice as a mental health provider. I am also concerned about the repercussions of this law for the individuals who will be blocked from receiving care that would significantly improve their lives, as well as for the state of Nebraska.</p> <p>First, this bill is poorly researched and does not follow any of the best practices known to me as a therapist or gender specialist. As a therapist, my job is to offer clients the support and encouragement that they need to explore their identity and help them make decisions using specific codes of ethics and scientific research. In my practice, I utilize the WPATH SOC to assess, refer, and provide ongoing support to my clients who are seeking gender-affirming care. The WPATH SOC: Standards of Care for the Health of Transgender and Gender Diverse</p>	<p>Thank you for your comment. The regulations do not prohibit obtaining treatment for gender nonconformity or gender dysphoria. Nebraska Revised Statutes §§ 71-7301 to 71-7307 require the Chief Medical Officer and the Department to promulgate regulations for nonsurgical pharmaceutical gender altering treatment. The statutory obligations include setting the minimum number of gender-identity-focused therapeutic hours required, patient advisory requirements necessary to obtain informed consent from the patient and/or their parent or legal guardian, patient medical record documentation, and a minimum waiting period between the time the health care practitioner obtains informed consent and the administration, prescribing, or delivery of puberty blocking drugs, cross-sex hormones, or both. No changes will be made to the regulations at this time.</p> <p>Please also see comment 4.</p>

	<p>People, Version 8 “promotes the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. The SOC are based on the best available science and expert professional consensus. The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment.”</p> <p>The WPATH was largely ignored in the creation of this bill and in the implementation of the emergency measures to govern how providers administer treatment, despite this document existing as the current standard of care for gender-affirming providers. I have specialized in transgender care for over 10 years in our community and I have not encountered a single expert who has supported this law or the current administration of the law. I am asking you to trust the leading experts at our prestigious research hospital, Nebraska Medicine, including Dr. Jean Amoura, as well as the hundreds of other doctors, therapists, and other providers who are currently providing gender-affirming care. There is no “one-size-fits-all” approach to therapeutic processes and there is no evidence that the required 40-sessions of psychotherapy would be necessary to determine appropriateness of</p>	
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	<p>treatment. There are no guidelines requiring a certain amount of therapy, a particular amount of time for exploration, or even an ongoing therapeutic requirement while receiving hormone treatment in the WPATH.</p> <p>As a provider of transgender care, I have witnessed firsthand the improvements in the mental health, self-esteem, and overall wellbeing of transgender youth after accessing puberty blockers and hormone therapy. Many of the youth that I have referred to medical providers report that hormone therapy was the single largest contributor to alleviation of their dysphoria. Dysphoria contributes heavily to depression, anxiety, eating disorders, social isolation, and suicidal ideation and behavior.</p> <p>According to a 2022 survey completed by the Trevor Project, 58% of transgender and nonbinary youth in Nebraska seriously considered suicide and 22% attempted suicide. As a mental health clinician, it is my responsibility to identify and address risk factors that would affect the safety and wellbeing of my clients. Specific factors that increase suicide risk in trans youth include lack of access to medical and mental health care, lack of social support, lack of affirming schools, and their perception of rejection within society and their community. This law represents a rejection of their place in society and creates roadblocks to the type of care that would not only be affirming but could potentially be lifesaving. The amount of “red</p>	
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	<p>tape” that currently exists for accessing gender-affirming care is already staggering. Many young people will not be able to meet the requirements of this law to access gender-affirming care due to geographical, financial, and other health care accessibility barriers.</p> <p>Further, we are experiencing a shortage of therapists in Nebraska and have even fewer therapists who are competent in transgender care to provide the appropriate services to the individuals who may need this life-saving care. Our state has passed many recent laws, including LB574, that are driving working professionals and scientifically minded individuals out of our state and into more progressive areas where they can work and live in accordance with their knowledge, expertise, and professional ethics. This “brain drain” is a real problem in Nebraska and the results will affect everyone, not just transgender individuals.</p> <p>I am asking you to allow health care professionals to complete assessment and treatment of transgender youth according to our knowledge, training, and professional ethics. It is my belief that this law is unnecessary, but since we have a law regarding gender-affirming care, please create standards that reflect the research included in the WPATH, which has been the standard of care since it was written in 1979. Transition-related care is a choice that should be made by youth, their caregivers, and trained health care professionals, not lawmakers. I</p>	
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	<p>strongly urge you to consider the implications of your decision regarding LB574 and protect and support transgender youth in Nebraska. Thank you for your consideration.</p>	
<p>75. Brooke Fullerton</p>	<p>Hello, my name is Brooke Fullerton, and I live in [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure</p>	<p>Please see comment 5.</p>

	<p>children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children! Thanks for all you do! I truly appreciate your sacrifice!</p>	
76. C. Allen Hervert	<p>Hello, my name is C. Allen Hervert, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help.</p> <p>Please implement stronger regulations to protect</p>	Please see comment 5.

	children.	
77. C. Rex Adams	<p>Hello, my name is C. Rex Adams, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p>	Please see comment 5.



	Please implement stronger regulations to protect children	
78. Caleb Palensky	<p>My name is Caleb Palensky, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>Scripture says, “folly is stored up in the heart of a child.” Children imagine things all the time that are untrue. We need to help them grow through them into reality.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you</p>	Please see comment 5.
79. Caleb Trueblood	<p>Hello, my name is Caleb, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.

	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
80. Carlton Thygesen	Hello, my name is Carlton Thygesen, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.	Please see comment 5.

	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>As a pharmacist in the State of Nebraska, I recognize many adverse drug reactions and serious risks to utilizing cross-sex hormones and puberty blockers to minors, to include decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children. Thank you for listening</p>	
81. Carol Clough RN,BSN	<p>Hello, my name is Carol Clough, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>As an RN with over 40 years of experience, including teaching medication courses and the FDA process for evaluation and approval of drugs, the following points are crucial to</p>	Please see comment 5.

	<p>consider:</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you for your service to our great state, her people and her most valuable resource—her children.</p>	
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82. Cassie Kilzer	<p>Hello, my name is Cassie Kilzer, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p> <p>Thank you for your time</p>	Please see comment 5.
83. Catherine Badura	Hello, my name is Catherine Badura, I live at [Address].	Please see comment 5.

	<p>I am submitting a written comment to support the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to accept their biological sex, need love, support, and time – definitely not harmful drugs with lifelong, irreversible physical, psychological, and social consequences.</p> <p>My professional life included decades of pediatric nursing in several different settings. Children are simply not capable of understanding long term effects of medication, especially those which effect nearly every cell in their body. This push to try to normalize a gender confusion is a serious matter, which affects not just the child, but the family, classmates, and society.</p> <p>I have person experience with children, who were gender confused at one time. However, months or year later, they were not confused as to what sex they were.</p> <p>Instead of pushing drugs on children, I would prefer a focus for stronger options for treatment of depression, anxiety, sex abuse and alcohol and drug abuse. This is where the focus should be to help children. Currently, the available resources are pathetically scarce. Not only that, but they interfere with school and family schedules, which further complicates a successful recovery. Drugs of our children are NOT the answer. Please implement stronger regulations to protect children’s physical, mental and emotional wellbeing.</p>	
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	Thank you for your time and consideration.	
84. Lincoln Friends Meeting; Catherine Dorenbach	<p>Lincoln Monthly Meeting of the Religious Society of Friends (Quakers) celebrates the presence of transgender people in our midst. These members enrich our community and deepen our worship. We believe that there is that of God in everyone and everyone has gifts to bring to the world. Whenever anyone is excluded, God’s ability to work in our midst is diminished.</p> <p>We commit ourselves to support the civil and human rights of all transgender people. We also commit to enlarging our understanding of their experience. No one should face discrimination in employment, housing, health care, or otherwise, or have their dignity assaulted and their human rights curtailed because of their gender identity.</p> <p>We are particularly concerned about recently enacted legislation in our state limiting rights to appropriate medical care for trans people under 19. The rights of medical care providers, trans people under 19, and parents of these young people to make appropriate medical care decisions must be respected. Difficulties in medically sound and humane treatment under the regulations are generally problems with the law itself. A problem that runs through the regulations is a “one size fits all” approach to standards that would better be left to the professional judgement of the therapist. For example, the requirement for every child to</p>	Please see comments 3, and 4.

	<p>undergo a minimum of 40 hours of therapy may be appropriate for some children and not for others. Other parts of the standards are difficult or impossible to measure with any certainty. For example, the requirement that therapy be “clinically neutral.” That vague requirement makes fair enforcement difficult or impossible. Early Quakers in the 1600’s in England were often jailed for holding minority views such as our conviction that the ability to discern truth is not affected by one’s gender or social class. Because of this history, we are particularly sensitive to the overreach of state power, unfortunately demonstrated, we believe, in this statute and its regulations.</p>	
85. Catherine E Peterson	<p>I am imploring you to protect children from dangerous drugs by supporting the Title 181, Chapter 8 of the Nebraska Code-Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	<p>Thank you for your comments. No changes will be made.</p>
86. Charles Pratt	<p>I am writing to express my strong opposition to the proposed rule on Nonsurgical Pharmaceutical Gender Altering Treatments. I believe that this rule as written would be harmful to Nebraska families and would undermine their ability to make their own medical decisions for their children. I am concerned that this rule would make it more difficult for Nebraska parents to access information about the risks and benefits of gender-altering treatments. I believe that Nebraska parents have the right to know all of the information available about these treatments</p>	<p>Please see comments 3 and 4.</p>



	<p>before making a decision about whether or not to pursue them for their children.</p> <p>I am also concerned that this rule would make it more difficult for Nebraska parents to get their children the care they need. I believe that Nebraska parents should have the right to choose the doctor they want for their children and should not be forced to choose a doctor based on their views on gender-altering treatments. The timetables set out in the proposed regulation are overboard and set unnecessary waiting periods.</p> <p>Finally, I am concerned that this rule would set a dangerous precedent. I believe that Nebraska families should not be forced to make any medical decisions for their children based on the government's views.</p> <p>I urge you to reconsider this proposed rule and to protect the rights of Nebraska families to make their own medical decisions for their children.</p>	
87. Charles Schmidt	<p>Hello, my name is Charles Schmidt, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p>	Please see comment 5.

	<p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
88. Cheri Schmidt	<p>Hello, my name is Cheri Schmidt, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p>	Please see comment 5.

	<p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children. Commonsense is the necessary action here. Please use it!</p> <p>Thank you for doing your part in protecting NE children from a lifetime of regret.</p>	
89. Chris Oerman	<p>Hello, my name is Chris Oerman, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.

	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children's physical, mental, and emotional well-being. Thank you for your time and consideration.</p>	
90. Christin McDermott	Hello, my name is Christin McDermott, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code –	Please see comment 5.

	<p>Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children. Thank you.</p>	
91. Cindy Kwiatkowski	<p>Hello, my name is Cindy Kwiatkowski, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>My husband and I raised three kids and one grandchild. I can honestly</p>	Please see comment 5.

	<p>say that at some point in their childhood, they all displayed some sort of sexual/gender confusion. The boys dressed up in mommy's high heels and dresses and our daughter was scared and wondered if she could handle the embarrassment of menstruation. The point is, they all got through it. The kids are now happy productive heterosexual adults and the grandchild is a productive heterosexual teenager. They were the same as the overwhelming majority of children in this world will be if society, school systems and medical systems don't interfere in a negative way (affirmation care instead of love and support in understanding the biological changes they are going through). Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be to confirm children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p>	
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	<p>I would like Nebraska DHHS to impose the strictest level of requirements before puberty blockers and cross-sex hormones can legally be implemented for children. In my opinion, a child should go through no less than one year of counseling that does not employ ANY aspect of affirming care. As stated, Counseling needs to ensure children receive help not harm, treatment not transition, and protection not politics. Please implement stronger regulations to protect children.</p>	
<p>92. Clark Hervert</p>	<p>Hello, my name is Clark Hervert, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-</p>	<p>Please see comment 5.</p>

	<p>altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help.</p> <p>Please implement stronger regulations to protect children. Thank you.</p>	
<p>93. Clayton B and Cheryl Willis</p>	<p>We are emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p>	<p>Please see comment 5.</p>



	Please implement stronger regulations to protect children.	
94. Connie Abdo, RN	<p>My name is Connie Abdo, and I live at [Address]. I am a nurse and mother. I am emailing because I am concerned about Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	Please see comment 5.

<p>95. Connie Helmink</p>	<p>Hello, my name is Connie Helmink, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	<p>Please see comment 5.</p>
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96. Connie J Hughes	<p>Hello, my name is Connie J Hughes, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	Please see comment 5.
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<p>97. Connie Rossini</p>	<p>Hello, my name is Connie Rossini, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified</p> <p>Please implement stronger regulations to protect children.</p>	<p>Please see comment 5.</p>
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<p>98. Danielle Herman</p>	<p>Hello, my name is Danielle Herman, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	<p>Please see comment 5.</p>
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<p>99. Danielle Klafter</p>	<p>Hello, my name is Danielle Klafter, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>I am a mother and I believe children should first and foremost be protected! There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. If the dysphoria remains when they come of age, then they can make those decisions for themselves, but until that point, irreversibly altering their physical state with long-term consequences when they are too young to understand the consequences is not caring for children. It’s tantamount to abuse. Please implement stronger regulations to protect children.</p>	<p>Please see comment 5.</p>
<p>100. Darrel Moreland, MSN, APRN-NP, PMHNP-BC</p>	<p>Hello, my name is Darrel Moreland, and I am a constituent of Nebraska’s 7th District. I am writing in opposition to LB 574 and the proposed permanent ruling on its language. As a psychiatric mental health nurse practitioner, I frequently encounter trans youth</p>	<p>Please see comments 3, 4, and 74.</p>

	<p>suffering from worsening mental health due to discrimination and barriers to care forced upon them by public policy. The proposed pathway to gender affirmative care furthers these disparities. Those without the financial means to pay for the required 40 sessions of therapy will be unable to seek treatment. In addition, for professionals like myself and colleagues that provide services to trans youth, we will undoubtedly find ourselves challenged to support to our patients earnestly seeking affirming care while being fearful our practice is violating the ambiguous language surrounding what constitutes said therapy, potentially threatening our livelihood. Personally, I worry as a parent of two gender expansive children that my family and I will have no choice but to move my practice to a state conscientious enough to care for its residents. I fear that the trans patients and colleagues with whom I work, including nurses, physicians, and social workers, will follow suit. These departures will lead to further staffing shortages in the Nebraska healthcare system and cause further disruption in mental healthcare, a system that is already tragically inadequate.</p> <p>Dr. Tesmer, I can appreciate the challenge you face, and I do not envy your position. I know that there are many stakeholders buried in this issue, one which calls you to uphold the rigors of medical science and research to provide evidence-based practice to patients,</p>	
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	<p>and the other driven by emboldened senators believing their political convictions provide them license to drive public health policy away from those professionals who seek to serve their clients. At the end of the day, however, you made an oath to take care of your patients, the citizens of Nebraska, not their legislators. I trust you will make the ethical decision.</p>	
<p>101. David Bentz</p>	<p>Hello, my name is David Bentz, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p>	<p>Please see comment 5.</p>



	<p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
102. Dave Drozd	<p>Hi, my name is Dave Drozd, a Nebraska resident at [Address]. I wanted to submit a written comment by email regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code (for Gender Altering Treatments).</p> <p>All children need love, support, and patient understanding, especially those kids who are wondering about their gender and sexuality. They do not need harmful drugs with numerous side effects and lifelong consequences. We need to follow the first duty of medicine - Doing No Harm and cross-sex hormones and puberty blockers can cause harm. They have many serious risks, most notably infertility and mental anguish at the often-irreversible nature of these drugs and medical procedures. The state should help families support their children and receive the help they need to address underlying issues. Research shows the vast majority of children will outgrow gender dysphoria over time.</p> <p>Counseling requirements, informed patient, and parental consent, and waiting periods can help</p>	Please see comment 5.

	<p>ensure children are not harmed. Thus, these items should be increased and improved. Take action for stronger regulations on this topic to better protect our children from cross-sex hormones and puberty blockers. Thank you. I'll be watching your actions on this issue closely.</p>	
<p>103. David Logsdon</p>	<p>Hello, my name is David Logsdon, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p>	<p>Please see comment 5.</p>

	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>104. David Repair</p>	<p>Hello, my name is David Repair, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p>	<p>Please see comment 5.</p>

	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you.</p>	
<p>105. Deb Schardt</p>	<p>Hello, my name is Deb Schardt, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p>	<p>Please see comment 5.</p>

	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>106. Debra Ludwick</p>	<p>Hello, my name is Debra Ludwick, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. There’s a spiritual need in their soul— not a change to their gender!! They need the guidance of Christian counseling. I believe this with my whole heart! Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p>	<p>Please see comment 5.</p>

	<p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children</p>	
<p>107. Diana Sunshine Wulf</p>	<p>Hello, I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code [2] Nonsurgical Pharmaceutical Gender Altering Treatments. I DO NOT CONSENT TO TAX DOLLARS FUNDING PLASTIC SURGERY FOR VANITY OR CHILD SEXUAL MUTILATION! Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p>	<p>Please see comment 5.</p>

	<p>The counseling requirements, informed patient consent, and long waiting period can help ensure children receive help not harm, and they should be increased and intensified. Please implement A BAN to protect children's physical, mental, and emotional well-being. Thank you for your time and consideration.</p>	
<p>108. Dina Critel-Rathje, MS, LIMHP, LMFT</p>	<p>Hello, my name is Dina Critel-Rathje, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p>	<p>Please see comment 5.</p>

	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>As a licensed mental health practitioner, I am concerned about a contagion I see among adolescents who are searching for their place in life and look at changing their sex as the answer to their angst. We need to give them time to grow and process who they are. Please implement stronger regulations to protect children</p>	
109. Donald Glover	<p>Hello, my name is Donald Glover, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p>	Please see comment 5.



	<p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
110. Donna Buell	<p>Hello, my name is Donna Buell, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not</p>	Please see comment 5.

	transition, and protection not politics, and they should be increased.	
111. Doug Schmidt	<p>Hello, my name is Doug Schmidt, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect</p>	Please see comment 5.

	children.	
112. Dr. Ivan Abdouch	<p>My name is Dr. Ivan Abdouch. I recently retired after 42 years of medical practice in both the private (1980-1990) and academic (1990-2022) settings. I provided transgender care as medical director of the Omaha Gender Identity Team during 30 of those years.</p> <p>Because I am unable to speak in person at the hearing (I will be traveling at that time), I am submitting this statement in hopes that my input on this matter will be taken into consideration. Before presenting my thoughts, I believe that it is appropriate to first offer a few of my credentials for background purposes (and I will gladly provide more if needed):</p> <p>American Academy of Family Physicians</p> <ul style="list-style-type: none"> <li>- Delegate for Nebraska, AAFP Congress of Delegates (2018-2021)</li> <li>- AAFP Reference Committee on Advocacy (2019)</li> </ul> <p>Nebraska Academy of Family Physicians</p> <ul style="list-style-type: none"> <li>- President and Board Chair (2008-2009)</li> <li>- Member, Board of Directors, and Chair of several committees (2006-2021)</li> </ul> <p>University of Nebraska Medical Center, Department of Family Medicine</p> <ul style="list-style-type: none"> <li>- Full time faculty – patient care, teaching, research, and administrative roles (1990-2019)</li> <li>- Assistant Professor (1990-2003)</li> </ul>	Please see comments 3, and 5.

	<ul style="list-style-type: none"> <li>- Associate Professor (2003-2019)</li> <li>- Associate Residency Program Director (2005-2019)</li> <li>- Associate Professor Emeritus (2019-present)</li> </ul> <p>Diplomate, American Board of Family Physicians Fellow, American Academy of Family Physicians</p> <p>I became the medical director for the Omaha Gender Identity Team in 1988 and spent the following 30 years providing management for transgender individuals throughout the Midwest. At that time, ours was the only team in the area that provided transgender care, serving as active proponents for all transgender individuals when it was quite unpopular and very few (if any) other physicians in our area would become involved or even discuss it. Our leader, the late Elmorine Hites, was a pioneer, champion, and consummate expert on transgender care since the mid-1970s. The team also included board certified psychiatrists, psychologists, and various allied professionals to assist with supportive aspects of care.</p> <p>I genuinely admire the effort that went into the proposed regulations – a valiant attempt to address one of the most complex and heated medical issues of our day. The dizzying barrage of conflicting scientific data flying in from every side of the debate is further complicated by non-medical influences – social, political, institutional, etc.</p>	
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	<p>I especially applaud the emphasis that is very rightfully placed on safety in the stated purpose of the proposed regulations...</p> <ul style="list-style-type: none"><li>- "181 NAC 8 provides minimum standards necessary to ensure the health, safety, and welfare of Nebraskans younger than 19 years of age for nonsurgical pharmaceutical gender altering procedures"</li><li>- "The regulations provide standards to ensure patient safety for those who have not reached the age of 19" (stated twice)</li></ul> <p>I think we can all agree that there is absolutely nothing more important than patient safety, which must always be given top priority and intentionally kept at the center of all medical decision-making. With safety in mind, the complexity of the issue can be made far more manageable by simply asking and answering three root safety-related questions to guide the process...</p> <ol style="list-style-type: none"><li>1) What are the current, generally accepted standards of care? Answer: There are none.</li><li>2) How can we predict with certainty that a child or adolescent is clearly gender dysphoric and will continue their transgender journey throughout their lifetime? Answer: We can't.</li></ol>	
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3) What are potential consequences for medical (or surgical) treatment of a child who is not transgender/gender dysphoric?

Answer: Unjustifiable, irreversible harm with lifelong effects.

The regulations might arguably be appropriate if they were applied solely to those in whom the diagnosis of gender dysphoria is certain, and it is known that their gender identity would continue throughout their lifetime. But since these cannot be reliably determined in children and adolescents (and even in some adults), both medical and surgical treatment could lead to irreversible damage to those who should not have received these treatments.

Desisting and detransitioning stand as evidence of this concern. Disagreement exists over how often these occur, but there is no question that some choose to turn back. Those individuals cannot be ignored. Knowing this, the real question is... how many children and adolescents are we willing to put at risk for irreversible, lifelong damage due to inappropriate treatment? That question necessarily requires an answer before any medical regulations can be justified.

In reality, the only "safe" management is counseling by a competent therapist. The decision to proceed with any medical or surgical treatment would be based on something other than safe medical practices.

Given the above, one must conclude that the regulations for medical management do not fulfill the stated purpose of “safety” – so further discussion would simply be hammering out the details of “unsafe” practices. Perhaps it would be more beneficial to have regulations that address various aspects of counseling, rather than to pursue unsafe medical management.

\* Sometimes we just need to care enough to say “no” – or at least “not yet”. \*

Taking a closer look at the three questions, one at a time...

1) What are the current, generally accepted standards of care?

Answer: There are none.

“The standard of care is a legal term, not a medical term. Basically, it refers to the degree of care a prudent and reasonable person would exercise under the circumstances.”  
(Vanderpool D. The Standard of Care. *Innov Clin Neurosci*. 2021 Jul-Sep;18(7-9):50-51. PMID: 34980995; PMCID: PMC8667701)

Some people point to “Standards of Care” provided by the World Professional Association for Transgender Health (WPATH), but the term “Standards of Care” is a misnomer because this document is not a legal standard. It is, in fact, simply a set of “guidelines” as specifically stated in its opening abstract...

	<p>“As in all previous versions of the SOC, the criteria set forth in this document for gender-affirming medical interventions are clinical guidelines...”</p> <p>Perhaps these “guidelines” might provide useful guidance for the management of adults, but there is significant disagreement among experts with equivalent knowledge, experience, and expertise in the management of children and adolescents – experts who are no less “prudent and reasonable” than are members of WPATH. By definition, therefore, any claim to “Standards of Care” by anyone on any side of the debate is arbitrary – and the often-cited WPATH “Standards of Care” should be viewed only as a single set of “guidelines” proposed by one group, not as a definitive source that is widely accepted by experts. No such definitive source exists.</p> <p>2) How can we predict with certainty that a child or adolescent is clearly gender dysphoric and will continue their transgender journey throughout their lifetime? Answer: We can’t.</p> <p>Who says we can’t? Certainly, experts who disagree with medical (and surgical) transgender management of children say so – but to exclude claims for oppositional bias in this discussion, let’s look at direct quotes from the WPATH “guidelines”...</p>	
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	<p>“[T]here are no psychometrically sound assessment measures capable of reliably and/or fully ascertaining a prepubescent child’s self-understanding of their own gender and/or gender-related needs and preferences (Bloom et al., 2021).”</p> <p>“[W]e have limited ability to know in advance the ways in which a child’s gender identity and expressions may evolve over time and whether or why detransition may take place for some. In addition, not all gender diverse children wish to explore their gender (Telfer et al., 2018).”</p> <p>“[G]ender trajectories in prepubescent children cannot be predicted and may evolve over time (Steensma, Kreukels et al., 2013).”</p> <p>“[D]iverse gender expressions in children cannot always be assumed to reflect a transgender identity or gender incongruence (Ehrensaft, 2016; Ehrensaft, 2018; Rael et al., 2019)”</p> <p>“It is neither possible nor is it the role of the HCP to predict with certainty the child’s ultimate gender identity.”</p> <p>The WPATH “guidelines” also point to typical developmental factors that can further complicate assessment of minors...</p> <p>“[A]dolescence is also often associated with</p>	
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	<p>increased risk-taking behaviors.”</p> <p>“[A]dolescence is often characterized by individuation from parents and the development of increased personal autonomy.”</p> <p>“There is often a heightened focus on peer relationships, which can be both positive and detrimental (Gardner &amp; Steinberg, 2005).”</p> <p>“Adolescents often experience a sense of urgency that stems from hypersensitivity to reward, and their sense of timing has been shown to be different from that of older individuals (Van Leijenhorst et al., 2010).”</p> <p>And the “guidelines” discuss other psychosocial issues that can further cloud the diagnosis...</p> <p>“A child may be experiencing obsessions and/or environmental concerns, including family system problems that can be misinterpreted as gender congruence or incongruence (Berg &amp; Edwards-Leeper, 2018).”</p> <p>“[M]ental health can also complicate the assessment of gender development and gender identity-related needs...such as obsessions and compulsions, special interests in autism, rigid thinking, broader identity problems, parent/child interaction difficulties, severe developmental anxieties (e.g., fear of</p>	
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	<p>growing up and pubertal changes unrelated to gender identity), trauma, or psychotic thoughts."</p> <p>Some propose that the childhood concerns mentioned are distinct from those of adolescence, but this is an artificial boundary as there can be significant overlap. Furthermore, some would point out that the distinction between childhood and adolescence is perhaps irrelevant because fully rational thinking does not occur until the frontal cortex is developed sometime in the mid-to-late 20s.</p> <p>We should also keep in mind that the DSM-5 criteria for gender dysphoria in children and adolescents are largely (perhaps completely) subjective without objective measures, and they provide more of a description than an actual definition for gender dysphoria. The source of discomfort reported by the patient is sometimes from some non-gender-related origin but can – and is – sometimes misinterpreted as gender dysphoria. Relying on interpretation of purely subjective reporting would be analogous to diagnosing and treating diabetes, asthma, cancer, or any other medical condition based on the person’s belief that they have the condition and/or they report having symptoms of the condition without any objective evidence.</p> <p>In addition to the above concerns, topics such as this tend to be susceptible to potential clinician and/or researcher bias which might easily be</p>	
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	<p>overlooked when information is presented by those who are deemed to be experts. One must actively seek out the possibility of bias at both the clinical and research levels because people will seldom acknowledge (or perhaps even recognize) the presence of bias in their presentation. “Facts” must be objective and free of conjecture, inference, assumptions, “group think”, personal beliefs, “diagnosis momentum”, personal gain, etc. I have appended a list of biases to be considered when assessing information presented.</p> <p>BOTTOM LINE: There is no place for speculation when impactful treatments are being contemplated. The gender course of children and adolescents (and even some adults) cannot be reliably predicted. As such, any medical (or surgical) management could be inadvertently and unjustifiably employed in some who are not transgender/gender dysphoric due to a flawed diagnosis. If a person who is being incorrectly managed trusts that their health care provider is doing the right thing, then that person assumes that they are also doing the right thing – even if it may not actually be the right thing – and the wheels are set in motion.</p> <p>* Sometimes we just need to care enough to say “no” – or at least “not yet”. *</p> <p>3) What are potential consequences for medical (or surgical) treatment of a child who is not transgender/gender dysphoric?</p>	
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	<p>Answer: Unjustifiable, irreversible harm with lifelong effects.</p> <p>The lack of justification for gender-related medical treatment in children and adolescents is magnified by the fact that these treatments carry significant unknowns, and they present risks for irreversible physical and/or emotional harm.</p> <p>Again, let's circumvent any claims for oppositional bias by looking at direct quotes from the WPATH "guidelines":</p> <p>“[T]here are few outcome studies that follow youth into adulthood. Therefore, a systematic review regarding outcomes of treatment in adolescents is not possible.”</p> <p>“Some adolescents may regret the steps they have taken (Dyer, 2020).”</p> <p>“[D]etransitioning may occur in young transgender adolescents and health care professionals should be aware of this. Many of them expressed difficulties finding help during their detransition process and reported their detransition was an isolating experience during which they did not receive either sufficient or appropriate support (Vandenbussche, 2021).”</p> <p>“Higher (i.e., more advanced) ages may be required for treatments with greater irreversibility, complexity, or both. This</p>	
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	<p>approach allows for continued cognitive/emotional maturation that may be required for the adolescent to fully consider and consent to increasingly complex treatments.”</p> <p>“There is, however, limited data on the optimal timing of gender-affirming interventions as well as the long-term physical, psychological, and neurodevelopmental outcomes in youth (Chen et al., 2020; Chew et al., 2018; Olson-Kennedy et al., 2016).”</p> <p>“Puberty is a time of significant brain and cognitive development. The potential neurodevelopmental impact of extended pubertal suppression in gender diverse youth has been specifically identified as an area in need of continued study (Chen et al., 2020).”</p> <p>“[T]here are concerns delaying exposure to sex hormones (endogenous or exogenous) at a time of peak bone mineralization may lead to decreased bone mineral density. The potential decrease in bone mineral density as well as the clinical significance of any decrease requires continued study (Klink, Caris et al., 2015; Lee, Finlayson et al., 2020; Schagen et al., 2020).”</p> <p>So-called “puberty blockers” are often mistakenly portrayed as safe and reversible. This claim is unfounded, given that fact that suppressing</p>	
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	<p>puberty has been linked to altered timing of the pubertal growth spurt; delayed fusion of bone growth centers which may affect adult height; decreased bone density (osteopenia and osteoporosis); increased risk of both arterial and venous clotting events; emotional instability (e.g., crying, irritability, impatience, anger and aggression); convulsions; decreased white blood cells; diabetes mellitus; paralysis; hypertension; compromised ability to have a genetic child in those whose endogenous puberty was suppressed early in puberty; suicidal ideation and attempt.</p> <p>Beyond those physiologic risks, delaying puberty can be emotionally stressful and predispose the child to experiencing lower self-esteem because their development falls behind that of their peers – a fact that is overlooked by those who try to emphasize that puberty will resume after puberty blockers are withdrawn.</p> <p>Hormone therapy carries potential adverse effects at all ages, some of which will persist after hormones are discontinued. Additional concerns related to use before adulthood exist because of the irreversible effects a child or adolescent could be left with if they decide to detransition or desist – e.g., lower voice, male pattern hair, and enlarged clitoris in transmasculine youth; breast development in transfeminine youth.</p> <p>Irreversibility of treatment may be a desirable outcome in the management of clearly gender</p>	
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	<p>dysphoric individuals because that is their ultimate goal – but that same irreversibility is obviously detrimental to those who aren't clearly gender dysphoric.</p> <p>BOTTOM LINE: Besides their association with significant adverse effects, long-term outcomes are unknown, and safety has not been established for the use of gender-related medications in children and adolescents. As such, their use in anyone whose ultimate gender identity is not known cannot be medically, logically, or ethically justified.</p> <p>* Sometimes we just need to care enough to say “no” – or at least “not yet”. *</p> <p>One of the Omaha Gender Identity Team's guiding principles was perhaps the most basic of tenets taught in medicine: “First, do no harm” – a commitment to non-maleficence which tells us that given an existing problem, it may be better not to do something, or even to do nothing, than to risk causing more harm than good. We recognized that much has been and continues to be learned about transgender health, but at least as much was – and still is – unknown and unproven. Being mindful of this, our team believed that being fully supportive of our clientele at all ages included looking out for their welfare by firmly adhering to management that was proven to be both safe and effective. This frequently called for us to resist yielding to the eager requests of our patients to go beyond those limits.</p>	
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My colleagues and I understood that some of the children and adolescents who presented to us might well continue their transgender course into adulthood, while others might return to their birth gender identity. But there was – and still is – no way to reliably predict who would fall into which group; and we respected the fact that medical (and surgical) methods for children and adolescents had not – and still have not – been proven to be safe and effective. Thus, we saw no place for any medical (or surgical) management until they had reached adulthood and their course became more well defined. In the meantime, we offered support and appropriate counseling for all minors and their parents, siblings, friends, and others.

While we're hearing the voices of a subset of transgender activists, we also need to be aware that there are at least as many transgender individuals – possibly more – who are silently upset by all the activism. They tell me that they won't step forward with their objections because they and their families simply want to blend in and not be under a spotlight. Speaking out would make that impossible.

Please keep in mind that I am not “anti-trans”. I didn't spend 30 years treating, supporting, caring, and advocating for my transgender friends because I oppose them. Just the opposite. After decades first-hand experience, dealing with the ramifications of medical and surgical

	<p>management and a deep respect for the potential consequences of these interventions, I simply care enough to try to keep them safe.</p> <p>Likewise, I ask you to please stay true to your stated purpose “to ensure patient safety for those who have not reached the age of 19”. Please don’t let misdirected beliefs place the lives of children and adolescents at risk.</p> <p>* Sometimes we just need to care enough to say “no” – or at least “not yet”. *</p>	
113. Dr. Ivan Abdouch	<p><b>POTENTIAL BIASES AFFECTING MANAGEMENT</b></p> <p><b>Anchoring:</b> the tendency to perceptually lock on to salient features in the patient’s initial presentation too early in the diagnostic process, and failure to adjust this initial impression in the light of later information. This bias may be severely compounded by the <i>confirmation bias</i>.</p> <p><b>Ascertainment bias:</b> when a physician’s thinking is shaped by prior expectation.</p> <p><b>Availability cascade:</b> when a collective belief becomes more plausible through increased repetition, e.g. ‘I’ve heard this from several sources so it must be true’.</p> <p><b>Bandwagon effect:</b> the tendency for people to believe and do certain things because many</p>	Thank you for your comments. No changes will be made.

	<p>others are doing so.</p> <p><b>Base-rate neglect:</b> the tendency to ignore the true prevalence of a disease, either inflating or reducing its base-rate, and distorting Bayesian reasoning. However, in some cases clinicians may (consciously or otherwise) deliberately inflate the likelihood of disease, such as in the strategy of 'rule out worst case scenario' to avoid missing a rare but significant diagnosis.</p> <p><b>Belief bias:</b> the tendency to accept or reject data depending on one's personal belief system, especially when the focus is on the conclusion and not the premises or data.</p> <p><b>Blind spot bias:</b> the general belief physicians may have that they are less susceptible to bias than others due, mostly, to the faith they place in their own introspections.</p> <p><b>Commission bias:</b> results from the obligation towards beneficence, in that harm to the patient can only be prevented by active intervention.</p> <p><b>Confirmation bias:</b> the tendency to look for confirming evidence to support a diagnosis rather than look for disconfirming evidence to refute it, despite the latter often being more persuasive and definitive.</p> <p><b>Déformation professionnelle:</b> once a patient is referred to a specific discipline, the bias within that discipline to look at the patient only from</p>	
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	<p>the specialist's perspective is referred to as</p> <p><b>Diagnosis Momentum:</b> once diagnostic labels are attached to patients, they tend to become stickier and stickier. Through intermediaries, (patients, paramedics, nurses, physicians) what might have started as a possibility gathers increasing momentum until it becomes definite, and all other possibilities are excluded.</p> <p><b>Ego bias:</b> in medicine, is systematically overestimating the prognosis of one's own patients compared with that of a population of similar patients.</p> <p><b>Feedback sanction:</b> making a diagnostic error may carry no immediate consequences as considerable time may elapse before the error is discovered (if ever).</p> <p><b>Illusory correlation:</b> the tendency to believe that a causal relationship exists between an action and an effect, often because they are simply juxtaposed in time; assuming that certain groups of people and particular traits go together.</p> <p><b>Need for closure:</b> the bias towards drawing a conclusion or making a verdict about something when it is still not definite. It often occurs in the context of making a diagnosis where the clinician may feel obliged to make a specific diagnosis under conditions of time or social pressure, or to escape feelings of doubt or uncertainty.</p> <p><b>Overconfidence bias:</b> there is a universal</p>	
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	<p>tendency to believe we know more than we do. This is a pervasive and powerful bias. Overconfidence reflects a tendency to act on incomplete information, intuitions, or hunches. Too much faith is placed in opinion instead of carefully gathered evidence.</p> <p><b>Premature closure:</b> a powerful bias accounting for a high proportion of missed diagnoses. It is the tendency to apply premature closure to the decision-making process, accepting a diagnosis before it has been fully verified. The consequences of the bias are reflected in the maxim 'when the diagnosis is made, the thinking stops'.</p> <p><b>Sunk costs:</b> the more clinicians invest in a particular diagnosis, the less likely they may be to release it and consider alternatives.</p> <p><b>Value bias:</b> physicians may express a stronger likelihood in their decision making for what they hope will happen rather than what they really believe might happen.</p> <p><b>Visceral bias:</b> the influence of affective sources of error on decision-making has been widely underestimated. Visceral arousal leads to poor decisions. Countertransference, involving both negative and positive feelings towards patients, may result in diagnoses being missed.</p>	
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<p>114. Dr. Ronald Bartzatt</p>	<p>Hello, my name is Dr. Ronald Bartzatt, and I live in Nebraska. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	<p>Please see comment 5.</p>
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<p>115. Elda Mae Pohlmann</p>	<p>Hello, my name is Elda Mae Pohlmann, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children</p> <p>DO NOT MESS WITH GOD’S CREATION! YOU ARE NOT AS SMART AS HE IS!!!!!! HIS WORD, THE</p>	<p>Please see comment 5.</p>
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	<p>BIBLE, HE, OUR CREATOR, GAVE TO US AS A GUIDE TO LIVE BY. IT IS OUR “INSTRUCTION MANUAL”</p> <p>I do not trust teachers to lead children “in the way they should go” God’s word. Proverbs 22:6. I have witnessed too many teachers usurp parent’s authority.</p>	
<p>116. Elizabeth Nunnally</p>	<p>Hello, my name is Elizabeth Nunnally, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p>	<p>Please see comment 5.</p>



	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p> <p>*** Confidentiality Notice: This communication, including any attachments, may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient or an authorized representative thereof, any dissemination, distribution, use or copying of this communication is strictly prohibited. If you received this communication in error, please notify Nebraska Family Alliance at (402) 477-3191.</p>	
<p>117. Elizabeth Varvel</p>	<p>Hello, my name is Elizabeth Varvel, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>I would urge you to adopt strong regulations to protect children who are struggling in reference to their biological sex.</p> <p>Nebraska has a public interest in the health and welfare of its citizens. As you are aware, cross-sex hormones and puberty blockers have serious and lifelong effects, such as increased</p>	<p>Please see comment 5.</p>

	<p>risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. In this case, an interest in their health and welfare requires that children receive factual medical information about effects and consequences; that they receive the counseling help they need for their particular circumstances; and that they truly have the information, counseling, and time to make an informed consent.</p> <p>Counseling requirements, informed patient consent, and an adequate waiting period should be the minimum that we can do to help ensure children receive the help they need.</p> <p>Please implement stronger regulations to protect these children. Thank you.</p>	
<p>118. Elle Hansen</p>	<p>Hello, my name is Elle Hansen, and I live in [city], Nebraska. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular</p>	<p>Please see comment 5.</p>

	<p>disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>119. Eric Lundberg</p>	<p>Hello, my name is Eric Lundberg, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular</p>	<p>Please see comment 5.</p>

	<p>disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
120. Eric Moroz	<p>Hello, my name is Eric Moroz, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>I am strongly against attempting to alter a child's gender. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk</p>	Please see comment 5.

	<p>of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children!</p>	
<p>121. Eric Mumm</p>	<p>Hello, my name is Eric Mumm, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to</p>	<p>Please see comment 5.</p>

	<p>minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
<p>122. Evelyn Kumm</p>	<p>Hello, my name is Evelyn Kumm, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors,</p>	<p>Please see comment 5.</p>

	<p>including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>123. Evelyn Wondercheck</p>	<p>Hello, my name is Evelyn Wondercheck, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to</p>	<p>Please see comment 5.</p>

	<p>minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
124. Faith Snider	<p>Hello, my name is Faith Snider, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors,</p>	Please see comment 5.



	<p>including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
125. Francean Slavin	<p>Hello, my name is Francean Slavin, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors,</p>	Please see comment 5.

	<p>including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children, this is just common sense and protecting those that are struggling.</p> <p>Thank you for your consideration ,</p>	
126. Gary Knaub	<p>My name is Gary Knaub, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: <b>Do No Harm</b>. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p>	Please see comment 5.

	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be <b>increased and intensified</b>.</p> <p>Please, please, implement stronger regulations to protect children.</p> <p>Thank You, Have a Great Day, and Happy Thanksgiving!</p>	
<p>127. Gene Sedivy</p>	<p>Hello, my name is Gene Sedivy, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p>	<p>Please see comment 5.</p>

	<p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
128. Gene Woodard	<p>Hello, my name is Gene Woodard, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p>	Please see comment 5.

	<p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
129. Glen Emery	<p>Hello, my name is Glen Emery, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs</p>	Please see comment 5.

	<p>with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>130.Glenda Herzberg</p>	<p>Hello, my name is Glenda Herzbert, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address</p>	<p>Please see comment 5.</p>

	<p>underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
<p>131. Greg Rieger</p>	<p>Hello, my name is Greg Rieger, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p>	<p>Please see comment 5.</p>

	<p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. I urge you to please implement stronger regulations to protect children.</p>	
132. Greg Vrbka	<p>Hello, my name is Greg Vrbka, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>*Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>God bless</p>	Please see comment 5.
133. Harold Smith	<p>Hello, my name is [Harold Smith], and I live at [Address]. I am emailing to submit a written comment regarding the adoption of</p>	Please see comment 5.



	<p>Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Also, the parents of the youth need to be included and informed.</p> <p>I approve of the Nebraska Legislature passing LB 574 and the proposed regulations to protect</p>	
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	<p>children from "gender reassignment" surgeries and establishing regulations for puberty blockers and cross-sex hormones.</p>	
<p>134. Jacoba Rand</p>	<p>Hi, my name is Jacoba Rand. I'm a resident of [Address]. Today, I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>I believe that children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible effects.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. I would not want my children to be given these drugs due to the long-term health effects.</p> <p>The state's priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please, please implement stronger regulations to</p>	<p>Please see comment 5.</p>

	protect children.	
135. Jacqueline L. Fleming, RN	<p>Hello, my name is Jacqueline L. Fleming, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>I strongly believe that these procedures and medicines in order to change gender are harmful to our children. When I was studying Psychology, one of the comments of the author was that it is normal for the younger child to be attracted to the same sex for a temporary period in the growth cycle.</p> <p>Do we really want to be responsible for initiating life-altering procedures for our innocent children? Procedures that cannot be reversed and that contribute to physical anomalies such as osteoporosis. The child not only faces psychological issues, but may have real physical consequences for life.</p> <p>Please protect our children.</p> <p>Thank you very much</p>	Please see comment 5.
136. Jairin Drevo	<p>Hello, my name is Jairin Drevo, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not</p>	Please see comment 5.

	<p>harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
137. James A. Fosnaugh, MD	<p>Hello, my name is James A. Fosnaugh, MD, and I practice at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with</p>	Please see comment 5.

	<p>potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility, and increased risk of SUICIDE.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
138. James Eisele	<p>Hello, my name is James Eisele, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not</p>	Please see comment 5.

	<p>harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
139. Janet L. Smith	<p>Hello, my name is Janet L. Smith, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not</p>	Please see comment 5.

	<p>harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children. Thank you for your time and consideration.</p>	
140.janiensor@yahoo.com	<p>Hello, I am a Nebraska resident. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their</p>	Please see comment 5.

	<p>gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
141.Jean Pyle	<p>Hello, my name is Jean Pyle, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their</p>	Please see comment 5.



	<p>gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
142. Jeremy Randall	<p>Hello, my name is Jeremy Randall, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the</p>	Please see comment 5.

	<p>purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
143. Jesse Schmid	<p>Hello, my name is Jesse Schmid, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences given flippantly according to shifting current politico-social climates.</p>	Please see comment 5.

	<p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm and had absolutely no long term evidence to support efficacy or even end points to validate such practices.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
144. Joe Buda	<p>Hello, my name is Joe Buda, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not</p>	Please see comment 5.

	<p>harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
145. Joel Kuhlmann	<p>Hello, my name is Joel Kuhlmann, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not</p>	Please see comment 5.

	<p>harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
146. Judith J. Sternhagen	<p>Hello, my name is Judith J. Sternhagen, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not</p>	Please see comment 5.

	<p>harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>147. Julia Cuellar-Morrison</p>	<p>Hello, my name is Julia Cuellar-Morrison, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not</p>	<p>Please see comment 5.</p>

	<p>harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
148. Julie Crow	<p>Hello, my name is Julie Crow, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not</p>	Please see comment 5.

	<p>harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children. They deserve our best consideration of the facts.</p> <p>Thank you for carefully reading this.</p>	
149. Katherine Gale Edwards	<p>Hello, my name is Katherine Gale Edwards, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.



	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <ul style="list-style-type: none"><li>• Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</li><li>• There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</li><li>• The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</li><li>• Studies show that <a href="#">upwards of 90 percent of children</a> will outgrow gender dysphoria with time.</li><li>• The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</li></ul> <p>Please implement stronger regulations to protect children's physical, mental, and emotional well-</p>	
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	<p>being. Thank you for your time and consideration.</p>	
<p>150. Kathryn Binder</p>	<p>Hello, my name is Kathryn Binder, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they</p>	<p>Please see comment 5.</p>

	<p>should be increased and intensified. Please implement stronger regulations to protect children</p>	
151. Kathy Down	<p>Hello, my name is Kathy Down, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not</p>	Please see comment 5.

	<p>harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>152. Katie Stelzer</p>	<p>Hello, my name is Katie Stelzer, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure</p>	<p>Please see comment 5.</p>

	<p>children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children. Children have parents and guardians to protect them. They aren't capable of making these major irreversible life decisions on their own. If a child wanted to run across the street to get a ball, do we let them? No! Not without teaching them the dangers of running across the street without looking! Should we do no less with a way more serious life altering decision!? I don't think so.</p>	
153. Keith Torgersen	<p>Hello, my name is Keith Torgersen, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p>	Please see comment 5.

	<p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you very much for your time.</p>	
154. Kelly Lanka	<p>Hello, my name is Kelly Lanka, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p>	Please see comment 5.

	<p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p> <p>*** Confidentiality Notice: This communication, including any attachments, may contain information that is privileged, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient or an authorized representative thereof, any dissemination, distribution, use or copying of this communication is strictly prohibited. If you received this communication in error, please notify Nebraska Family Alliance at (402) 477-3191.</p>	
155. Ken Jensen	<p>Hello, my name is Ken Jensen, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.

	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you for your consideration,</p>	
156. Kenneth Bendorf	Hello, my name is Kenneth Bendorf, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code –	Please see comment 5.



	<p>Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
157. Kristine Sims	Hello, my name is Kristine Sims, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code –	Please see comment 5.

	<p>Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
158. Krystine Kercher	Hello, my name is Krystine Kercher, and I live [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code –	Please see comment 5.

	<p>Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p><b>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: <i>Do No Harm</i>.</b></p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and—what I believe is the malicious intent of the medical community in pushing all of this: the chemical sterilization and grievously shortened lifespans of our children.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying medical and emotional issues, not drugs with serious and potentially life altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p>	
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**There also needs to be legal accountability for the medical establishment's active participation in designing and profiteering off the surgical mutilation and chemical sterilization of these confused children.**

**I believe in the golden rule: *do to others as you would have them do unto you.***

I am the mother of an adult child who appears to have been brainwashed into the gender confusion cult by multiple malicious persons residing currently in the state of Nebraska, some of whom appear to have acted in a professional medical capacity. Behind my back, she was encouraged, enabled, and abetted into blaming me for all of her troubles, cutting me out of her life, legally changing her name, and taking off for another state where she currently resides with persons unknown at an address that I also do not know. As I love her dearly and want the best of life for her, all of these developments are highly distressing, and the stuff of much grief and many nightmares.

As she is now a legal adult, I can do nothing about any of this *right now* other than pray, but I genuinely do care about the lives and safety of other children and would like to see their best interests and lives and health safeguarded along with their relationships with their parents and families. It is my hope and prayer that by supporting their rights and best interests, that eventually my own will also be supported and affirmed in return, and that at some point my relationship with my daughter will be restored and there will be legal redress for the grave

	<p>injuries inflicted on my daughter, myself, and my family by those who have regarded her life—and ours—so cavalierly.</p> <p>Please implement stronger regulations to protect children's physical, mental, and emotional well-being. Thank you for your time and consideration.</p>	
<p>159. Kyle Schmit</p>	<p>Hello, my name is Kyle Schmit, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p>	<p>Please see comment 5.</p>

	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>160. Lance Naderhoff</p>	<p>Hello, my name is Lance Naderhoff, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. The state’s priority should be on working with parents helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you for your time and consideration in this matter.</p>	<p>Please see comment 5.</p>

	Psalm 1:1	
161. Laura Seyl	<p>Since I can't argue for how invasive the government has been to presume to regulate gender affirming care, I will instead ask for leniency in allowing therapists to decide when young people are ready to begin the possible lifesaving treatment of hormone therapy. I believe few of our representatives read or listened to medical professionals and families share how important this opportunity is for young people. Forty hours of therapy is an arbitrary number and too many hours to require patients to undergo. It is cost prohibitive for families and there are not enough therapists to be able to complete these hours in a timely manner. I'm sure you'll have to listen to the public who are ignorant of what is involved in hormone therapy and unfortunately believed their representatives when they used the terms like "genital mutilation." Please let the professionals do their work and trust in all the Medical Organizations that support gender affirming care. Allow the therapists to make the decision based on their patients need in regard to how many hours of therapy are needed.</p> <p>Thank you,</p>	Please see comments 3 and 4.
162. Lee C. Johnson	<p>Hello, my name is Lee C. Johnson, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code –</p>	Please see comment 5.

	<p>Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
163. Linda A. Johnson	Hello, my name is Linda A. Johnson, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code –	Please see comment 5.



	<p>Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children!!</p>	
164. Linda Von Behren	<p>I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of Nebraska Administrative Code.</p> <p>Our priority should be to help children and not just give them drugs not knowing the life</p>	Please see comment 5.

	<p>altering consequence that may occur. We need stronger regulations to protect our children. Thank you!</p>	
<p>165. Lisa Bliss</p>	<p>Hello, my name is Lisa Bliss, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not</p>	<p>Please see comment 5.</p>

	<p>transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children Thank you!</p>	
166. Lisa Sisson	<p>Hello, my name is Lisa Sisson, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure</p>	Please see comment 5.

	<p>children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children.</p>	
167. Lynelle Miller	<p>Hello, my name is Lynelle Miller, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure</p>	Please see comment 5.

	<p>children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children</p>	
<p>168. Lynette Lightfoot</p>	<p>Hello, my name is Lynette Lightfoot, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine which is "Do No Harm". There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. Nebraska’s priority should be helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that most children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure</p>	<p>Please see comment 5.</p>

	<p>children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children's physical, mental, and emotional well-being. Thank you for your time and consideration.</p>	
169. Lynn Brechbill	<p>Hello, my name is Lynn Brechbill, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine.</p> <p>Please implement stronger regulations to protect children.</p>	Please see comment 5.
170. Maggie Ballard President - Nebraskans For Peace	<p>My name is Maggie Ballard, and I am writing to you on behalf of Nebraskans for Peace, in opposition of the newly outlined rules re: minors receiving gender-affirming care. Nebraskans for Peace is of the opinion that 40 hours of therapy for a minor is excessive and creates a barrier for Nebraska's families. We suspect that these rules were designed to do just that - to create a barrier so powerful that most transgender minors will never be able to receive</p>	Please see comments 4, and 74.

the treatment and medications they need and deserve, to feel comfortable in their own skin and bodies. We are confident that clinicians and providers will be explaining why these rules are excessive and unnecessary from a medical and psychological standpoint. I would like to take some time to discuss another reason that you should reject these rules.

Before LB 574 was proposed during the last legislative session, no one had ever heard of Nebraska minors taking puberty blockers and hormones without enough counsel beforehand. No Nebraska clinician ever felt that they were violating their oath when prescribing these medications to those with gender dysphoria. We heard no news stories of someone coming forward to the media to point out that their clinician had acted irresponsibly when helping them on their journey toward identifying their true gender. (This is evidenced by the fact that stories supporting LB 574 either originated from out of state OR they were descriptions about gender mutilation in cisgender people.)

The Department of Health and Human Services is creating rules in response to a law that was passed to fix a problem that *did not exist*. Creating solutions to fake problems is a symptom of a culture war. If you implement the rules that have been outlined, you will be playing directly into the hands of those that wish to see Nebraska step down to the level of dirty politics.

Let me explain: Groups of people across the country have agendas all their own, and they hold conferences with suggestions of topics for

	<p>bills. Some of these groups are non-profits wishing to collaborate on challenges that many are facing. Other groups may be political in nature - labeled progressive or conservative, laying out ideas on how someone's state can move further toward one side. Ask any senator's legislative aide and they will tell you about conferences they attend where ideas for what someone can do in their own state are thrown around. Some of these ideas are based on merit. Some of the ideas are brought up as practical solutions. And some are based on agendas that have nothing to do with addressing day-to-day problems, but rather grabbing the attention of higher-ups and receiving brownie points if you get one of their bills passed. This is what LB 574 did. It took one of the ugliest things that can happen in our country, which is to turn one person against another when they had no need to disagree in the first place and make an enemy out of a neighbor. Furthermore, it targets one of the most marginalized groups of people on our planet: transgender youth. The scary thing is that if access to gender affirming care becomes more restrictive, Nebraska will inevitably see more suicide attempts and severe mental health problems amongst this vulnerable group. We implore you to see that the rules we had around gender affirming care for minors prior to October 1, 2023, was perfectly sufficient. Mandating so many additional rules that make gender affirming care harder to access will make Nebraska a pawn in the political culture war.</p>	
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	<p>We implore you to stand <i>against</i> such rules and stand <i>up</i> for Nebraska. Thank you for your time and consideration.</p>	
<p>171. Marilyn McClintock</p>	<p>Hello, my name is Marilyn McClintock, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please</p>	<p>Please see comment 5.</p>

	implement stronger regulations to protect children.	
172. Marita Brandl	<p>Hello, my name is Marita Brandl, and I live [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>The most important rule is to ‘do no harm’ when performing treatment on a patient. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. The serious risks to prescribing cross-sex hormones and puberty blockers to minors include decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>Minors may not fully comprehend the impact these treatments will have on their bodies. Sadly, social media influencers glorify these treatments which impacts vulnerable youth who are seeking answers to their teenage dilemmas. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>It is important to have safeguards in place to protect children from the permanent harm that some of these treatments can inflict. The counseling requirements, informed patient consent, and waiting period can help ensure</p>	Please see comment 5.

	<p>children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children, their future depends on us.</p>	
173. Meg Yanders	<p>A constituents comments against LB 574. I have seen in person the effect of this overwhelming attack on trans people. My girlfriend is a trans woman and she's scared to go into a public restroom lest she be attacked. Trans people are just trying to exist the same as anyone else, please don't make their lives any harder. My partner started her hormones later than most, and I know how much she wished she started them sooner so she wouldn't have issues w serious dysphoria and depression to this day. Understand: this is not about protecting kids, it's about spreading hateful and dangerous rhetoric and pushing the envelope even further.</p> <p>If something helps someone feel better in their own skin, just let them, it should have no bearing on you at all. Gender affirming care is lifesaving medical care.</p> <p>Gender affirming care does not mean surgeries for kids either, it means counseling, mental health care, completely reversible hormone blockers that cis children take more often than trans ones. Let trans kids grow up under the trusted guidance of medical professionals and their guardians. Don't use the state to spread what is ultimately hateful rhetoric that's not</p>	Please see comment 3.

	<p>meant to help kids, it's meant to help transphobic adults push their beliefs on others. Stop LB 574. We will not stand for your hate here in Nebraska.</p>	
<p>174. Michele Tiller</p>	<p>Thank you for taking the time to read my comments regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>My name is Michele Tiller. I live at [Address]. I am a retired 8th grade teacher. There are many serious risks to the patient when cross-sex hormones and puberty blockers are prescribed to minors.</p> <p>Drugs with potentially lifelong, irreversible consequences are NOT what children need. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>The counseling requirements, informed patient consent, parent information/consent, and waiting period are an integral and necessary requirement for this bill. I believe they should be at least as proposed if not intensified, also absolutely required, and even intensified.</p> <p>Studies show that upwards of 90 percent of children will reject--outgrow--gender dysphoria with time. My long experience with 8th grade students reinforces my belief in the validity of these studies, especially when the "patient" becomes educated through access to honest and</p>	<p>Please see comment 5.</p>

	<p>valid information concerning long-term consequences as well as given time and pause to absorb and consider that information and apply it to his/her personal situation and future. Please implement stronger regulations to protect children.</p>	
<p>175. Mike Mancuso</p>	<p>Hello, my name is Mike Mancuso, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. Providing puberty blockers and surgical reconstruction produces an irreparable damage to healthy tissue.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying mental dysphoria issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not</p>	<p>Please see comment 5.</p>

	<p>harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
176. Nancy Mikesell	<p>I support implementing the strongest protections for vulnerable children as possible. Without these regulations in place, access to puberty blockers and cross-sex hormones is unregulated, and children could receive these drugs after a single visit. Opponents are seeking to weaken these regulations, and I urge DHHS to protect the best interests of children by increasing and strengthening these regulations.</p>	Please see comment 5.
177. Nancy Pekny	<p>Hello, my name is Nancy Pekny, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk</p>	Please see comment 5.

	<p>of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>I was a Tom boy growing up. I am thankful God gave me parents who knew it was just a part of who I was and am. I am thankful they let me be who I am without jumping to conclusions that I wanted to be a boy. I am still a Tom boy but am very happy being a female!</p> <p>Please implement stronger regulations to protect children!</p>	
178. Neil Wheeler	<p>My name is Neil Wheeler, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the</p>	Please see comment 5.

	<p>first duty of medicine: Do No Harm. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p> <p>Thank you in advance.</p>	
<p>179. Paul Delgado</p>	<p>Hello, my name is Paul Delgado, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying</p>	<p>Please see comment 5.</p>



	<p>issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
180. Paul Liess	<p>Hello, my name is Paul Liess, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying</p>	Please see comment 5.

	<p>issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>181. Peggy Schlieker</p>	<p>Hello, my name is Peggy Schlieker, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying</p>	<p>Please see comment 5.</p>

	<p>issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>182. Rachel Beasley</p>	<p>Hello, my name is Rachel Beasley, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>Let’s protect our children, and give them sound guidance, not political ideas that don’t have what’s best for our children in mind.</p>	<p>Please see comment 5.</p>

183. Rachel Menter	<p>Hello, my name is Rachel Menter, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children.</p> <p>Thank you for your consideration,</p>	Please see comment 5.
184. Rex	Hello, my name is Rex , and I live at [Address]. I am emailing to submit a written comment	Please see comment 5.

	<p>regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
185. Richard Snider	Hello, my name is Richard Snider, and I live at [Address]. I am emailing to submit	Please see comment 5.

	<p>a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children.</p>	
186. Ron Kwiatkowski	<p>Hello, my name is Ron Kwiatkowski, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code –</p>	Please see comment 5.

	<p>Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>My wife and I raised three kids and one grandchild. I can honestly say that at some point in their childhood, they all displayed some sort of sexual/gender confusion. The boys dressed up in mommy's high heels and dresses and our daughter was scared and wondered if she could handle the embarrassment of menstruation. The point is, they all got through it.</p> <p>The kids are now happy productive heterosexual adults, and the grandchild is a productive heterosexual teenager. They were the same as the overwhelming majority of children in this world will be if society, school systems and medical systems don't interfere in a negative way (affirmation care instead of love and support in understanding the biological changes they are going through).</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be to confirm children receive the help they need to address underlying</p>	
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	<p>issues, not drugs with serious and potentially life-altering consequences.</p> <p>I would like Nebraska DHHS to impose the strictest level of requirements before puberty blockers and cross-sex hormones can legally be implemented for children. In my opinion, a child should go through no less than one year of counseling that does not employ ANY aspect of affirming care. As stated, Counseling needs to ensure children receive help not harm, treatment not transition, and protection not politics.</p> <p>Please implement stronger regulations to protect children.</p>	
<p>187. Ronica Stromberg</p>	<p>Hello, my name is Ronica Stromberg, and I am a registered voter at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>I urge legislators not to permit surgeries or drugs to be used on children 18 and under to change their gender. Such surgeries can leave people infertile, unable to achieve orgasm, and unable to control their bowels. What child knows they will never want to have children when they grow up, never experience orgasms as an adult, and no longer have control of their bowels? The long-term and short-term consequences of these surgeries and mind-altering drugs are beyond a child's maturity and experience level to make, just as having sexual intercourse is, and we have statutory rape laws and other laws on that subject to protect children from adults who don't</p>	<p>Please see comment 5.</p>



	<p>have their best interests at heart and who try to persuade children to make decisions beyond their years.</p> <p>These surgeries appear to me to be similar to the “female circumcision” performed in some developing nations and long criticized and derided by western nations, including the United States, as being “genital mutilation.” How can we possibly call out developing nations for this barbaric practice when we are contemplating doing a very similar thing, only worse because we will be taking it a couple of steps further by including boys as well as girls in the genital mutilation and drugging them for years to boot, permanently altering their brain structures and body chemistries? Please let children grow up before choosing such self-harm.</p> <p>Also, even for adults, the surgeries should be considered cosmetic and, thus, be self-paid rather than paid through health insurance or taxpayer dollars.</p>	
188. Rosalind Laux	<p>I am writing to encourage you to strengthen and implement stronger regulations to protect our children. Title 181, Chapter 8 - Nonsurgical Pharmaceutical Gender Altering Treatments allows an opportunity to put in place regulations to do this.</p> <p>Allowing minors access to puberty blockers and Cross-sex hormones increases medical risks such as osteoporosis, cardiovascular disease, cerebrovascular disease, infertility. Children who are struggling with gender dysphoria need</p>	Please see comment 5.

	<p>love, support, and time - not harmful drugs with potentially lifelong, irreversible consequences. Please implement stronger regulations to protect children.</p>	
<p>189. Ross Beyer</p>	<p>Hello, my name is Ross Beyer, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure</p>	<p>Please see comment 5.</p>

	<p>children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children Thank you for your time.</p>	
<p>190. Roylene Michels</p>	<p>Hello, my name is Roylene Michels, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p>	<p>Please see comment 5.</p>

	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
<p>191. Ruth Wright</p>	<p>Hello, my name is Ruth Wright, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>Studies show that upwards of <b>90 percent</b> of children will outgrow gender dysphoria with time. <b>I have personally seen this in both instances of people that I love who had gender dysphoria.</b> Had they pursued this they would have suffered irreversible lifelong consequences because they were at a time in their life when they were already vulnerable.</p> <p>The counseling requirements, informed patient consent, and waiting period can help</p>	<p>Please see comment 5.</p>

	<p>ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>I beg you <b>please</b> implement stronger regulations to protect children.</p> <p>Protect our children! Do not add to their confusion.</p>	
<p>192. Sara Rajewski</p>	<p>Hello, my name is Sara Rajewski, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of changing their gender violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state's priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed</p>	<p>Please see comment 5.</p>

	<p>patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children.</p>	
<p>193. Sarah Friend</p>	<p>My name is Sarah Friend, and I am a Nebraska resident who opposes further regulations on gender-affirming care. The emergency regulations create undue financial and emotional burdens on already struggling youth and families.</p> <p>This issue is important to me both personally and professionally, as a Nebraskan and as a citizen of the United States. My oldest son is transgender, and my younger child is non-binary. They are not living some 'alternative' lifestyle but rather living their lives as all people should be allowed to do without fear of harassment, discrimination, or violence. Sadly, many gender-expansive youth do experience these injustices, and are also much more likely to become suicidal or, most tragically, kill themselves. This is not because they are transgender but as a direct result of how they are treated in this society in general, and in Nebraska in particular. I am also a school social worker. This has been my profession for 30 years. I see the LGBTQ+ youth and their families in Nebraska feeling less supported and more afraid. They feel dismissed and marginalized. It is disheartening to find that some would see my support of gender-expansive youth as somehow coercive or</p>	<p>Please see comments 3, and 74.</p>

	<p>'grooming.' For those of you who identify as cis gender, could anyone have convinced you to feel otherwise about your gender? Of course not. Please have the same respect for others' intelligence and understanding of themselves as you have for yourself. We should lead with love.</p> <p>I don't understand how someone can dictate through a law how someone can be treated medically. I am positive that you would not like it if someone was trying to dictate any health care you needed via legislation. I believe that healthcare decisions should be made between patients and their doctors, not lawmakers. There is already of standard of care in place regarding gender-affirming care for minors. I urge you to listen to healthcare professionals and those impacted by these laws and make the decision NOT to further restrict access to this important and often life-saving care.</p> <p>Thank you for your attention and consideration.</p>	
<p>194. Seth Shelton, PLMHP Provisional Counselor</p>	<p>Thank you for inviting input from the community on this topic. I would like to state that as a provisionally licensed counselor who has focused my training on working with the LGBTQ+ community, I think it is imperative that we have coordinated efforts to support the children and families as they consider their options and make difficult decisions.</p> <p>One area I would like to discuss is the Attestation requirement. 40 hours of documented</p>	<p>Please see comments 3, 4, and 64.</p>

	<p>observation and treatment with gender dysphoria is unnecessarily long and would negatively impact the family getting potentially lifesaving treatment. Due to the high demand of counselors available, it could be weeks before a person begins their treatment, and depending on the counselor's availability they might be seen 1 hour weekly, or even biweekly. Obtaining 40 hours of clinical observation for the symptom effects, intensity, and duration only delay progress. Half the time would be more than enough for clinical observation. Clinical professionals are trained to observe, diagnose, and recommend treatment options for many major illnesses and there is no justification for a 40-hour requirement.</p> <p>Additionally, if a qualified, trained professional is already testifying to the gender dysphoria diagnosis (F64.2, F64.1), and stating that it is the primary cause of their distress and not any other additional mental health diagnosis, there is no reason to disclose any further medical diagnosis. Doing so would be an unnecessary invasion of the person's privacy and would be a gross abuse of power on the part of the state.</p> <p>Thank you for your time.</p>	
195. Susan Bergman	<p>Hello, my name is Susan Bergman, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.



	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
196. Susan Fertig	<p>Hello, my name is Susan Fertig, and I live at [address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.

	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
197. Susan Jagoda	Hello, my name is Susan Jagoda, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181,	Please see comment 5.

	<p>Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>I am a retired mental health nurse and have seen firsthand some of the young people who have identity issues. Most of them have needed treatment first of all for issues such as bullying, schoolwork, problems with parents/siblings/peers, as well as depression or other psychiatric issues. Hormones and surgery should not be the first response because they do not address these underlying issues.</p> <p>Furthermore, children who are struggling with one or more of the above issues should not be diverted into ‘treatment’ that simply postpones dealing with whatever is underlying. Also, parents or guardians must be involved, since they are able to observe and assess a child’s day-to-day progress.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p>	
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	<p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Another rarely mentioned problem is that these treatments are expensive, lifelong, and sometimes involve high-risk surgical intervention. Also, it is noteworthy that Great Britain and some of the Nordic countries, which were once eager to use these treatments, are now backing down. And it is also worth noting that there are increasing numbers of lawsuits initiated by the young people themselves, who have realized that the damage has already been done, and it is too late to change their minds. Please implement stronger regulations to protect children's physical, mental, and emotional well-being.</p> <p>Thank you for your time and consideration.</p>	
198. Tami Tucker	<p>Hello, my name is Tami Tucker, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not</p>	Please see comment 5.

	<p>harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p> <p><i>This account is owned, managed, and monitored by Norfolk Public Schools.</i></p>	
199. Teri Taylor	<p>Hello, my name is Teri Taylor, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p>	Please see comment 5.

	<p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children. Our job as adults is to protect children and help them make wise decisions that will impact their lives forever. These kinds of choices should not be made at a young age and should be taken very seriously before being acted upon.</p> <p>Teri</p>	
200. Terry Davisson	<p>Hello, my name is Terry Davisson, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. I have a child now in his twenties who has dealt with this problem and is now very angry at everyone. I cannot imagine how any clinician would not want the best for my child and any other.</p>	Please see comment 5.

	<p>But choosing the best for a child includes taking time to find out all underlying issues and giving resolution options. This does not mean they might not still find drugs to be the best choice for them, but they will have plenty of time to make a rational decision with advice from people who truly care about them.</p> <p>Where was "do no harm" when my child needed real information? Who is going to compensate him as he deals with this for decades to come?</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of "changing their gender" violates the first duty of medicine: Do No Harm.</p> <p>The state's priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
201. Tina McCool	Hello, my name is Tina McCool, and I live at [Address]. I am emailing to	Please see comment 5.

	<p>submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Thank you for loving and protecting harm from future medical and emotional confusion.</p>	
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202. Traci Eisele	<p>Hello, my name is Traci Eisele, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	Please see comment 5.
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203. Wendy Moroz	<p>Hello, my name is Wendy Moroz. I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. I am strongly against attempting to alter a child's gender. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children!</p>	Please see comment 5.
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204. Winona Maxon	<p>Hello, my name is Winona Maxon, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	Please see comment 5.
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205. Aaron Hanson	So, you want to let them grow which means making them wait seven days to change their sex, pretty big decision. But yet you want more regulations on buying a rifle for a child that wants to hunt. Want to know why trans kids are higher in suicide rate? Look at what you're offering.	Please see comments 4, and 5.
206. Abby Massey	<p>I am writing to express my strong opposition to LB574, which includes the Let Them Grow Act and the Preborn Child Protection Act. I believe that this legislation may have unintended consequences and raises concerns that need careful consideration.</p> <p>I strongly believe that Gender-affirming care saves lives. Extensive studies have found that this care benefits mental health for transgender people of all ages. Gender-affirming care helps transgender and non-binary people live openly and authentically as their true selves. Just like any other form of healthcare, it also helps transgender and non-binary people live safe and healthy lives.</p> <p>Thank you for your attention to this matter, and I appreciate your commitment to serving the interests of our community.</p>	Thank you for your comments. No changes will be made.
207. Aidan Maher NWU 2022 UNO MPA/MSW	My name is Aidan Maher, and I am a master's student studying social work and public administration. I am writing in regard to LB 574 and the proposed restrictions on gender affirming care for minors. As a social work student, we are taught the National Association of Social Workers Code of Ethics, part of this code	Please see comment 74.

	<p>is social justice and dignity and worth of a person. The proposed restrictions on gender affirming care completely disregard these core principles of social work. I currently work with transgender and gender nonconforming youth and young adults, and they have disclosed to me that these restrictions would negatively impact their mental health to the point of increasing suicidal ideation. How am I to support transgender and gender nonconforming youth when proposed legislation is negatively impacting them every day? Gender affirming care is suicide prevention for gender nonconforming youth. The best way to treat and support transgender youth would be to follow the World Professional Association for Transgender Health standards of care, Not the proposed restrictions on gender affirming care.</p>	
<p>208. Aiden Whalen</p>	<p>Hello. My name is Aiden Whalen (A-I-D-E-N W-H-A-L-E-N) as part of planned parenthoods teen council, I am a senior and one of Omaha [SCHOOL NAME] top students. I am a certified nursing assistant, I am president of the oldest running chapter of National Honor Society. I am a brother, a son. I aspire to be a nurse practitioner and open my own clinic to provide free and reduced-cost care for people. I am a student organizer for Advocates for Youth, and a three-year volunteer for Omaha Teen Council as a peer educator. I am also transgender, and was the last minor in the state of Nebraska to receive gender-affirming</p>	<p>Thank you for your comments. No changes will be made.</p>

top surgery before LB574 was enacted on October first.

I am here today with a request. I want you to look me in the eyes, deep into my soul, and tell me why you are threatened by my joy. I want you to look into my eyes as my happiness, my passion, my health, fleas. I want you to look into the eyes of my mother, my father, my brother, and sister, and tell them that you wish for the death of their son, of their sibling. And I want you to look into the eyes of 13-year-old me, curled up in his bedroom corner with a stomach full of pills because he wanted death to take him from a state that did not, does not, want him.

I want you to tell him “but the bill is called “let them grow””.

Growing roots into the ground from inside a coffin. Growing distant from Nebraska because it has proven that it does not care for its citizens. Growing used to the lack of respect, of basic human decency because your transgender identity means that while you are the child they claim to “protect”, claim to help “grow”, you are nothing more than a monster to them.

My words will fall on closed ears, but my story cannot be avoided, I will not let it. While you may see a dashing young man who is incapable of anything besides one testimony, my peers know me. They voted me as their president, is that not enough to justify my importance? My brother once told me, “Aiden, you are the best big brother in the world”, is

	<p>that not enough to justify my presence? My community knows my face and name because I make it my goal to help, is that not enough to justify my existence?</p> <p>Blood is a hard thing to wash off, its deep red penetrates pores and linen. Nebraska has embraced the slaughter of its citizens, of its transgender youth. We are called “Big Red” for a reason. Your hands are soaked, soaked by the blood of the murdered transgender people of Nebraska- 2023 is the thirtieth anniversary of the murder of Brandon Teena, a transgender Nebraskan whose story pushed us into Hollywood fame due to the Oscar winning movie “Boys Don’t Cry” about him. Your hands are soaked, soaked by the tears of grieving parents, families, and communities because their child killed themselves due to these bans. Your hands are soaked, soaked with snow as another winter passes through because sometimes, hell does freeze over.</p> <p>My top surgery, my testosterone, saved my life. This life that has allowed me to be a leader, a listener, a giver, an activist, and advocate, but most of all, a joyful child.</p> <p>So, I want you to look me in the eyes, deep into my soul, and tell me why THAT is not growth.</p>	
209. Alex Deaney	<p>My name is Alex Deaney. I have a comment I would like to submit for the hearing of LB 574. LB 574 will begin debates on the floor in the Nebraska Senate next Tuesday. We need to contact our senators now! All of them! Tell them to vote no on LB 574.</p>	Please see comment 3.

	<p>Every parent should have the right to choose what is best for their kids when it comes to gender affirming care. And many major medical associations — including the American Medical Association, the American Psychological Association, and the American Academy of Pediatrics — deem those treatments “medically necessary care.”</p> <p>Every major medical association agrees gender-affirming care is lifesaving, medically necessary, age-appropriate and a critical tool for health care providers.</p> <p>Don’t listen to the lies that Senator Kauth is trying to spread. Trans youth in Nebraska deserve to be who they are, and their parents deserve the right to decide what is best for their kids!</p>	
210. Allison Heimes	<p>When considering the guidelines that Nebraska’s Chief Medical Officer plans to set that physicians and mental health providers must follow when providing gender-affirming care to patients under 19, I urge you to consider the following:</p> <p>What is the true purpose of these regulations? If it is truly to protect the lives of children that identify as trans, please consider what denying basic care would do to their mental health. Be as permissive as possible in the regulations so that kids may feel validated and heard. Feeling like an outsider is a major contributing factor to suicidal ideation. We don’t want to isolate kids. Requiring a few counseling sessions before any decisions are made could be a good option.</p>	Please see comments 3, 4, and 74.



	<p>Discussing the future can be helpful to kids, exploring how they see themselves and what their hopes and dreams are.</p> <p>Consider the rights of the parents to make decisions on behalf of their kids. If there is a consensus among a doctor and the parents that gender affirming practices need to be conducted, then don't place unnecessary barriers against that. You might consider having a 2 doctor consensus requirement, so that parents seek a second opinion. That might be reasonable.</p> <p>Consider the faith of the family. Acknowledge that we don't all have the same beliefs systems and if a restriction is being imposed that is rooted in your own faith, try to correct that impulse. Do not impose any barriers that could lead to bullying or unnecessary negative attention directed at the child. Remember to keep medical decisions as private as possible.</p> <p>Remember to be respectful of the child, as using a preferred name can be very meaningful in preventing unwanted feelings of rejection and isolation. Belonging is crucial to preserving mental health.</p> <p>I have 2 transgendered cousins. When they transitioned, they blossomed into themselves completely, allowing their personalities to shine! They are happier. Watching someone become themselves is a truly wonderful experience and I hope you can experience that as a care provider.</p> <p>As long as medical practitioners are adhering to their ethical obligations and working closely with</p>	
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	parents and patients, there should be very few cases of patients feeling that they were taken advantage of or not heard.	
211. Allison Kinney-Walker	<p>I am a parent to four young children in Nebraska. I don't know what the future holds for them in terms of their gender identity, but whatever gender identity or gender expression makes them feel the most alive, the most themselves, the most happy and healthy, that is what I will support. I want to live in a state that will affirm them as well and will allow for the best medical care to serve their needs.</p> <p>I am also a college professor and have worked with several students who identify as trans. Access to healthcare is an essential component for their health and wellbeing. If we want to recruit and retain talent here in Nebraska, we have to be a place where families feel safe bringing their children and where adolescents want to stay and invest their time and talent. I urge you to make access to healthcare for trans individuals as accessible as possible, given the constraints.</p> <p>Thank you for your time.</p>	Thank you for your comments. No changes will be made.
212. Allison Nielsen	<p>My name is Allison Nielsen, and I am a Nebraska resident who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth.</p> <p>This issue is important to me because trans rights are human rights. People should be able to make their own decision on what to do with their body.</p>	Thank you for your comments. No changes will be made.

	<p>I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws, and make the decision NOT to further restrict access to this care.</p>	
<p>213. Amanda Baidon</p>	<p>I am writing to express my strong opposition to LB 574, which I believe is a politically motivated move that will harm vulnerable individuals, particularly nonbinary and transgender youth. I am a doctoral candidate in Psychology at the University of Nebraska-Lincoln, and I am a member of the queer community. My opposition to the new guidelines for LB 574 is informed by my lived experience as a queer person in Nebraska, my connections with individuals who are directly impacted by these regulations, and my academic and professional experience working with the queer community.</p> <p><b>Lack of Genuine Concern for Youth:</b>  Bill LB 574, ostensibly framed as a measure to protect youth, appears to be a political strategy aimed at marginalizing and stigmatizing gender-affirming care for transgender and gender nonconforming individuals. There is no evidence to suggest that children experiencing gender dysphoria are being maltreated. In fact, the gender-affirming care provided to them is medically necessary, evidence-based, and can be lifesaving.</p> <p><b>Arbitrary Restrictions and Equity Issues:</b>  Mandating 40 hours of therapy as a prerequisite for gender-affirming care lacks a foundation</p>	<p>Please see comments 4, and 64.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>in established standards of care. The determination of therapy hours should be individualized, based on the needs of the patient and the professional judgment of licensed medical and mental health providers. The imposition of a fixed number of therapy hours creates an equity issue, posing a significant financial barrier for individuals and families seeking gender-affirming medical services. Likewise, requiring injectable medications to be administered in-office prohibits rural or low-income youth from accessing this care.</p> <p><b>Unnecessary and Misleading Language:</b> According to the proposed guideline's language, such as "clinically neutral" and "not gender affirming or in a conversion context," is redundant and misleading. Licensed mental health providers are already bound by ethical standards and regulations that prohibit harmful practices, including conversion therapy. Such language seems intended to mislead the public and perpetuate unfounded fears about mental health professionals attempting to alter a child's sexual identity.</p> <p><b>Vulnerability to Discrimination and Harassment:</b> The guideline that requires medications to be explicitly labeled for the treatment of gender nonconformity and gender dysphoria is inconsistent with other regulations for medication. Close friends of mine have been targeted and harassed, including by their employers, for</p>	
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	<p>taking gender-affirming medications and treatment. No other medication prescription is labeled for its use, putting an unnecessary spotlight on individuals who are receiving these medications.</p> <p>In conclusion, LB 574, with its arbitrary restrictions and unnecessary language, serves a political agenda rather than a genuine concern for the well-being of transgender and nonbinary youth. The existing regulatory framework provides ample safeguards, making the additional restrictions of this bill potentially harmful to those seeking essential healthcare. I urge you to consider these points and reconsider the implications of supporting this legislation.</p>	
214. Amber Barcel	<p>I am writing on behalf of Advocates for Youth, a nonprofit organization 501(c)(3) organization that partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people’s rights to honest sexual health information; accessible, confidential, and affordable sexual health services; and the resources and opportunities necessary to create sexual health equity for all youth. We are a national organization that directly supports young Nebraskans enrolled in our programs and engaged in our campaigns. <b>Advocates for Youth, along with the Nebraska youth we partner with, are strongly opposed to the proposed regulations regarding transgender healthcare for minors.</b></p>	Please see comment 3.

	<p>Gender-affirming care is a course of treatment that has been endorsed by the American Medical Association and the American Academy of Pediatrics and proven over decades to be vital to the mental health and wellbeing of transgender people, including young people. It is age-appropriate, lifesaving, and medically necessary care.</p> <p>According to the Movement Advancement Project, over 250 state bills attacking transgender-related healthcare were introduced from 2017 to April 2023. This did not become a problem until anti-LGBTQ extremists posed it as such in order to gain political power under the guise of protecting children. As recently as March 2021, not a single state banned best-practice medical care for transgender youth, and very few states had ever considered such a bill. More bills attacking transgender healthcare were introduced in 2023 alone than in the previous six years combined. Since 2017, nearly four out of five states have introduced a bill attacking transgender healthcare, with the vast majority of these bills targeting medical care for transgender youth specifically.</p> <p>No other LGBTQ policy issue has moved this quickly. Extremists tried with banning transgender people in bathrooms and from sports. Because those bans weren't catching on, the anti-LGBTQ movement</p>	
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	<p>shifted to transgender healthcare bans, and those have clearly been gained momentum. As a result of this rapid shift in state policy, now, over one in three (35%) transgender youth live in states that ban or severely restrict transgender healthcare. These laws have been enacted in virtually the entire</p> <p>U.S. South, as well as much of the Midwest, and are not based on medical best practices. In fact, many of these bans have been stalled in the courts.</p> <p>This is part of a much larger movement to attack all aspects of transgender people’s lives. The decision to pursue transgender healthcare is deeply personal to patients and their families in confidential partnership with their medical providers. Young people in Nebraska deserve to make the healthcare decisions that are best for them, without unnecessary, burdensome regulations from the state. <b>We urge you to stop attempting to further limit young people’s access to best practice transgender healthcare in Nebraska.</b></p>	
<p>215. Nebraska Abortion Resources Board of Directors and Staff (Amber Barcel)</p>	<p>We represent Nebraska Abortion Resources (NEAR), a statewide 501(c)(3) nonprofit organization, in response to the Nebraska Department of Health and Human Services Adoption of Title 181, Chapter 8 of the</p>	<p>Thank you for your comment. The regulations do not prohibit an individual from undergoing telehealth appointments to obtain treatment from a provider licensed to provide services in Nebraska. No changes will be made to the</p>

	<p>Nebraska Administrative Code - Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>NEAR’s mission is to remove barriers to abortion access at every level for Nebraskans. We provide direct financial and practical support for those seeking abortion care. We envision a world where all pregnant individuals can plan their families as they see fit, including equitable access to abortion care.</p> <p>We serve multiple marginalized communities in Nebraska who face significant barriers to abortion care access. This includes Black, Indigenous, and other people of color, the LGBTQ+ community, rural residents, low-income communities, people with disabilities, and those facing language barriers. While we do not directly fund gender affirming care at this time, we fully understand the overlapping issues of healthcare access, unnecessary burdens, and the increased need to recognize people’s bodily autonomy. We are deeply concerned that if you adopt these regulations as written, we will see a similar pattern that has developed as a result of abortion restrictions in our state: People will require funds for out of state care, and people will continue to leave our state entirely as a result of oppressive regulations and laws that do not allow them to live fully as themselves or forces them to give birth.</p> <p>Every day we support Nebraska individuals and</p>	<p>regulations based on this comment.</p> <p>Please also see comments 3, 47, and 74. Access to treatment is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>families who are required to travel out of state for necessary healthcare, including care that could be provided by telemedicine. It is burdensome to add unnecessary restrictions to an already stigmatized aspect of healthcare. Accessing mental healthcare in rural parts of the state will be a burden to families who are usually working class with multiple children in school. Not only must they find an available mental health provider, that provider needs to be a safe person to talk about their gender identity and their body with.</p> <p>Additionally, requiring medication be provided by the prescribing provider is not needed. This negates access to telehealth options and places an undue burden on health providers in all areas of the state. Providers are already in short supply and the wait for an injection could take weeks or months. If we do not require people with diabetes to see the prescribing provider for their insulin, why would we require individuals and families, who are trained by their providers, to go to a clinic each time they need an injection?</p> <p>But we know the goal isn't to increase safety or protection for children, and so do you. We know the anti-abortion playbook well, and those who are opposed to gender affirming care are following it closely under the guise of protection for children. This is yet another time consuming, costly attempt at controlling what Nebraskans can and cannot do with their bodies in consultation with licensed medical health providers. These regulations do not seek to</p>	
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	<p>make Nebraskans safer. It is a blatant attack on transgender young people, their supportive families, and their medical providers who are providing safe, licensed, best practice care. In fact, they have been providing this care for years. Seeing that the Nebraska Legislature only took notice in the last few years indicates timely influence from national political groups who have contributed to similar legislative and administrative attacks in many other states. We will not stand by as you suddenly take notice of care that has been provided for decades, safely, without scrutiny. Similar to abortion access, a patient and their provider are best suited to make medical decisions regarding the patient's gender affirming healthcare in a way that honors their autonomy and dignity. Nebraska's governing bodies have no business setting such regulations on gender affirming care. The motto of the Nebraska Department of Health and Human Services is "Helping people live better lives". We are unclear on how these proposed regulations would help any transgender young person live a better life.</p> <p>Due to legislative attacks in other states that are restricting or banning gender affirming care, new funds, modeled after statewide abortion funds, are being set up to respond to the emerging need for out of state gender affirming care. Needing such a fund in Nebraska is completely preventable. How many young Nebraskans, along with their families, can you</p>	
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	stand to force out of our state? We believe in the prosperity of this state, which is precisely why we are here. We hold the firm belief that what keeps people in this state is seeing their human rights, including access to necessary medical care, actualized, and affirmed by the leaders who have been appointed or elected to make political decisions for all of us. Do not adopt these regulations. Stop this political attack on transgender young people immediately.	
216. Amelia Long	I am writing because I am a Nebraska resident and I oppose the proposed regulations on gender affirming care. I believe that children and adolescents deserve bodily autonomy as much as everyone else. I have several friends who benefited immensely from being able to transition as teenagers and I think it's cruel to place roadblocks in the way of transitioning for others like them. At the end of the day, I don't think it's the state's business to be telling people they can't change their own bodies. These regulations are not "reasonable" and for someone who isn't able to jump through the million hoops set up, would represent a de facto ban. I would ask that these regulations be removed, and transition-related care be made available to all those who wish to access it.	Please see comment 3.
217. Amy K. Arndt DNP APRN FNP	My name is Amy Arndt, I am a nurse practitioner licensed in the state of Nebraska. I have over 20 years of experience in primary care and over 10 years of experience providing gender- affirming care to all ages.	Please see comments 47, and 215.

	<p>I am a co-owner of a small business in Lincoln, Hart &amp; Arndt Family Health. I am speaking today regarding my feedback regarding gender-affirming hormone therapy injections being required in the clinic of prescribing provider. I do not believe this requirement is in the best interest of the patient.</p> <ol style="list-style-type: none"><li>1. Topical testosterone is 3-4 x a more expensive than injectable testosterone, thus those without insurance or underinsured patients will be unfairly affected.</li><li>2. My patients are not all Lincoln based due to the lack of access to gender affirming care in Nebraska. Some of my patients come from Western Nebraska or other long distances thus making weekly injections in the clinic inaccessible.</li><li>3. My patients and parents should not be missing school or work related to medically necessary care.</li><li>4. I follow the guidelines for gender affirming care (WPATH and Endocrine society), thus lab results would clue me in to supra-therapeutic dosing if that is the concern. Although I have not found this to be a common problem in transgender or gender diverse youth.</li><li>5. Parents and guardians are partners in healthcare; they are able to be trained to give injections of medication to youth in the home setting (similar to other conditions Type 1 diabetes).</li><li>6. It is costly to the parent, health care system and the clinic to have to provide injections</li></ol>	
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	<p>in the prescribing office weekly for long periods of time.</p> <p>I would ask that you reconsider the stipulation for in office injections of injectable medications and treat it like all other medically necessary medication that can be administered by a trained parent in the home.</p>	
218. Amy Sparks	<p>I am writing in support of trans kids and their families. Please approve the updated guidelines on LB 574. It's wrong to make separate rules for a small group of people. The government (non-experts) shouldn't be making medical decisions for families and their physicians (experts). Gender Affirming Care is proven to save lives.</p> <p>Thank you,</p>	Please see comment 3.
219. Ann Journey	<p>Please add this to the public written comments for the LB 574 DHHS proposed regulations.</p> <p>As a Nebraska educator, I could write about how I interact with trans students every day and testify of their feelings of hopelessness that have manifested since the passage of LB 574. But I also feel that hopelessness. The conservative majority in the Nebraska legislature ignored the testimony of public health officials, parents of trans youth, and trans youth themselves in favor of making a political statement based on nothing more than the flawed interpretations of their religious beliefs. I think the DHHS and its sorry excuse of a director, Dr. Tesmar, [sic] will do the same thing. They will ignore all the expert testimony and the established best practices in favor of making life as difficult as possible for trans kids in the hope of forcibly</p>	Thank you for your comments. No changes will be made.

	<p>detransitioning them. I am convinced of this because Dr. Tesmar [sic] couldn't even have been bothered to attend the hearing for his own conversion therapy regulations that he pulled out of his ass. Shame on you, Dr. Tesmar, [sic] for concocting these regulations against the best interests of trans youth and shame on you for not even going through the facade of hearing out the very people that your harm-inflicting regulations are already affecting. You are a sham and a blight on the medical profession.</p>	
<p>220. Anna O'Bradovich</p>	<p>Hello, my name is Anna O'Bradovich, and I am urging you to oppose LB 574.  This bill would ban abortion care 12 weeks from a patient's last period. Many people do not even know they are pregnant at this point. Also, many fetal abnormalities leading to non-viable pregnancy are not apparent until later in the pregnancy. It is cruel and horrific for a pregnant person to be forced to carry and deliver a baby that they know will not survive and will suffer. A Pew Research study (amongst other studies) found that the majority of Nebraskans support abortion.  The American Medical Association and American Academy of Pediatrics oppose trans youth medical bans and say that gender-affirming care is medically necessary and lifesaving. The National Institutes of Health did a study which indicated that 82% of transgender people have considered suicide and 40% have attempted it, with the highest rates of suicide amongst trans youth. Being denied to live as your true authentic</p>	<p>Thank you for your comments regarding the abortion limitations contained in LB 574. Please also see comments 3, and 74.</p>

	<p>self, and anti-trans rhetoric such as this proposed bill contribute significantly towards trans youth suicide.</p> <p>The Omaha Chamber of Commerce has also stated that this bill is hindering recruitment and retention in employment and that young professionals (amongst many other Nebraskans) don't want their government interfering in their healthcare decisions.</p>	
221. Anna Overbeck	<p>My name is Anna, and I am a Nebraska resident in [Address] who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth.</p> <p>This issue is important to me because I have friends who have committed suicide over barriers in the healthcare system. The better access, the more Nebraskans can be set up for success.</p> <p>I believe healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws and make the decision NOT to further restrict access to this care.</p> <p>With great respect</p>	Please see comments 3, and 74.
222. Anson Jens Jacobsen	<p>Hello, Chief Medical Officer of the Nebraska Department of Health and Human Services, my name is Anson Jens Jacobsen, I use he/him pronouns and I am coming as a constituent of Saline County. I represent People for the Rights of Individuals of Sexual Minorities (PRISM) from</p>	Please see comment 4.

Doane University.  
I am here to bring attention to section 10 of LB574 where it states, “. A minimum waiting period of seven calendar days is required between the time the prescribing practitioner obtains informed patient consent and the time the puberty-blocking drugs are prescribed, administered, or delivered to a patient who has not reached the age of majority”. This rule appears to be unnecessary and harmful to those it may affect.

As seen with the other sections presented in this bill, such as section 4, this will increase the time spent waiting by those who need this medication for their physical and mental wellbeing. With the use of hormone blockers time is everything, once secondary sex characteristics begin to present (that being the physical changes of the body such as body hair, breast development, change in voice, etc.) the use of puberty blockers becomes null, this is because, as the name implies, puberty blockers essentially stop puberty, blocking the secondary sex characteristics caused by estrogen and testosterone from presenting - <https://www.mayoclinic.org>. The addition of seven calendar days may seem minute but could be the difference between life and death for some Nebraskans. I believe that the time between when a prescribing practitioner obtains informed patient consent and the time the puberty-blocking drugs are prescribed, administered, or delivered should be instantaneous, the individual has provided their



	<p>consent, why are seven more days needed?</p> <p>The rules and stipulations of LB574 are here to waste the time of those who have no time to waste. Amending section 10 to decrease the time spent between an individual providing their consent to their doctor, to being prescribed, administered, or delivered puberty is paramount to that individual's wellbeing and that failing to amend section 10 could cause harm irreversible to these individuals.</p>	
<p>223. Jaimie Montag</p>	<p>Hello, my name is Jaimie Montag, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address</p>	<p>Please see comment 5.</p>

	<p>underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p><b>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. I was one of them around the year 2000, before it became a real trend. I'm so grateful things were different then, or my body would be permanently damaged.</b></p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
224. Dr. Ariadne V. Schemm	<p>I am a Pediatric Psychologist in private practice in Nebraska. I have worked with many transgendered teens and continue to work with this population. LB574 is not based on a scientific, research-oriented approach to working with these individuals. It is based on arbitrary, politically oriented processes developed to ensure that these children, adolescents, and young adults will not be able to receive the mental health services so desperately needed. I am against LB574.</p>	Please see comment 3.
225. Arthur Grinstead, MD	<p>I am a practicing Family Medicine/OB. I wish to appeal for common sense as it applies to these transgender discussions.</p> <p>When my patient suffering from anorexia comes in to see me, I do not tell him/her that they are fat. That would only serve to make the problem worse.</p>	Please see comment 5.

	<p>As we continue to do more studies worldwide, we see the severely adverse health outcomes for those who are led down that path. So, it is thusly bad medicine and should not be done.</p> <p>If I may be of further assistance, please reach out.</p>	
226. Aryn Huck	<p>My name is Aryn Huck, and I am from [Address]. Thank you for your time in considering these regulations.</p> <p>I encourage you to continue to revise these regulations to remove unnecessary financial burden and emotional stress on families and youth across the state. Access to healthcare should not be held behind artificial walls barriers. Gender affirming healthcare is a very personal and private process. Every patient is different. Depending on where families live, they may struggle to find doctors and therapists right for their family. This is especially true for Nebraskans outside of Lincoln and Omaha.</p> <p>These regulations as written require 40 hours of therapy hours, which realistically would fill over a year of appointments and cost a family \$8,000 - \$10,000. I worry this will create so much hardship on the families of trans youth I know - several of whom have already had to consider the cost of moving to different areas of the state to find competent medical providers.</p> <p>As a transgender person currently receiving hormones, I am additionally concerned that injection medication would need to be administered by a nurse or pharmacist. With instruction, injection at home is safe and sterile.</p> <p>Youth and their families already administer</p>	Please see comments 3, 4, 47, 74, and 215.

	<p>injection medication for various reasons and common conditions, including for diabetes. There is no reason these medications should be regulated so differently. I've injected myself with testosterone every week for 4 years, and the biggest problem I've had is my fear of needles. I don't see why a young person would have any more trouble than that.</p> <p>I urge you to consider the voices of impacted families and medical experts as you make your final decisions. Those who practice gender affirming care follow existing practices set out by WPATH (World Professional Association for Transgender Health). WPATH has outlined safe practices for over 4 decades, changing practices with new medical information to keep patients safe and healthy. Their current guidelines outline best practices for providers, which include warnings and restrictions on who should access care and when.</p> <p>I firmly believe that medical decisions belong with patients, their families, and their doctors, not the government. I ask you improve these regulations to follow best practices set out by doctors and mental health providers. I also ask you to consider our current state of healthcare access across Nebraska - which unfortunately includes numerous care deserts that must be addressed.</p> <p>Thank you for your time and continued work,</p>	
227. Ashton J. Page, LIMHP & LICSW	I am writing to express my accolades and concerns about the proposed DHHS restrictions	Please see comments 3, 4, and 47.  Further clarification regarding therapy

	<p>for gender affirming care. I live in the [zip code] and practice therapy out of the 68131 zip code. As a mental health professional who works predominantly with gender nonconforming folks I can see where the Medical Examiner's suggestions follow relatively closely with the WPATH standards of care that most therapists follow when it comes to gender affirming care. I think it is important to codify some of these standards so that these services can be further supplied, however, I believe that some of the regulations are overreaching and unnecessarily cumbersome. I stand with OutNebraska in questioning the need for 40 hours of direct contact focused solely on gender contemplation. Under the stipulations a person could receive up to 2 hours per week of direct contact, however, that is still 20 weeks, roughly 5 months. Sometimes the youth that need these resources are very sure because of their own research, conversations with friends and family members and waiting 5 months to a year seems unnecessary. As a social worker, my ethics state that client self-determination is one of the highest priorities in clinical practice. If I had a client who was sure about their gender nonconformity and I had to belabor these conversations with them for 5 months up to a year, it would be an unhelpful use of our therapeutic time. Instead, it could be used to process through the changes and differences as well as any other issues that are present in that client's life. 10-15 hours feels much more</p>	<p>requirements is addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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reasonable, considering homework time in between sessions and other contemplations that the client would have between sessions. To think that the best gender identity work only happens when they are with a licensed professional isn't accurate. It can be helpful, but these are contemplations that folks have more often between sessions.

Additionally, I would like to point out that the restriction of client's being able to administer injectable medication at home feels really gross. We wouldn't force a diabetic to come in for insulin shots, so why would we have anyone have to come into a medical center for this? Especially since this has already been the standard until trans youth were put under this legislative microscope in this last legislative year all across the US.

I'd love to make a suggestion for the attestation process, since this seems like the inevitable paper trail we will have to follow. Can you all make a simple app or widget or something that is online with fillable cells to add in the required information? Since the data is already being collected, might as well make it more functional for practitioners who have to add another clerical item to their workload. If this is going to be implemented, I hope that it can be as streamlined and simplified as possible. Which is actually really doable.

I do appreciate the language used in the proposed changes, I think it definitely reflects more of the reality and humanizes the folks who we are currently discussing how they can live

	<p>their lives. I appreciate the time you've taken to read this, and I look forward to further collaboration so that gender nonconforming youth can get the appropriate care that they need in this state.</p>	
<p>228. Robert Way</p>	<p>Hello. My name is Robert Way, R-O-B-E-R-T, W-A-Y. I am a citizen of Nebraska and a citizen of [city]. My concern on the proposed regulation deals specifically with Item Number 13, cross-sex hormones waiting period. A minimum waiting period is prescribed for this treatment. I can find no other example in Nebraska state law where drugs have a waiting period. Not only does that create a situation where we've already created a new regulatory process to get to this step, you also created it out of nowhere. I've no justification I can find in law or in the intent of the law, a new barrier between a doctor and a pharmacist. Doctors and pharmacists are already bound by several laws that they have to be very careful in the drugs they prescribe because they're liable for the damages. The idea that we're not going to pick and choose certain drugs and make them have waiting periods opens a can of worms for reasons I can't see documented in here except that people need more time is what was put in the FAQ on the state website. Well, people have already had, according to the rest of this proposed regulation, 40 hours of counseling, 40 hours plus seven days. I mean, at a certain point, it seems like your point is something other than time. And more than this particular issue, the idea of introducing regulations that don't</p>	<p>Please see comments 3, and 4.</p>

	<p>match with any other regulation in the medical regulations of Nebraska is just a bad idea. Thank you.</p>	
<p>229. The Reverend Benedict Varnum</p>	<p>I do not believe the additional restrictions proposed by the Emergency Regulations, or created by the conditions of HB 574, are an appropriate intrusion by the government into the practice of medicine and the care relationships established between families and their doctors. These regulations acknowledge that they impose an unknown amount of financial hardship on families accessing care that the medical community has acknowledged to be its standard through the affirmations of groups including the American Medical Association, the American Pediatric Association, and the Nebraska Medical Association, among others. This is the worst sort of "red tape" intervention of government regulation into private life and a field of professional practice.</p> <p>I attended the entirety of the hearing day before the HHS committee last February on this bill, and was encouraged by the confusion shown by many of the committee members about why these restrictions should be advanced over the medicine that was already being practiced; however, the bill was nonetheless advanced and became an embarrassing centerpiece to our legislature's priorities for the session.</p> <p>Were Nebraskans requesting this bill? No, the sponsoring senator acknowledged that it had</p>	<p>Please see comment 3, and 215.</p>



	<p>come from "other people she talked to in the country."</p> <p>Were transgender youth, or youth experiencing gender dysphoria or gender nonconformity, asking to have these barriers to their care created by their elected representatives? No. A small number of specific individuals were brought in from out of state to voice their eventual regret as adults for their own care, and were met with doctors who identified that this is a minority experience, beneath the rates of regret for other kinds of medical treatment. And hundreds of actual Nebraskans stood to explain how important and life-saving this care has been to them, and how much they wished they had access to it. Certainly, these decisions should have been left to families and doctors without a governmental foreclosure on their personal rights or professional experience. Were Nebraska doctors asking the state to enter in and establish these regulations? No. Rather, doctor after doctor stood up to ask the bill to be dismissed because it is in direct conflict with the standards of care endorsed by the medical associations above -- one doctor identified 27 different medical associations that all affirm the importance of this care. The groups opposed to it represent social positions (which they are welcome to hold for themselves) that they wish to enforce on other families, and now have done so by the force of government intervention into personal medical liberty. And among the medical agencies that</p>	
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	<p>endorse Gender Affirming Care as the correct standard of practice, cited by witnesses before the HHS Committee, was the Nebraska Medical Association.</p> <p>Were families asking that the government make these decisions for them? No. Parent after parent took the time to come and testify -- even begging through tears -- that the legislature simply leave them and their families alone to pursue care with their doctors.</p> <p>I understand that the regulations that have been proposed in the Emergency Regulations seem to seek to soften the absolutism of this intervention into personal liberty and a doctor's right to practice by the standard of care they hold to. However, they are in the first place too intrusive, creating financial burdens and barriers to receiving care, involving additional extra medical regulatory steps that remove privacy and autonomy from children and their families at each new step, and burdening families who don't live near providers who may not have new governmentally mandated certifications with even more costs -- these regulations will not fall evenly on Nebraskans. The intrusion is a violation by its nature, and no softening by degree changes that.</p> <p>Fundamentally, this represents a politicization of a field of medicine that is already by its nature intimate, personal, and fraught with social pressure and judgment. Adding a layer of political red tape to medical practices that already had best practices and standards of care</p>	
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created by doctors, rather than politicians, was a terrible misstep that does not represent the values of this country or of our state to honor the freedom of individuals and families, or the training and experience of doctors. When friends from out of state joke to me that "They must really mean 'Nebraska: it's not for everyone, huh?'" it is laws like this that make it harder to argue that The Good Life can still be found here between even neighbors of different lives and experiences. This law bullies trans kids and their families; it doesn't belong on our books. Finally, these regulations are Anti-Life. One of the most convicting statistics cited by experts to our Nebraska HHS Committee is that the suicide rates for transgender youth are elevated far beyond those of their peers (in an age in which youth suicidal ideation and attempts are already historically high). However, when young people receive gender affirming care -- whether it be counseling, or hormonal therapy or other eventual treatment decisions made with their family and physicians -- those rates return to the level of their peers. The actual protective role via its fiduciary obligations that the state could play for these young people would be to guarantee their medical care access, and not to limit it.

The only correct set of limitations to doctors to add by the authorities created by HB 574 is none at all, returning authority for care decisions to doctors and their patient families.

230. Bethany Stamps	<p>Hello, my name is Bethany Stamps. I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>As a school counselor, I have firsthand experience with supporting the needs of diverse students. Attending to the mental and emotional health of children experiencing dysmorphia is the primary and fundamental way to support their needs. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children’s physical, mental, and emotional well-being. Thank you for your time and consideration.</p>	Please see comment 5.
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<p>231.Brad Olberding</p>	<p>I am a resident of [Address] and I strongly oppose further regulations on gender affirming care for our youth. I was born and raised in small town Nebraska, educated through UNL and UNMC systems. I am a Veteran of the Nebraska Army National guard. Now I am a Physician of 10 years serving Lincoln and surrounding communities. You could say I am about as Nebraskan as they come.</p> <p>I am also a proud Father of 2 beautiful girls. My oldest just turned 8 and was born biologically as a male but has always expressed herself as a girl. We played it off as a "phase" and tried to subdue her "girly" behaviors until last year when we started having real issues. She developed severe anxiety. She feared going to school and her performance declined. She refused activities she used to love including karate, gymnastics, and swim. She became increasingly mean and hurtful to her younger biologic sister. She threw tantrums where she would hit herself in the face and wish she was dead. We were on a downward spiral. After extensive research, professional guidance, and family support, we made a transition over the summer, and our little girl started 2nd grade this year as her true self. To say the transition has been a success would be an understatement. After just a few short months every concern we had last year has either significantly improved or completely resolved. She is excited to go to school every day. She is excelling in class. She is back in</p>	<p>Please see comment 3.</p>
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	<p>gymnastics and dance. She is slightly less mean to her sister. The whole transition was surprisingly easy. Her name, hair, and wardrobe are really about the same. The only real change has been us, her family, and friends, and how we perceive her, respect her, and accept her as Her. Getting the rest of the world to change their perception of her, has been more difficult. I have had countless sleepless nights trying to wrap my head around gender identity and why the issue is so polarizing in our society. I think I have heard it all...</p> <p>-It's a religious thing. I was raised Catholic, but like so many others of my generation, drifted away after I left home. Would you believe, it has actually been this transition in our life that has brought us back to the Church on Sundays? There really is no debate here. God loves everyone.</p> <p>-It's not Natural - Billion-dollar industries exist in order to change how the world perceives one another - from makeup and clothing to performance enhancers to injectables and surgery.</p> <p>Natural is definitely a relative term. What is Not natural is forcing my child to be someone she is not.</p> <p>-It's a political issue - I have never been a political person. Like most Nebraskans, I grew up on the Moderate right, but maybe swing left on some social issues. To this day I can not understand why Transgender care could be a political argument. It's like having an opinion on</p>	
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	<p>the treatment of diabetes or high blood pressure. Medical care is Evidence based, not politically based.</p> <p>-Finally, it is a medical issue. It is hard for me as a parent to label my child as having an illness as I don't really see it that way, but I do think this rationale is helpful for many.</p> <p>Afterall, Gender dysphoria is a diagnosis in the DSM with an incidence of approximately 1 in 10,000. It has a set criteria for inclusion and a recommended treatment plan. The mainstay of treatment is simple, support them, validate them, AFFIRM them. In my experience (my N of 1) treatment works! In just 3 months of support and validation, my daughter is a different person. She has required no medications nor any counseling (WE ARE STILL ON A WAIT LIST!!!). We are continuing to try to get into treatment as we are not naive, we know there are battles ahead. In just a few short years, her body is going to turn on her with puberty and her outward appearance will once again be in stark contrast to her inner self. When that day comes, we will need help.</p> <p>Fortunately, there are safe treatments available. Hormone supplements and blockers have been used on children for decades to treat illnesses such as PCOS, Acne, or Sex chromosome abnormalities. They have been used to mitigate symptoms of menses and used as contraception. These are everyday medications with a very safe risk profile. Plastic surgery is also, safe and performed daily on children for non-life-threatening conditions, often at an age</p>	
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	<p>when the child can give no consent whatsoever. This is done for angiomas, cleft lips, and other physical deformities. These surgeries have no medical necessity and are performed for the sole purpose to meet our society's beauty expectations and make it easier for these children to fit in. Sounds quite a bit like gender affirming care to me.</p> <p>The worst part about looking at this from a medical perspective as a Parent, is I have to acknowledge all medical conditions have treatment failures. Gender dysphoria is no different and carries a 41% attempted suicide rate by the teenage years. My child has just shy of a coinflip's chance at seeing her 20s. That may play a role in my sleepless nights as well.</p> <p>Dr. Tesmer, I am certain when you took over DHHS, you did not think Transgender treatment would be what defined your tenure. Why should it? You are more than qualified to lead the DHHS, yet your training and expertise lack even a mention of the word Transgender. It should not define your tenure because it is not an issue needing resolved. There is no debate. Transgender treatment is evidence based, safe, and effective. You have plenty of worthy issues that require your attention. Maybe starting with why my child can't find a therapist, even with my connections we remain on a wait list. You might try tackling teenage suicide, the 2nd leading cause of death in adolescents. My sleep and the sleep of all parents out there</p>	
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	<p>depend on it. You make even the slightest improvement in those areas and your tenure would be impressive.</p> <p>I appreciate your time and consideration.</p>	
<p>232. Brady Kerr, MD, MBA, FAAP Neonatologist</p>	<p>I continue to oppose LB 574. In regard to gender affirming care AND reproductive health care, the Nebraska legislature has made a massive mistake by passing this bill. Please repeal it! You are harming our state and its residents.</p> <p>The AMA and AAP have been clear on these medical topics – medical decision making belongs to patients, their families and the medical professionals caring for them. By passing this bill the state of Nebraska is going directly against the medical advice of these august bodies. You wouldn't do this with cancer care or heart disease care. Allow medical professionals to do their jobs.</p>	<p>Please see comments 3, and 74.</p>
<p>233. Brian Guehring</p>	<p>My name is Brian Guehring, and I am a Nebraska resident and I oppose further regulations on gender affirming care. The emergency regulations create undue financial and emotional burdens on already struggling youth and their families.</p> <p>The issue is important to me because I am an educator who works with elementary school students. I have personally had the privilege of working with several trans students, and I know how important gender affirming care has been to their mental health and well-being.</p> <p>The issue is important to me because I work with queer teenagers. I founded and have</p>	<p>Please see comments 3, and 74.</p>

	<p>directed the award-winning Pride Players for the last 25 years. We have had so many trans teens in our company. They have spoken passionately in our rehearsal and on stage about their journey and how important gender affirming care has been for their wellbeing. The issue is important to me because the child of one of my best friends is trans. He has identified as male since he was in 1st grade. I want this family to feel supported and welcome in Nebraska. I want this young person to get the care he needs to be healthy and strong. I believe healthcare should be made between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws.</p>	
234. Brian Smith	<p>I urge Nebraska’s Chief Medical Officer and Department of Health and Human Services to reject and dismiss all guidelines proposed by the Legislature. Our lawmakers have injuriously injected their religious beliefs to restrict necessary medical care for our citizens and residents.</p> <p>I have directly experienced the importance of transition care for youth. Gender affirming care is critical to the mental and emotional needs of people experiencing gender dysphoria, no matter their age. This care is already difficult to access in Omaha, our largest community, and the State Legislature would have you approve harmful restrictions that will cause further distress to individuals and communities who require treatment.</p>	Please see comments 3, 74, and 215.

	Please act to protect trans youth and keep religion out of medical treatment.	
235. Britta Tollefsrud, MA, PLMHP (#13398)	<p>I am a provisionally licensed mental health clinician who began my tenure learning and working predominately with a practice dedicated to serve trans, non-binary, and gender nonconforming youth, to note, the population which these regulations propose to protect. I acknowledge we have the same goal, to serve the adolescents of Nebraska, to give them and their families ample resources to make the most well-informed decisions for a prosperous future.</p> <p>What I have witnessed, unfortunately, is an incongruity between intention and action on behalf of those tasked with carrying out LB574. My role today is to provide my professional recommendation on behalf of my clients and the clients my practice serves, their parents, and the community with which these regulations directly affect. The current regulations as they stand pose unsubstantiated and onerous measures limiting professionals from providing evidenced-based treatment modalities to trans and gender expansive youth. This is equivalent to banning a carpenter from building a home without a hammer and nails.</p> <p>I acknowledge Dr. Tesmer, and the Board are in a perilous position, to metaphorically recreate the wheel, or re-author evidenced-based research without direct input or counsel from professionals with decades of peer-reviewed</p>	<p>Please see comments 4, and 74.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>experience in the field with which these measures directly impact.</p> <p>Given that our directive is the same, which is to support the adolescents of Nebraska as they work through their gender journey, be they trans-, gender non-binary, or cis individuals, it is my professional advice to halt the recommended regulations and proceed with the following steps:</p> <ol style="list-style-type: none"><li>1.) Seek counsel from multiple professionals who work within the field serving the clients impacted by these regulations; 1b.) and mandate transparency from participating parts involved;</li><li>2.) Remove the 40-hour requirement, given that it is not supported by evidence-based research or best practice;</li><li>3.) Remove any language that interferes with a mental health practitioner's ethical and therapeutic treatment with a client and their families.</li></ol> <p>As a descendant of two Lutheran pastors who were the authors of my career, I envision a Nebraska where we listen instead of dictate, support rather than doubt, and comfort rather than criticize. My hope was to speak this testimony directly to the Board of Health today and directly to Dr. Tesmer. Upon arriving at 7:00 a.m. to the public hearing, I was disappointed to see those in a position of authority chose not to</p>	
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	<p>show up, when those who's fundamental rights to healthcare are in question were present before the sun shone bright, as is the Midwestern way. I hope you take into account all testimony presented throughout the day and I thank you for your time. I empower you to listen emphatically to all testimonies you will hear, listen to, or read from today. Those who speak in favor of you, Dr. Tesmer, say you are reasonable and thoughtful. We are praying that you will rise to this momentous occasion.</p>	
<p>236. Brooke Hymer</p>	<p>My name is Brooke Hymer. I am a second-year law student at the University of Nebraska, Lincoln College of Law and, more relevantly, I am a trans woman. I am a resident of [Address]. Today (11/28/2023) at the public hearing, I outed myself publicly to speak on this issue, because it's an issue that would have affected me, and will affect those like me.</p> <p>At one point in time, I was a trans child myself. I have struggled with dysphoria most of my life and have self-harmed at times because of it. Unfortunately for me, my familial situation (unsupportive parents) precluded me from receiving the care that I needed. As such, I went through male puberty, a fact that still affects my mental health negatively and does so for others who have to be subjected to it against their wishes. I can't shower without the light off, I can't look in the mirror without distress, and I constantly wonder how much better off I would have been had I transitioned as a kid.</p>	<p>Please see comments 4, 74, and 215.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>Unfortunately, I can't change that, but</p> <p>The proposed regulations will prove to be burdensome and, ultimately, harmful to trans youth in the state of Nebraska, especially in rural parts of the state (which is most of the state). Had I had a more supportive situation, it's unclear whether I would've been able to receive care anyway had these regulations existed when I was growing up. The requirement of therapy to be in person will prove to be burdensome to those in rural areas (some of which require an hour drive to go to the grocery store, let alone reaching proper therapy and care providers). The requirement of therapy hours will prove to preclude those who cannot afford the required sessions.</p> <p>As such the regulations pose an unnecessary burden on both rural and poor trans youth. These regulations are not in line with the accepted standards of care for trans youth. All I ask is that you reconsider these regulations and do so with trans children's best interests in mind. Growing up is hard. Growing up in a state that denies or makes it harder for you to receive the care necessary to allow you to live your life is even harder.</p>	
237. Carie Shallenberger	<p>When the emergency regulations were published in October, I was relieved. I was relieved because I have a trans son. It gave him the opportunity to continue with his gender affirming</p>	<p>Thank you for your comments. No changes will be made.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them</p>

	<p>care. I was also relieved that they grandfathered in the kids that had already began their journey prior to October 1, 2023. My son was one of them.</p> <p>I think for the most part, the guidelines are coming from a good place. In my own experience, we took every measure possible, including the suggested regulations for the let them grow act right now, to make sure that my son was getting the help he needed while we were figuring out what being trans means.</p> <p>I won't deny that there were parts of this journey that I drug my feet to get him the gender affirming care. As a parent, I wanted to make sure that we really were dealing with him being trans versus it being just a fad. After going through all of the counseling, doctors appointments, speaking with my child, and coming to terms with what trans means... I have no regrets, except that I should have listened to my son sooner. He suffered a lot at my hand by dragging my feet.</p> <p>I also wanted to reiterate that the guidelines will work for my child if he remains grandfathered in and his care will not be interrupted. I don't see what benefit there would be to change that policy. He's been receiving gender affirming care for more than a year, and it would be cruel and unusual to take that from him.</p> <p>Where another concern I have is for the kids that don't have the means to go to so much counseling, or don't have support at home like my son has had from us. How can we factor in</p>	<p>Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>those kids? How can we serve them and get them to help that they need without financial means, or time, or support? I beg that you continue to listen to the experts, who counsel or treat these kids.</p>	
<p>238. Catherine Jones-Hazledine, Ph.D. President Elect, NPA</p>	<p>The Nebraska Psychological Association (NPA) is a statewide professional organization dedicated to supporting psychologists and the practice of psychology across Nebraska. We are writing to express concerns with the revised Emergency Regulations related to LB574. Our concerns regarding these regulations relate to three main areas: language of the emergency regulations, empirical contraindications of the practice of limiting and delaying gender affirming care, and the problematic nature of legislative and governmental intrusions into clinical practice.</p> <p>Dr. Cami Nitzel, NPA member, recently wrote a very well-worded letter asking for clarification of the language of these Emergency Regulations and we share her concerns. The wording of the regulations, which appears to prohibit affirmation and require “clinical neutrality”, is vague and confusing. It leaves a great deal open to interpretation regarding what would be considered “simply affirming the client’s beliefs”. Would, for example, using the client’s chosen name or preferred pronouns (both of which are empirically supported within ethical practice with transgender or gender expansive youth) be considered “biased or non-neutral” or</p>	<p>Please see comments 3, 4, and 215.</p>



	<p>inappropriately affirming? As Dr. Nitzel notes, an APA supported treatment modality is even titled The Gender Affirmative Model. Affirmation appears to be used in these regulations as a synonym for coercion, or to exist in contrast to clinical objectivity. Affirming clients, to be clear, is not a process of forcing or guiding a particular path, but rather relates to meeting them where they are and working with them to explore their optimal personal outcomes.</p> <p>Nebraska’s psychologists rely on evidence-based practices (EBP). The reality of non-cis gender identities and the medical necessity of gender affirming care are well-established in the professional and scientific literature. Professional and medical organizations supporting the medical necessity of this care include: the American Academy of Family Physicians, the American Academy of Child and Adolescent Psychiatry, the American College of Physicians, the American Psychiatric Association, the American Psychological Association, the American Public Health Association, and others. The literature is also clear that our transgender and gender expansive youth are at higher risk for mental health concerns, including depression, self-injury, and suicide. These emergency regulations, through their specification of the 40-hour minimum regulation, impose an arbitrary delay on</p>	
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	<p>what might be life-saving care. Even if the youth, parents, prescribing provider, and mental health providers all determine that the youth is an appropriate candidate for gender affirming care, these regulations impose additional delays.</p> <p>Our state also continues to have a shortage of licensed behavioral health providers, meaning that youth may wait a significant amount of time before even being able to access a provider to begin the required number of sessions. Finally, the arbitrary requirement of 40 hours of treatment is not consistent with empirically based recommendations for care, which often average 16 sessions or fewer. The mandated 40 hours is likely to be excessive for many youth and place an additional burden on Nebraska’s already overwhelmed behavioral health systems.</p> <p>It is important to note that Nebraska’s psychologists are highly trained individuals who undergo many years of education, verify their expertise through licensing exams, and continue to grow and maintain their knowledge through continuing education over the course of their careers.</p> <p>They are experts in their field, who are guided in their practice by research, and who have a strong Code of Ethics. These Emergency Regulations represent a significant legislative and governmental intrusion into this highly specialized and qualified clinical practice. Not only do the</p>	
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	<p>regulations dictate what treatment should involve and what aspects of treatment are forbidden, but they even dictate how long the course of treatment should be. All these details are parts of ethical treatment planning for clients, and as such should be determined by psychologists based on the individual needs of patients presenting for care.</p> <p>Due to the above concerns, NPA opposes the current wording of the Revised Emergency Regulations related to LB574.</p>	
239. Carole Wilson	<p>I am sending this email in full support of LB 574. I do not believe that anyone under the age of 19 should be able to take puberty blocking drugs or have any surgical procedure that may be involved in gender reassignment.</p> <p>I especially support the requirement of 40 hours of counseling before being able to petition the States' Chief Medical Officer to allow them to receive any medical services in pursuit of changing their identity.</p> <p>I hear many parents of children who believe they are transgendered say they fear their children will commit suicide or may have had their children try to commit suicide. Using common sense, this is an automatic red flag that this child should be in serious counseling and NOT just with a counselor that is going to fully support their identity change. Nor is it a decision that should be made quickly. Is it sensical to allow a child to take puberty blocking drugs that will</p>	Please see comment 5.

	<p>change their body forever and possibly/probably cause sterilization? How is someone whose brain is still developing allowed to have parts of their bodies removed or altered? If my child hated their left hand, should I allow them to have the hand removed because they say they will kill themselves if I don't?</p> <p>My son-in-law is transgendered. Half the people at my Thanksgiving table were transgendered. HOWEVER, they all made the decision to transition after the age of 19.</p> <p>All of these young men and women are in counseling and being treated for depression and anxiety. Most of them were suffering from depression and anxiety before their transition. Transitioning has not "solved" or improved their mental health struggles. They have also all had side effects from the hormone drugs and surgeries they have received. I believe this is a huge science experiment that will, in the long term, have disastrous results.</p> <p>We love our son, son-in-law, and their transgendered friends because they very much need to be loved and they are good people. But this IS NOT a life change that should be allowed to be undertaken by anyone who is not of legal age. It will not magically "solve" whatever issues they have. It WILL cause them irreparable physical damage.</p> <p>Thank you for your consideration</p>	
240. Caroline Epp	We have been given inalienable rights from God: life, liberty, and the pursuit of happiness. He has given the freedom to live life as we choose, but	Please see comment 5.

within that freedom, we are held accountable for our actions. The accountability and consequences for our choices may come forth in various forms. The law of nature enters a play in this.

We can choose to eat whatever we want, but consequences such as cancer, heart disease, the malfunctioning of organs, can all take place if we do not stay within what God intended for our bodies. We cannot expect to drive the wrong way on a one-way street without consequence just like taking puberty blockers and hormones that do not belong in our bodies. Our youth need protection from the use of such drugs that go against the law of nature.

Just as young animals are protected by those who bore them, so our youth need protection until they have matured into adulthood. We do not let young people drive cars for a reason; they need time to mature in their decision making. Some things are learned early in life such as, anything hot burns. There are different stages of maturity through which children travel. Puberty is one of them, which once again, we adults, have to teach youth that anything outside of God's design, leads to trouble, like getting burnt by fire. True freedom comes by following His plan for male and female.

Allowing youth to choose puberty blockers and cross sex hormones is like allowing an untrained passenger to take over the jet! There is a time and place for people to choose their actions in life, but not this life-altering choice of sex change hormones while still a youth.

<p>241. Cathy Lindmier</p>	<p>Please include my thoughts regarding the proposed guidelines and regulations for implementation of LB 574.</p> <p>Initially, it's a somewhat embarrassing read as some of the terminology is insulting to mental health providers. "Clinically objective and non-biased?" All therapists are clinically neutral. And what would that mean in this context? You have proposed a ridiculous number of therapy hours (40) instead of relying on the judgement of the therapist. And just what is the purpose of the therapy? Will the health care provider be required to write a report stating what? That the patient is indeed suffering from gender dysphoria?</p> <p>That the patient should be allowed to receive gender affirming treatment? Because now you have HIPAA issues. And you are again inserting the government as "Big Brother" to determine what is in the best interests of an individual's health. A role that government has no business playing. If the youth, the parents, and the medical professionals are in agreement, I see no reason why government should be involved.</p> <p>If therapist documentation is required, what additional safeguards will be implemented to ensure that this highly confidential information is kept private?</p> <p>I agree that the youth should seek therapy. The 40 hours of therapy are said to be necessary so that the therapist can thoroughly understand the needs of the client. And yet there are no state mandated standards for length of therapy for any other patients. Is it because it is too unwieldy to</p>	<p>Please see comments 3, 4, and 215.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>try to police that, it is something that insurance companies will likely push back hard on, it's most likely a violation of constitutional rights, or all of the above? For rural areas, who already face a lack of mental health practitioners, forcing 40 hours of therapy could result in banning gender affirming care in these areas. If you are REALLY concerned about the youth making this decision, you would want therapy to be with a therapist who is trained in this particular area. Again, not enough therapists probably anywhere in the state for this but especially in rural Nebraska. And in order for a therapist to clearly understand the needs of the client, it is necessary to establish trust and good communication. How could this be done if the therapist is unable to use the preferred pronouns in sessions (using preferred pronouns has been deemed to be gender affirming care by some people which is prohibited)? What client is going to communicate freely if they already feel like the therapist is unable to grant them that courtesy of proper pronouns?</p> <p>Once informed consent is obtained, what possible reason would there be to wait an additional 7 days to fill the prescription? That's just plain mean. There is no reasonable justification for an additional waiting period.</p> <p>Who was involved in the writing of these regulations? It was done with utmost secrecy which to me seems to be a violation of the Sunshine Rules. Were there any doctors who are currently</p>	
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	<p>involved in treating gender dysphoria on the committee? Any current or past recipients of gender affirming care?  Were there religious leaders on the committee? Mental health care experts? I think the committee makeup should be made public. I feel that these regulations are a thinly veiled attempt to ban gender affirming care in Nebraska. In my opinion, the therapist should be allowed to determine the length of therapy. The 7-day waiting period should be removed completely. And remove embarrassing and insulting language regarding "clinically objective and non-biased." And if you're going to require clinical reports, you better have upgraded security to protect that information.  Thank you for your time.</p>	
242. Celeste Lee	<p>As a registered voting Nebraskan, I ask you to not discriminate against Nebraskan transgender youth and allow medical professionals to provide gender affirming care that is a medically established best practice that is recognized and endorsed by leading medical groups as a medical necessity of treatments.  Nebraska medical professionals already follow international standards for treating trans youth, making the Legislature's intervention unnecessary. These are decisions to be made between patients, parents, and providers. I ask you to leave these decisions to be made by the patients, parents, and providers.  Thank you</p>	Please see comment 3.
243. Chaz Maschman	Hello Chief Medical Officer (or his office),	Please see comment 47.



	<p>I would like to first thank you for the clarification you have given LB574 and its effects.</p> <p>I believe that the current emergency regulations do a good job of easing Nebraskan's concerns on how their children are regarded within the medical system, while still ensuring availability to gender-affirming care to people that need it. However, if I could ask for a small change, could you consider allowing the patient (or their guardian) to inject their own medicine? (only after first being taught by a health professional of course).</p> <p>I have a brother who is diabetic, and I can't imagine how difficult it would have been for him if he was required to visit a facility for every insulin injection! If there's something uniquely profound about the way that these medicines are injected, then I guess that's understandable, but the regulation didn't mention anything like that. So, it would be nice if you could either allow the patients to dispense their injections at home, or at least explain what currently makes that not possible.</p> <p>Thank you for your time.</p>	
244. Chelsea Dolton	<p>I am a citizen of [Address], and I would like to thank Kathleen Kauth and all the Nebraska's senators for their bravery in today's political climate in passing LB 574 earlier this year. Doing what is right is often the hardest thing to do, but our Nebraska legislature protected kids from bodily harm in their young development and from those who seek to profit from it .</p>	Please see comment 5.

	<p>As more facts and data come in about “affirming care” as the years go by, it is becoming evident that treating underlying mental health issues and letting a child live a healthy natural existence is more beneficial to these children than pumping them full of drugs, and cutting off their body parts thereby committing them to a life of medical intervention. This drastic medical intervention is now being questioned and I hear about new lawsuits frequently, especially overseas but here too. There is one against UNMC right now. As a taxpayer I am relieved that this bill protects children but also that it will reduce chances of future lawsuits against our state .</p> <p>Thank you</p>	
245. Cheri Leonard	<p>I’m asking that you please support LB 574 Let Them Grow to protect our children that they may grow up naturally!</p> <p>I never thought I would see the day that this would even be thought of. I will be praying for the protection of our children!!!</p>	Please see comment 5.
246. Chloe Patzloff	<p>After reading through the emergency regulations and the FAQ. I found several issues. These deal with gender affirming care, restriction on therapy for cis people, and inconsistent prescription regulations with youth. Along with several questions about the said “external experts in related fields of practice’, as mentioned in the FAQ.</p> <p>To begin, what is gender affirming care? How is it defined? If I were to use, she/her pronouns for Gov. Pillen, he would be offended right? Because</p>	<p>Please see comment 4.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>he/him pronouns affirm and support him in his gender. Also, if a patient must have 40 hours of gender identity focused contact hours of therapeutic treatment, wouldn't it HAVE to be affirming for the patient if they were to discuss gender? Affirmation is not persuasion, it's support. Affirming in this case, is used incorrectly. Moreso, not many people can afford 40 hours of therapy when they may only need 10. There are not currently any plans in place to help assist those who cannot afford all 40 hours. There is also no way to keep patients attending therapy and, in the instance, there is a period of time in which it is not feasible for patients to attend due to financial instability.</p> <p>Again, affirmation is not persuasion, it's support. There must also be a waiting period of 7 days after the patient gives informed consent that prescriptions can be prescribed. In my personal experience it is not nearly as lengthy as what these regulations lay out as a cisgender patient. I'm 16 and in the last 6 weeks I have been prescribed 4 different medications to manage depression. I have had a consecutive of 3 therapy hours and 1 and ½ consecutive hours with my psychiatrist in that time, why isn't it consistent? What's the difference between me taking brain chemical altering drugs that influence behavior through biological means, vs a patient identifying symptoms of gender nonconformity taking brain chemical altering drugs that influence behavior through</p>	
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	<p>biological means. If my meds weren't changed as quick as they were, you never would have received this testimony. Who's to say that wouldn't be the case for transgender youth? In the FAQ, it mentions nonsurgical pharmaceutical gender-altering treatments may require a lifetime of pharmaceutical treatment. So does my medication. So does Adderall. So does Lexapro, or Zoloft, or Ritalin. Not to mention, if trans youth need 40 hours of therapy MINIMUM, it negatively impacts cis-gender people seeking therapeutic assistance. Forcing teenagers into therapy when it's no longer necessary which takes away time from other patients who do need. If the main concern is letting kids grow, why aren't you putting regulations on everything else What is the difference between the two and why don't they have the same regulations. To sum up, I could talk about the issues of these regulations FOREVER. Not only these, but how it was never voted on by the legislature, how it takes the rights away from patients and therapists, how the gender affirming care model is neutral by nature, how both conversion and affirming were used incorrectly in the regulations, and how the Chief Medical Officer is an ear, nose, and throat doctor and has no sufficient knowledge on the topic. Affirmation is not persuasion, it's support. We're all about parent choice when it comes to our schools, but somehow never when it comes to healthcare.</p>	
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<p>247. Chris Cady-Jones</p>	<p>Please reconsider the prohibitive 40 hours of therapy that can be difficult if not impossible for families and children seeking gender affirming care to receive. It is disappointing to see the words “not merely affirm the patient’s beliefs,” and I find it disrespectful to the profession. The whole thing is disheartening and cruel to children that are at risk of increased suicide, depression, and self-harm.</p> <p>Gender affirming care is a medically established best practice that is recognized and endorsed by leading medical groups as a medical necessity of treatments. Please listen to medical professionals that are in the field and work with families that are actually going through this. This bill is hurting families and children already and the proposed regulations will do more harm.</p>	<p>Please see comment 4.</p>
<p>248. Chris Grala</p>	<p>Gender affirming care is a medically established best practice that is recognized and endorsed by leading medical groups as a medical necessity of treatments.</p> <p>I am in opposition of LB 574</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>249. Christine Michaels Chief Executive Officer American Association for Marriage and Family Therapy</p>	<p>The American Association for Marriage and Family Therapy (AAMFT) would like to thank the Nebraska Department of Health and Human Services for providing AAMFT with an opportunity to submit comments on the draft regulations for the Let Them Grow Act. AAMFT represents the professional interests of more than 72,000 licensed marriage and family therapists (LMFTs) in Nebraska and throughout the United States.</p>	<p>Please see comment 4, and 74.</p>

	<p>AAMFT has significant concerns about the requirements in the draft regulations and believes the requirements outlined in the draft rule go beyond the scope and intent of the legislation. Legislative Bill 574 requires the rules promulgated by the DHHS to list “the minimum number of gender-identity-focused therapeutic hours required prior to an individual receiving puberty- blocking drugs, cross-sex hormones, or both.” The final draft rule, however, not only lists the required number of gender-identity-focused hours but also defines what therapeutic hours must include, such as that they “not merely affirm the patient’s beliefs.”</p> <p>To become an LMFT, similar to other behavioral health professionals, a person must have completed a master’s or doctoral degree in marriage and family therapy or a related discipline, completed supervised clinical experience, and passed a clinical exam. MFTs have years of training and experience in diagnosing and treating mental health disorders, as well as specialized experience in family systems. These highly trained professionals have the skills, knowledge, experience, and responsibility to determine the best course of treatment for their clients. This cannot be determined legally without serious risk of harm to clients as each case must be evaluated and treated individually.</p>	
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	<p>The DHHS draft rule requires behavioral health professionals to do their job in a way that goes directly against known best practices and clinical standards established by major medical and psychological organizations.<sup>1</sup> AAMFT is guided by the scientific research and, thus, it is essential for the transgender community to have access to supportive, affirming care. Studies have found that transgender youth are at a greater risk of experiencing mental illness due to harassment or bullying.<sup>2</sup> Not having access to care could exacerbate challenges to one's mental health and overall well-being and increase the risk of suicide. Recent studies have also shown that gender-affirming care positively impacts the mental well-being of those who receive it.<sup>3</sup> Preventing behavioral health professionals from supporting transgender youth could have life-threatening consequences. Furthermore, AAMFT has major concerns that the provisions outlined in this proposed rule will create conflicts with the AAMFT Code of Ethics, potentially requiring MFTs to violate their professional code of ethics in order to follow state law.</p> <p>In addition to the above-noted areas of concern, according to data released by the Health Resources and Services Administration, almost all counties in Nebraska are designated as mental health professional shortage areas. This shortage</p>	
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	<p>of mental health professionals could prevent youth from finding professionals able to accommodate this requirement or prevent them from completing the required therapeutic hours in a reasonable time frame. If this 40- hour requirement is not also accompanied by a well-funded substantial increase in providers, then the state is putting an already vulnerable population of youth in a position to be denied mental health care. This is likely to further exacerbate mental health challenges that transgender youth already experience and put them at increased risk of suicide.</p> <p>AAMFT asks you reconsider these draft rules by removing the many barriers it places on both behavioral health professionals and transgender youth. Thank you in advance for your consideration of our comments. Please contact Roger Smith, AAMFT’s Chief Advocacy Officer at <a href="mailto:rsmith@aamft.org">rsmith@aamft.org</a> if you have any questions or need additional information.</p> <p><sup>1</sup> See American Medical Association, Standards of Care for Transgender and Gender Diverse People</p> <p>(<a href="https://jamanetwork.com/journals/jama/fullarticle/2805345">https://jamanetwork.com/journals/jama/fullarticle/2805345</a>) and American Psychological Association, Guidelines for Psychological Practice with Transgender and Gender Nonconforming People</p>	
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	<p>(<a href="https://www.apa.org/practice/guidelines/transgender.pdf">https://www.apa.org/practice/guidelines/transgender.pdf</a>)<sup>2</sup></p> <p><a href="https://link.springer.com/article/10.1007/s10964-018-0866-x">https://link.springer.com/article/10.1007/s10964-018-0866-x</a><sup>3</sup></p> <p><a href="https://www.nejm.org/doi/full/10.1056/NEJMoA2206297">https://www.nejm.org/doi/full/10.1056/NEJMoA2206297</a></p>	
250. Christy Brugh	<p>I know transgender kids. They do not politicians to inject their personal beliefs into this already difficult struggle.</p> <p>Allow children, families, their medical and mental health providers to work together to make the best decisions for each and every trans kid regarding gender affirming care.</p> <p>Every single major medical organization, including the American Academy of Pediatrics, the American Medical Association, and the American Psychiatric Association, supports the provision of age-appropriate, gender-affirming care for transgender and non-binary people.</p> <p>Allow this care to be available to all kids who need it!</p>	Please see comment 3.
251. Cindy Maxwell-Ostdiek	<p>My name is Cindy Maxwell-Ostdiek, and I am a resident of Nebraska who opposes further restrictions on gender-affirming care. The proposed regulations create arbitrary time constraints and increasing emotional and financial burdens on already struggling families and youth in our state.</p> <p>This issue is important to me because I am a person of conscience and stand with my</p>	Please see comments 3, 4, and 74.

	<p>neighbors in supporting Nebraska’s transgender youth and their families. Over 100 Nebraska businesses and nonprofits opposed the gender-affirming care ban for transgender youth, and submitted a letter signed by Omaha Steaks, Together Omaha, and others. In fact, Union Pacific and more than 300 major corporations such as Amazon, Cargill, Kellogg, Google, and USBank signed on to the Human Rights Campaign’s letter to state Senators and Governor Pillen listing business opposition to “anti-LGBTQ state legislation”.</p> <p>I believe healthcare decisions should be between patients and their doctors, not lawmakers. These decisions are made with parental consent in the case of healthcare for transgender youth. LB574 and these proposed regulations ignore parents’ rights and do not follow the standard of care. It is also important to point out the major, credible healthcare associations that opposed this law during the Legislative Session either through direct testimony or via a letter submitted to the Legislature and signed by more than 1,200 Nebraska medical professionals. They include:</p> <ul style="list-style-type: none"><li>Nebraska Chapter of the American Academy of Pediatrics</li><li>Nebraska Medical Association</li><li>Nebraska Chapter of the National Association of Social Workers</li><li>Nebraska Nurses Association</li><li>Nebraska Psychological Association</li></ul> <p>During Dr. Tesmar’s [sic] Chief Medical Officer confirmation hearing on May 25, 2023, in the</p>	
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	<p>Nebraska Legislature Health and Human Services Committee, only one proponent testified in favor of the doctor. Five people testified in opposition, including me, and two testified in neutral capacity. Chairperson Hanson listed that comments submitted for the record included 4 proponents, 82 opponents, and 7 in the neutral capacity. As for Dr. Tesmar, [sic] he claimed that he would work with healthcare experts to come up with the regulations, but the process and exactly which trusted experts were consulted is not transparent.</p> <p>As the October 1 deadline for the implementation of LB574 neared, I spoke with many Nebraskans who were terrified for their family members' health. Again, it was down to the wire, and they were waiting with fear to learn the details of the regulations that would impact their child's health! That the temporary regulations were not announced until the day the law was to go into effect seemed unnecessarily rushed and was callous and cruel.</p> <p>The temporary regulations do not follow standard of care, and it is unclear where Dr. Tesmar [sic] and the Department of Health and Human Services are finding these recommendations. It is unfortunate that the Chief Medical Officer and this Department within the Nebraska state government are not relying on trusted experts in this field. Please listen to healthcare</p>	
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	<p>professionals and those impacted by these laws and make the decision not to further restrict access to this care.</p> <p>Thank you for your consideration,</p>	
252. Cindy	The Government should stay out of parent and doctor decisions period.	Please see comment 3.
253. CJ Elliott, PLMHP, PCMSW	<p>My name is CJ Elliott, and I am a Mental Health Practitioner and Licensed Social Worker specializing in care for LGBTQ+ people. LB574, which I advocated against, has continued to cause harm to those I serve. Some of that harm has been direct, in that those who were receiving lifesaving, medically sound gender-affirming care are now facing unnecessary barriers to their care and/or are in jeopardy of losing their care. Some of that harm is anticipated, as those who were working toward care for the sake of having medical opportunities to align their expression with their identified gender have now lost that opportunity. And some of that harm is indirect, as those of us in the LGBTQ+ community and our allies are experiencing LB574 as targeted discrimination against an already vulnerable community.</p> <p>As a Mental Health Practitioner, I want to specifically advocate against any regulations preventing me from affirming my clients' identities including their names, pronouns and expressions. As a Licensed Social Worker, providing care that does not affirm my clients directly interferes with my code of ethics as outlined by the National Association of Social</p>	<p>Please see comments 4, and 74.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>Workers. Ethical standards such as adhering to my clients' self-determination and practicing with cultural competence (NASW, 2023), among other ethics would put me in an impossible place as a practitioner, greatly impacting care for my trans clients. From a Mental Health perspective, anything I do to not affirm my clients (such as use their assigned pronouns instead of their preferred) would immediately impact our rapport and trust and likely end my client's decision to see me as a practitioner. Now, applied to all NE practitioners, this notion completely rids LGBTQ+ people of affirming mental healthcare, and makes them even more susceptible to depression and suicide, which they are disproportionately at risk for by 41% already (Trevor Project, 2023).</p> <p>Additionally, 40 hours of non-affirming therapeutic care for trans people is about a year's worth, which can be detrimental to their mental health if they already have a sense of their gender identity as well as their goals for transition. Instead, those 40 hours are critical to working with a mental health practitioner who can not only affirm their identity, but help them to gain a more formed sense of their identity and work through the challenges they face. Mental Health Practitioners already operate with neutrality in influence of a certain way of being, and instead are ethically obligated to support their client's self-determination in working toward their personal goals. Anything else, such as the proposed regulations</p>	
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	<p>within LB574 to not affirm trans identities, could border conversion therapy, which denies LGBTQ+ people their self-determination and has been proven to be ethically wrong and detrimental to mental health.</p> <p>While I understand that LB574 is law, the regulations that become established regarding this bill is critical to the safety, livelihood, and longevity of trans Nebraskans. I am advocating for the lowest level of barriers possible for trans Nebraskans to receive care that is medically safe, parental-consented, and lifesaving.</p> <p>Thank you for taking the time to read my perspective, and please reach out for any clarifying questions or further information.</p>	
254. Connor Hines	<p>My name is Connor Hines, and I am from [city], Nebraska. I fully oppose the newly adopted Title 181 Chapter 08 of the NAC - Nonsurgical Pharmaceutical Gender Altering Treatments. There are multiple restrictions within the code that contradict best practices that keep trans children and teenagers safe, healthy, and most importantly alive. Below are my specific concerns:</p> <p>Section 004. Contact hours of therapeutic treatment. The requirement to have 40 hours of gender identity focused contact hours is far too high. With a four-hour initial assessment and a maximum of two hours per week following, it would take at</p>	Please see comment 4.

	<p>least 18 weeks to before receiving a prescription for medications. Many trans children know for months or years that they are trans before even beginning to seek counseling or medical support in transition. To delay that process even more is inappropriate for an already sensitive process. Please take this into about before making a decision.</p>	
<p>255. Corey B. Rumann</p>	<p>I am writing to respectfully ask the Chief Medical Officer of Nebraska to not impose regulations on gender affirming that will overburden and inequitably impact Nebraska families. As a parent I know how difficult it is to afford and find the time and resources to access healthcare for my children. For families with trans and gender non-conforming youth the recent bill passed by the legislature inequitably impacts them and their children, but at least more flexibility can be provided by the guidelines and regulations you impose. As a parent I do not want the government telling what to do or not do with my own and my children's healthcare. Unfortunately, that is exactly what this bill does. So, I implore you to create more flexibility for trans and gender non-conforming youth and their families. More specifically, the therapy requirements are unnecessary and do not support good practice. It also creates an expense most families will not be able to afford if they are even able to find a mental health therapist to provide those services in Nebraska. I know for myself just finding a</p>	<p>Please see comments 3, and 4.</p>

	<p>therapist to help me address my own mental health needs took a great deal of time due to the shortage of mental health providers in Nebraska. Second, the waiting period for prescription medication is unprecedented and unnecessary. So, please impose more flexible guidelines to accessing gender affirming care. Their lives depend on it and it is up to us to show we care. Please do what is caring and reasonable in this case.</p> <p>Thank you</p>	
<p>256. Courtney Leikam</p>	<p>I am writing to you regarding the regulations of the Let Them Grow Act (LB574), which were released in October of 2023. After reviewing both the regulations and the Department's FAQ page about the regulations, I have several concerns. I have outlined my primary concerns below, including my reasoning. Though I have done my best to condense them into thematic points, I hope it is evident that the issues raised are all interconnected; this topic, at large, cannot be discussed without a great deal of nuance.</p> <p>In addition to a lack of nuance, I believe that the regulations restrict access to care in harmful ways. In the FAQ released by the Department about the regulations, it is noted that "the regulations were written to provide a balanced approach to determine if this life-altering and life-changing treatment is the best option for minors while also not creating undue barriers." Unfortunately, as written, there are certain aspects of the regulations that <b>do</b> cause "undue</p>	<p>Please see comments 3, 4, 47, and 215.</p>



	<p>barriers" in terms of accessing this life-changing and <i>life-saving</i> treatment.</p> <p><b>1. Scope.</b> Section 001 of the regulations define the scope in regard to "the use of nonsurgical pharmaceutical gender altering treatments." It is concerning to me that mental health care (and, consequently, behavioral health professionals) are introduced into the regulations, despite the fact that the scope of the regulations pertains solely to nonsurgical <i>pharmaceutical</i> treatments.</p> <p>Primarily concerning is section 004 regarding contact hours of therapeutic treatment. Because "therapeutic treatment" is not defined within the regulations, I am interpreting this requirement to pertain primarily to mental health care, though the regulations do note that prescribing providers may provide the treatment. This lack of definition and the potential breach of scope leaves room for misinterpretation and general confusion. Again, I stress the importance of nuance in this case. If the State seeks to regulate healthcare and impose restrictions or requirements for individuals, it is important that it is done in ways congruent with the law itself (in this case, LB574) and the professions impacted. Clarity in this regard, or elimination of the therapeutic contact hour requirement, would be helpful and more in line with the actual scope of the regulations.</p> <p><b>2. Excessive healthcare, accessibility, and billing concerns.</b> Related again to the therapeutic requirements, I question the necessity of 40 hours of "gender-identity-focused" contact hours</p>	
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in order for a youth to receive pharmacological or other medical treatment.

My concern about this aspect is twofold: firstly, I worry that the number of hours required, which seems arbitrary already, will pose "undue barriers" to treatment in terms of accessibility and necessity. The current demand for mental healthcare, especially those seeking weekly or frequent therapy, is higher than the resources available to us in our state. This demand is particularly acute for providers who are trained and experienced in transgender healthcare. For a trans or gender non-conforming youth to seek, access, and receive treatment within a timely manner is already a challenge; requiring nine months of care (or more, given that expert professionals are even more difficult to come by) can be detrimental to the youth's wellbeing and further exacerbate their emotional stress. Relatedly, and important to include, is the requirement that the contact hours be "gender identity-focused." If an individual - regardless of age - has no other mental health concerns, it is rare for treatment to last 40 hours solely for identity exploration. It seems unnecessary, not to mention unethical, to spend this much time with an individual who has adequate social support and the psychosocial/emotional capacity to seek this treatment. Individuals are not cookie-cutter beings and this type of care is certainly not one-size-fits-all. It seems as though the required number of therapeutic hours is not only arbitrary, but an unthoughtful, broad strokes

	<p>measure to further prevent individuals from accessing care.</p> <p>My second concern within this topic is the billing and remittance component. Over the past four years, I have worked with insurance billing for mental health services, and it is common for insurance companies to deny or reject services that do not meet medical necessity criteria</p> <p>or to audit and review cases to ensure they are medically necessary. I am concerned that, with a single diagnosis of "gender dysphoria" or "adjustment disorder" (which would likely be the most frequently used diagnoses in the case of individuals undergoing therapeutic treatment for "gender-identity-focused" concerns), billing to insurance for 40 consecutive sessions might raise flags in terms of medical necessity. It is possible that the required number of hours for therapeutic intervention, as mandated by the State, will actually be determined by insurance companies to be medically unnecessary. How, then, will the requirement be met in accordance with the law and also in congruence with ethical and appropriate billing practices? Can the State ensure that providers rendering these services will be compensated accordingly? Will Medicaid managed care plans reimburse accordingly, for the entire duration of treatment, even</p> <p>if the treatment does not meet the company's threshold for medical necessity?</p> <p>Even without the risk of denial or rejection of payment for services, the requirement of 40</p>	
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	<p>hours might cause "undue barriers" for families who may be burdened with the financial responsibility for excessive healthcare. If families cannot pay for treatment, or if treatment is denied, will the State then privately fund providers or the individual seeking treatment to ensure the therapeutic requirement of the regulations is met? If providers have to eat these costs, it will put our already overburdened mental health community at risk of losing professionals with the expertise needed to conduct services for the youth and families in need.</p> <p>Ultimately, based on my experience in the field, the 40-hour requirement for "gender-identity focused" therapy might pose complications within billing practices and also treatment planning for providers. The risk of "undue barriers" to treatment is present with this particular aspect of the regulations, and it is important that the Department consider revising this requirement further.</p> <p><b>3. Financial burden.</b> As briefly mentioned above, the rigorous medical and mental health care requirements mandated by the regulations might cause "undue barriers" to treatment, particularly in terms of financial burden. Through my experience in the field, I am aware of the costs of therapy and other medical procedures. Though it varies from company to company, I know that the State can expect to</p>	
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	<p>pay hundreds of thousands of dollars for youth on Medicaid, just for the therapeutic treatment alone. One course of mental health treatment, as mandated by the regulations, can cost over \$7000 per person. Are these costs something the Department considered when drafting the regulations? I worry that the Medicaid program, despite the regulations coming from the Department itself, will restrict its coverage for this particular type of service, especially considering the frequency and duration of treatment.</p> <p>Moreover, the financial burden can be excessive for families, especially those with high deductible insurance policies, or no insurance at all. The financial aspect alone is already a concern for most people seeking this treatment; mandating excessive office visits (especially if medically unnecessary), might cause "undue barriers" to treatment and put folks at risk of not being able to access care that is lifesaving.</p> <p>Related to accessibility, the regulations pose "undue barriers" for the families within the state who have to travel to other cities in order to receive expert care. Requiring that injectable prescriptions be administered within the prescribing provider's office will require families to</p> <p>pull kids out of school (rarely are office visits available outside of school hours), travel to and from the office, and pay whatever copay or coinsurance billed by the provider's office for the use of their time and supplies. With proper training, these medications are perfectly safe to</p>	
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administer at home by a parent or guardian, and it can cut down on travel and other costs for families, particularly those that live in rural or other areas far from a prescribing provider.

**4. Overreach.** Finally, and related again to the concerns about scope, is the sense of governmental overreach created by the bill and these regulations. It is deeply concerning for politicians without expertise in the field to create and pass a bill restricting access to lifesaving healthcare, and then for the Department to take the charge in regulating this law. Moreover, that the appointed Chief Medical Officer does not have specific training in this field (i.e., endocrinology and/or specialization in transgender health), is concerning. It worries me that the mere existence of these regulations will lead to further State-sanctioned governance of healthcare. Relatedly is another concern about accessibility. These restrictions appear as government sanctioned hoops, through which trans youth and their families must jump in order to receive basic, fair, and quality healthcare. Trans people have existed in our state prior to the onset of these regulations and have received ethical care in accordance with the already established medical guidelines from professionals within the field. Ultimately, the regulations, as a whole, are an **over**-regulation of treatments that are, really, beyond the State's scope of governance. It is my sincere hope that the Department and Dr. Tesmer truly listen to this feedback,

	<p>especially the feedback of other experts with extensive experience and training in transgender healthcare. I cannot stress enough the importance of taking a nuanced approach to this topic, and I hope that the Department revisits the regulations to provide clarity and to scale-back where appropriate.</p>	
<p>257. Curtis Bryant, MSW</p>	<p>As a Nebraska voter, I do not envy you the task of proposing regulations for implementing the controversial law LB574. Because I consider LB574 to be evil in both its intention and in its likely effects, I do not know what I would do in your position. Perhaps I would take the advice of the National Association of Social Workers-Nebraska Chapter (of which I am a proud member), OutNebraska, and others who best understand the law's likely impacts on Nebraskans so as to craft the regulations to minimize the harm done. Perhaps I would refuse the task and risk being disciplined, or maybe I would quit the job altogether in protest. While I realize that making or unmaking LB574 is not your job, I do want you to know that my greatest concern about the law is that it stigmatizes and draws a target on Nebraskans who are being themselves and living out their rights in a way that does not hurt anyone. While the State of Nebraska has a legitimate interest in regulating people's behavior for health and safety, this does the opposite: attacking people's way of being in the world and threatening our health and safety</p>	<p>Thank you for your comments. No changes will be made.</p>

	<p>unnecessarily.</p> <p>As someone who is not trans, I say this because although LB574 does not directly target me, it sets the stage for the State to expand LB574 or pass other laws to tell me how to live my life and punish me for choosing otherwise. I wonder if the senators who voted for LB574 have considered that the monster unleashed by this type of legislation could easily turn and attack them, too. Again, I do not envy you. Whatever you choose to do, should regulations be written, my hope is they will maximize people's safety from stigmatization and refusal of medical care to the greatest possible extent. My prayer is for more hospitality toward our neighbors, less stigmatization, and more safety for all Nebraskans.</p> <p>Thank you very much for considering my viewpoint.</p>	
258. Daisy Brandt	<p>My name is Daisy Brandt, and I am a Nebraska resident who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth. This issue is important to me because I am a transsexual woman who would have greatly benefited from transitioning at a younger age than when I did.</p> <p>I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws, and make the decision NOT to further restrict</p>	Please see comment 3.



	access to this care.	
259. Daisy Wood	<p>My name is Daisy Wood, and I live at [Address], I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code [?] Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children's physical, mental, and emotional well-being.</p> <p>Thank you for your time and consideration.</p>	Please see comment 5.
260. Daniel Wood	Hello, my name is Daniel Wood, and I live at [Address]. I am emailing to	Please see comment 5.

	<p>submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code [?] Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children's physical, mental, and emotional well-being.</p> <p>Thank you for your time and consideration.</p>	
261. Daniela Thomas	<p>My name is Daniela Thomas, and I live in [Address]. I strongly support Let them Grow. I am a mother of 2 children. I strongly oppose for children to be allowed surgery or medication</p>	Please see comment 5.

	<p>to change their sex. I strongly oppose this at any age. When we are born, we are either a male or a female. There is no denial of this “truth “. It is really crazy and sickening to think one is of the opposite sex. It’s not normal or healthy to believe one is of the opposite sex. You are a male or a female. Thank you for supporting this law to protect children because they cannot make these important decisions on their own. As parents and as adults, we need to protect them, against these harmful drugs and surgeries . It is denying the truth and harming the physical and mental health of our children. Thank you for protecting our youth against these evil lying ideologies that tells them lies and denies who they are, born a male or female.</p>	
<p>262. David Baker NE Legislative District 7</p>	<p>I am writing to make comments in regard to the recent legislation passed (LB 574) restricting youth access to gender-affirming care. Please note, most of my experience comes through my lens as a high school activities coach where, for the last nine years, I've spent hundreds of hours forming relationships with students from all walks of life.</p> <p>Comments about trans youth:</p> <ul style="list-style-type: none"> <li>- I'll never forget the day a student of mine stormed into my office after a rehearsal, crying because he did not have a designated space to change out of his rehearsal clothes. We talked for about a half hour where this student told me of the bullying and discrimination happening against him by other students. The lesson he took away from my office that day is that adults have the</li> </ul>	<p>Please see comment 74.</p>

power to create institutional change, but only if they're committed. He saw a principal that refused to intervene for fear of upsetting parents that had no relation to this child. He saw an administrative staff dismiss his concerns related to privacy in the bathroom. These guidelines not only play as a determinant of the mental health of our trans kids, but it also reaffirms the physical danger they are put in by reminding school bullies (students AND staff) that they have a right to harass trans youth. These guidelines present an opportunity for state officials to quash presumptive bullying by outlining standards of care that are evidence-based and uplift youth without making life-altering adjustments. My student in this example was not looking for a sex change, he was not looking for a bathroom, he was looking for a safe, caring adult that was willing to listen to his struggles, validate his feelings (because who wants to be teased in the bathroom??), and provide affirmation that he is loved regardless of how different from me he is. These guidelines need to be sure they're not in endangering youth by dismissing their concerns and real-life struggles.

- I'll be honest, I don't fully understand what the "trans experience" is. From what I gather, people are born as one sex (or both, one in 100 babies will be born as intersex, source below), have feelings that they can't fully conform to the sex they were born as, and decide to transition as the opposite sex. This is about as much as I know. With that being said, I have had the pleasure of

teaching five outstanding (transgender) students across three high schools the past nine years who have identified me as a safe adult to have conversations with. What I do know is that these kids need someone to listen, someone professional with years of experience in this subject matter. I have to stress; these guidelines **need** to be sure our students are receiving proper counseling over their young-adult life. If there is one thing you must keep within these new guidelines, is that therapy must be a crucial part of care. Additionally, therapy must be affirming to these youths. I don't know a lot about the science behind hormone blockers or chest binders or surgery, but I do know our kids need to feel safe to live as a productive member of Nebraska's society. These kids are not broken or "morally wrong," they're kids who need appropriate care to grow up into adults who have fully processed their feelings, needs, and desires. The guidelines have a duty to do no harm, and harm, in this case, would be shutting students down when they have concerns about their own bodies.

Comments about Dr. Tesmer:

- First, it's inappropriate and dangerous to rest the development of medical standards onto someone so adamantly against care for moral reasons; care that is fully supported by multiple national medical organizations, such as the American Psychology Association, American Academy of Pediatrics, and the American Medical Association. While Dr. Tesmer has stated he will rely on evidence to craft the guidelines, he has

	<p>also stated he is in full support of 574, a specialty area of medicine different from the one he currently practices. While I am not advocating for Dr. Tesmer's removal, I am weary to trust that the best possible medical decisions will be taken into account, primarily because of fear of political backlash. DHHS has a responsibility to take national and international standards of care as precedent and not political, moral, or religious agendas.</p> <p>- Second, Nebraska's children--and children worldwide--are experiencing a new pandemic: that of loneliness. These guidelines have the potential to push students further into this void because of its discriminatory nature. Again, Dr. Tesmer has stated he will approve gender-affirming care for cisgender youth (such as a breast reduction) but is not willing to do the same for students looking to transition. This rhetoric is directly telling the trans kids of Nebraska that they do not belong, per legal guidelines. Your department has a responsibility to be sure that <b>suicidal ideation does not rise</b> because of the guidelines put in place.</p> <p>Thank you for your time.</p> <p>** Anon. n.d. “# How Common Is Intersex?” <i>Intersex Society of North America</i>. Retrieved November 27, 2023 (<a href="https://isna.org/faq/frequency/">https://isna.org/faq/frequency/</a>).</p>	
263. David Dick	I am David Dick, and I am a Nebraska voter who is opposed restrictions on gender-affirming	Please see comment 3.

	<p>care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth.</p> <p>This issue is important to me because my spouse is trans nonbinary, and they would have had a happier, healthier life with a more supportive family.</p> <p>I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws, and make the decision NOT to further restrict access to this care. The culture war being pushed against trans people is by right wing grifters and are not a concern of voters, as we have repeatedly seen it as a losing issue at the polls in multiple states over the past couple years.</p>	
<p>264. Day Hefner Transitional Pastor</p>	<p>My name is Day Hefner. I am an ordained pastor of the Evangelical Lutheran Church in America and a resident of [Address].</p> <p>I am writing to oppose the current proposed regulations on gender-affirming care for minors. I urge Chief Medical Officer Timothy Tesmer to heed the wisdom of the many counselors, medical professionals, gender experts, trans individuals and their families, and the many other qualified individuals who have offered evidence and testimony on this matter, and ask that he draft newer, less stringent regulations accordingly.</p> <p>I believe in the separation of church and state and that decisions on legislative matters like this</p>	<p>Please see comment 3.</p>

one should be founded on empirical evidence and concern for the wellbeing of the whole community, rather than on particular religious beliefs. That being said, as a person of faith, my deeply held religious convictions influence the way I vote and which political stances I support, and I know the same is true for many in government. I also know there have been some in the community who have cited their faith — particularly the Christian faith — as grounds for opposing access to care for trans minors.

For many, if not most, faiths, the single most central guiding virtue is love. This is most certainly true for the Christian faith. Christ himself declared that the most important commandments are to love God and to love one's neighbor — even remarking in Matthew 22 that all of scripture is summed up in these two words (“all the law and all the prophets”). The Apostle Paul reiterates this in Romans 13, writing that “love does no wrong to a neighbor; therefore, love is the fulfilling of the law.”

Sometimes love as law looks like limits. Where there is clear evidence of widespread potential for harm, it is loving to institute restrictions like requiring seatbelts or imposing speed limits or implementing gun control.

However, when such evidence is lacking — as in the case of LB574 — such restrictions are not loving. Whether based on personal conviction or religious beliefs or bigotry, such restrictions are ultimately an unwarranted intrusion into medical decisions that should be between families and



	<p>their medical providers. In this case, the vast weight of empirical evidence and testimony provided by experts clearly points to the immense harms that come with impeding access to gender affirming care.</p> <p>Since this law has already passed, the task before us now is to do all we can to mitigate harm. Once again, I urge Dr. Tesmer and the DHHS to listen to the voices of those who are most directly impacted by these regulations, as well as to the experts in this field who know what they're talking about. I urge you to do the loving thing and allow trans youth the freedom to live out the fullness of their God-given identities.</p> <p>Thank you for reading.</p>	
265. Debbie Vihstadt	<p>I am writing to express my concerns regarding the proposed regulations outlined in the document dated October 16, 2023, regarding the use of cross-sex hormones for the treatment of gender dysphoria in minors. While I understand the importance of ensuring the well-being of individuals seeking gender-affirming care, I believe that these regulations raise significant issues related to individual autonomy and the right to make informed decisions about one's own medical care, particularly for minors. The argument against the outlined regulations is grounded in several key principles:</p> <p><b>1. Individual Autonomy:</b> Individuals, including minors, have the fundamental right to make decisions about their own bodies and medical treatment. Imposing regulations on the use of cross-sex hormones for</p>	Please see comments 3, and 74.

	<p>gender dysphoria in minors potentially infringes upon this individual autonomy. The government should respect the rights of individuals, or their parents in the case of minors, to make informed and personal decisions about their medical care.</p> <p><b>2. Medical Professional Judgment:</b> Decisions regarding medical treatment should be made by qualified healthcare professionals who possess the expertise to understand the specific needs of each patient. Government regulations, as proposed in the outlined document, may interfere with the ability of healthcare professionals to make personalized and nuanced decisions tailored to the unique circumstances of each patient.</p> <p><b>3. Potential for Harm:</b> Overly restrictive government regulations run the risk of preventing individuals, particularly minors, from accessing necessary medical care. In the context of gender dysphoria, delaying or hindering access to cross-sex hormones could lead to increased distress and harm for individuals who may benefit from such treatments.</p> <p><b>4. Varied Circumstances:</b> The experience of gender dysphoria is unique for each individual. Medical decisions should be made on a case-by-case basis, considering the diverse range of circumstances and needs among individuals seeking gender-affirming care. Government regulations might oversimplify this complex issue and fail to account for the nuanced nature of each case.</p>	
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**5. Exemptions Acknowledge Complexity:**

The fact that exemptions are considered for certain cases, such as those who started treatment before a specified date or have reached the age of 19, acknowledges the inherent complexity of the issue. This complexity may be better addressed through a flexible, case-by-case approach rather than through overarching government regulations.

In summary, the argument against these outlined regulations is rooted in the belief that the government should not intervene in personal medical decisions, especially when individual autonomy, professional judgment, and the potential for harm are significant considerations. To further support this perspective, I recommend considering legal precedents that uphold the rights of individuals and parents in making medical decisions. While I don't have specific court cases related to the proposed regulations in Nebraska, landmark cases such as *Bellotti v. Baird (1979)*, In re: *Guardianship of Wyatt (2014)*, and *Doe v. Clippinger (2019)* have addressed similar themes of individual autonomy and the right to make informed medical decisions.

I appreciate your attention to these concerns and urge the Legislature and the Nebraska Department of Health and Human Services to carefully consider the potential implications of the proposed regulations on the rights and well-being of individuals seeking gender-affirming care.

Thank you for your time and consideration.

266. Edward Whitehill	<p>Hello, my name is Edward Whitehill, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	Please see comment 5.
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267. Sheila Walsh	Whether Jesus calms the storm or calms us in the storm, His love is the same, and His grace is enough.	Thank you for your comments. No changes will be made.
268. Elise R Martin	<p>My name is Elise Martin. I have been a resident of Nebraska since I was 2 years old. I am 27 now. I am an honorable service member in the army reserve from 2018 to present day reporting to a unit in Elkhorn. I am also a securities professional at Charles Schwab. I was raised Christian in small-town Nebraska with Christian and small-town values. I am also transgender, and closely connected with many other transgender people who live in Omaha and Nebraska at large. We dearly love Nebraska but have a nervous eye on how trans care and rights are being handled here, many including me are making plans to leave if necessary.</p> <p>I want to express my objection to one of the regulations being considered as part of implementation of LB574. The regulation in question being considered is requiring the medication at the pharmacy to be labelled "FOR GENDER DYSPHORIA." This rule would be unique to our medication, other medications picked up at the pharmacy are not required to be labelled this way.</p> <p>The Midwest is a scary place to be transgender. People around here believe all sorts of crazy things about who trans people are and what we are like. Our medical privacy</p>	Please see comment 64.

is an important part of staying safe and that is a reality of life for us. There is a risk of facing discrimination or harassment from the Pharmacist dispensing the medication or from anyone who sees the label. Discarded or misplaced papers and receptacles carrying the "FOR GENDER DYSPHORIA" label can also put us at risk by allowing ill-intentioned strangers and acquaintances to identify our medical situation.

LB574 imposes many new requirements and precautions before minors are able to have their care dispensed at a pharmacy. It is not necessary to impose this indignity of specially labelled medication to those who have already graduated through these steps that outs us anyone who is able to see the label.

Please carefully consider the true reasoning behind this proposed regulation, and if it is truly necessary to impose it on us. We value our medical privacy a lot for good reason. No one at or in the pharmacy and no acquaintance who might happen to see this label at home needs to know the purpose of the medication that a doctor has already determined is appropriate. If it is important for the pharmacist to know the purpose of the medication it can be displayed on a computer screen that can only be seen by the employee that is signing out the medication.

I urge DHHS of Nebraska to uphold the privacy and safety of transgender people to at

	<p>the very least the same extent that you uphold the privacy and safety of those being dispensed other kinds of medication. Feel free to reach out to me for further comment or further verification of my identity as a lifelong Nebraska resident.</p>	
<p>269. Elizabeth Constance, MD</p>	<p>I am writing today to express my concerns regarding the proposed Guidelines regarding the provision of gender affirming medical therapy for minors in Nebraska. I am sorry I was not able to be present today to provide this testimony in person.</p> <p>I am a double-board certified OB/GYN and Reproductive Endocrinology and Infertility Specialist. As such, I am an expert in reproductive hormones, the administration of GnRH agonists (hormone blockers), hormone therapy, and the long-term reproductive effects of these medications. As the expert in this field in the state of Nebraska, I offered my expertise and assistance in the formation of these guidelines which were not utilized.</p> <p>I appreciate that in terms of informed consent, the emergency and proposed permanent guidelines relied on the current standard of care accepted by the AMA, Endocrine Society, AAP, ACOG, and ASRM (among others). I am concerned, however, that when it comes to guidelines on minimum therapy hours and waiting periods the proposed guidelines deviate markedly from standard of care.</p> <p>We do not currently have the mental health infrastructure to support 40 hours of therapy. For</p>	<p>Please see comments 4, and 215.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>many if not all families, this will serve as a de facto ban on care. 40 hours is a random number -- it is not based on any objective data or guidelines that I have been able to find. As medical providers, data -- not arbitrary numbers that "feel" right -- should drive our decision making and recommendations. Additionally, these services are not covered by many insurance companies including Medicaid and so places an undue and non-evidence-based financial burden on families in addition to the logistical barriers to access. This, again, will serve in practice as a total ban on care.</p> <p>The 7-day waiting period is also not based on any evidence of standard of care guidelines. If we say, at best, it takes 5 months to complete 40 hours of therapy, what is the medical rationale for making them wait another 7 days? They have already waited at least 5 months, but in reality, for most families it will be 1-2 years. A 24-hour waiting period would accomplish the same goal without placing yet another undue barrier not supported by any objective evidence.</p> <p>Again, I appreciate that for the most part it appears that you did seek to apply current medical evidence and standards of care to the guidelines. I urge you to apply that same rigor and thoughtfulness to the therapy requirement and waiting period.</p> <p>I would also ask that if there is to be mandatory therapy, that there should then also be a</p>	
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	<p>mandate for all insurance providers, including Medicaid, to cover this therapy.</p> <p>I am concerned that as the guidelines currently stand, this will serve as a total ban on care disguised as medical guidelines which diminishes the medical community, our integrity as physicians and experts, and our ability to provide quality medical care to ALL of our patients.</p>	
270. Elky Trobough	<p>My name is Elky, and I am a trans-masculine identifying person. I am thirteen years old. I use he/they pronouns and like being referred to as son, sir, boy, or young man. Some days I struggle with some of my more feminine traits, like how my face looks, how my waist is more feminine, , how I express myself with clothing, makeup, body mannerisms, and my feminine voice. It can sometimes be hard to look at my body, but I've learned that I am till a boy no matter what I look like. I love my hair, eyes, mouth, nose, hands, and laugh. When I first felt like I wasn't who I was expressing myself as, I used she/they pronouns. Previously I was referred to as she/her by everyone. I also started telling my friends at school that I wanted to go by Elky. Most of them accepted me, but some took a while to use my pronouns and name. After a while, I realized those pronouns didn't fit me. They/she, they/he, or they/them didn't feel right either. That was when I started going by, he/they. Through the years, I have struggled with depression, stress , and mental health problems. When it got really bad, I told my dad,</p>	Please see comment 74.

but he said I was really just faking it, so I stopped talking about it. I relapsed a couple of times, and last year it got really bad. I am thankful for my friends being there for me because I don't know where I would be without them now. When I started going by, he/they, my mental health got a lot better. I finally felt happy. For some reason, the people saying that trans kids shouldn't have gender-affirming healthcare say I'm sad. They say I'm just a sad girl who hates my body. But I love my body. Just sometimes I feel like I could be more comfortable in it. I know that I'm not ready for any kind of testosterone or puberty blockers, but that doesn't mean other trans kids aren't. Sometimes, I cry when others misgender me, but I know when I am ready, I can hopefully access gender-affirming care. But the restrictions in LB574 scare me.

It scares me because I may not be able to be a happy teenager or young adult even. I hope that I can reach my full potential, but I can't without you. The day after I told my mom, I accidentally came out to my dad. He got really mad for some reason. I think he missed the little girl he had. But I am not little anymore, and I know who I am. It can be hard hearing him treat his kid like someone he's not, but I understand change is hard. My mom accepts and loves me, but it's still hard living with only one parent loving and supporting me. I hope that I can access care when I am older, and you can make sure I do. Thank you for spending your

	<p>time reading this and I hope you can make a difference so I can be the happiest person I can be.</p>	
<p>271. Emiliana Isabella Blanco,</p>	<p>My Name is Emiliana Isabella Blanco, and I reside in [Address]. I am a licensed independent mental health practitioner and provisionally certified master social worker who specializes in working with gender-diverse individuals. Others have spoken to the dangers of having unspecialized, untrained individuals legislating in the name of a false safety for which standards of care already exist. I will not be redundant with that for the sake of time.</p> <p>As egregious as that is, I will instead tell you the following, as the first born in the United States in my family.</p> <p>I was raised to be proud to be an American. I was raised with values of freedom and justice, and of honoring the spirit of millions of Americans before me who came to this land hoping to find prosperity and freedom none before them ever could. Having been born and raised in Florida, I chose to move to Nebraska at age 16 and up until this legislative session, I never dreamed of leaving. This was my frontier, much in the fashion of the first Nebraskans, and I grew to love Nebraska and its people.</p> <p>This bill and the proposed regulations killed that. As a clinician, this makes our practices increasingly difficult to manage due to having to play the constant game of ensuring some bureaucratic, paternalistic standards are being followed to the very detriment of my clients,</p>	<p>Thank you for your comments. No changes will be made.</p>

	<p>despite the clinical standard being to provide the least restrictive option possible to benefit a client's prognosis.</p> <p>As Nebraskans, we pride ourselves in standing strong in the face of trends and we usher freedom where none others do. We expanded many rights. We saw attempts to abridge these rights as fundamentally incompatible with the freedom-loving Nebraskan spirit. My only desire here is to keep that same spirit alive - while still recognizing we in fact do have safety measures still in place that are more robust, backed by science, and do not cause harm the same way the proposed measures have and will. Listen to Nebraska gender-affirming care specialists, therapists, doctors, and youth. Listen to Nebraskans and keep our unbroken Nebraskan spirit alive.</p>	
272. Emily Marvin	<p>I am a resident of [Address] and I am concerned with some aspects of the Department of Health and Human Services guidelines for LB 574.</p> <p>I am requesting that section 9, line B, be amended so that individuals do not have to show a driver's license or other form of identification. Individuals should only have to supply their date of birth to the pharmacist as is standard. Requiring an ID is unusual and is not typical for other forms of medication, in my experience.</p> <p>I am also requesting that the Department revise section 11, line B, subject iv, to omit or clarify</p>	Thank you for your comments. No changes will be made.

	<p>"at least six consecutive months of living primarily as the preferred gender," since it may be difficult for practitioners to document this. This should also not be a concern because patients can simply stop taking puberty-blockers if they do not have the desired effect. I also think that these guidelines should account for when a patient moves to a different therapist. The 40-hour minimum should be the accumulated time between all therapists, provided their diagnosis has not changed. Thank you for taking the time to read my comment.</p>	
<p>273. The Rev. Emily Schnabl</p>	<p>A fundamental right in the United States is to "life, liberty, and the pursuit of happiness." These regulations that are suggested as implementation for HB 574 restrict those who are seeking answers and assistance with gender issues as adolescents to not pursue any of these three. 1st, 40 hours of therapy and restriction of access to standardized medical practices will make lifesaving care out of the reach of Nebraskans. Insurance red tape, cost of therapy and access to a therapist are very difficult even in the populous centers of our state. Suicide rates of transgender teens who do not receive appropriate therapy or medical care are elevated beyond current rates of suicide for adolescents. When I go see my doctor, I want to receive appropriate, evidence-based best practice medicine that will allow me to flourish and make my own decisions about how to address issues of</p>	<p>Please see comments 3, 4, and 74.</p>

	<p>mental and physical health. That allows me to pursue "life, liberty, and the pursuit of happiness." I hope that the implementation of 574 considers the well-being of our teenagers and their families and supports them in receiving evidence-based medical care without interference from the government.</p>	
<p>274. Frannie Calkins, MA</p>	<p>Thank you for taking the time to attend to this comment. I am vehemently opposed to the LB 574 decision as a mental health provider and personal advocate for human rights. Restricting access to healthcare is inhumane and I am heartbroken for the individuals, families and providers who have had to experience this atrocious treatment. Both ethically and morally, passing bills that restricts children from humane treatment and healthcare is abhorrent. Healthcare in Nebraska should serve Nebraskans, period. Gender affirming healthcare will save Nebraskans' lives.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>275. Gabriel Bennett</p>	<p>I have lived in Nebraska since I was born, and I do not support LB 574. It is absolutely disgusting that a bill like this exists. Creating restrictions on gender affirming care and abortion access is devastating to Nebraskans. It's devastating to a lot of people I know and love. You cannot say that kids are the future when this bill harms kids. These decisions should be between doctors and their patients, and not in the hands of extremists controlling the lives of Nebraskans.</p>	<p>Thank you for your comments regarding the abortion limitations contained in LB 574. Please see comment 3.</p>

<p>276. Mary Ensz</p>	<p>I understand you've been in contact with my dad, Dr Gary Ensz, in regard to LB 574 and the proposed permanent ruling on its language. I'm Mary Ensz, his 36-year-old daughter and I wanted to share with you a little more about our personal story. Submitted at hearing</p> <p>I am Mary Ensz, and I am a constituent of Nebraska's 7th District. I am writing in opposition to LB 574 and the proposed permanent ruling on its language.</p> <p>I am a mom of three kids, 2 of whom are gender expansive.</p> <p>Our 14-year-old is cisgender, plays football, and wears athletic shorts and t-shirts with sayings and logos. Our 8-year-old is artistic, loves to run, wears whatever is comfortable and fun that day and has maintained the identity of non-binary for over a year and our 4-year-old plays with dolls and all things sparkly, loves horses and stuffed animals and almost exclusively wears dresses. She identifies as a girl and uses she/her pronouns, although she was assigned male at birth.</p> <p>This is who they are. And they have been created absolutely beautifully. My spouse and I want them *all* to have rights, opportunities, abilities to express themselves. With LB574 we're going to have to teach them, that each of them has different access to specific rights and medical freedoms, based on their expression, their body parts, and basic humanity in their home of Nebraska. And that simply isn't fair.</p>	<p>Please see comments 3, 4, and 74.</p>
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	<p>Senators have made choices on a *systemic level* that are affecting– have affected–our intimate families, how our children see themselves, and how we must move in relationship with our children.</p> <p><i>I want you to truly consider what <b>family values</b> and <b>government overreach</b> really mean to you... and to whom it applies.</i></p> <p>LB574 will actively force me and many families to treat my own children differently.</p> <p>One will get all the rights and bodily autonomy because of his body and gender alignment, the other two treated like objects with no agency because they have a uterus or their gender doesn't align with their sex assigned at birth. Others get to legislate if they're worthy enough to move past the arbitrary checkpoints.</p> <p>Medical Community that follows these guidelines are leaving because this law is forcing them to practice against their training and violating their values to serve the law. <i>Being dictated to practice by non-medical dictates is causing them to leave.</i></p> <p>I come from a family of doctors.</p> <p>My dad, brother and sister-in-law are family physicians in Auburn, and my husband is a mental health nurse practitioner in Omaha.</p> <p>My brother and his wife have said they would not have come here had this bill been passed prior to moving here and they are considering relocation due to how it may affect their practice.</p>	
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	<p>My spouse, Darrel Moreland, is a psychiatric mental health nurse practitioner, and he encounters trans youth suffering from worsening mental health due to discrimination and barriers to care forced upon them by public policy. The proposed pathway to gender affirmative care furthers these disparities. Those without the financial means to pay for the required 40 sessions of therapy will be unable to seek treatment. In addition, for professionals like my spouse and his colleagues that provide services to trans youth, they will undoubtedly find themselves challenged to support their patients earnestly seeking affirming care while being fearful his practice is violating the ambiguous language surrounding what constitutes said therapy, potentially threatening his livelihood. We worry as a parent of two gender expansive children that our family will have no choice but to move for my husband to practice in a state conscientious enough to care for its residents. He fears that the trans patients and colleagues with whom he works, including nurses, physicians, and social workers, will follow suit. These departures will lead to further staffing shortages in the Nebraska healthcare system and cause further disruption in mental healthcare, a system that is already tragically inadequate.</p> <p>My family has to consider moving because Nebraska feels unwelcoming and</p>	
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	<p>unsafe and potentially can't provide the necessary services. We share custody with our oldest child, so that would mean making a choice to separate family for necessary healthcare. These are brutal heartbreaking choices we would not have to consider without the implementation of 574. The medical care my family brings to rural Nebraska, the mental health care my husband brings to Omaha, and the joy and light my kids bring here. You shouldn't be chasing us away. We deserve to feel welcome here, and to repeatedly beg for our worthiness.</p> <p>I want our doctors to be there for us with education and expertise as I think you do to, and respectfully, I want to implore legislation to stay out of that.</p> <p>So, from a family standpoint, please let me love my family as best as I know how.</p> <p>And from a citizen's, stop the government overreach in our private medical affairs. It's what is most medically and ethically sound to first do no harm.</p> <p>My spouse and I just want to make educated, loving choices for our family.</p> <p>We want our children to make choices about their own bodies.</p> <p>So yes, let them grow—on THEIR own beautiful terms.</p>	
277. Genevieve Maliszewski, PhD	I am a pediatric psychologist in Omaha with extensive training in gender affirming care. I have worked with teens struggling with gender	Please see comments 3, and 4.  Further clarification regarding therapy

	<p>dysphoria for the last ten years and I would like to share my thoughts in opposition to the opposed regulations for gender affirming care. These regulations will significantly impact my ability to adhere to my ethical and professional standards in provision of therapy for gender diverse youth by forcing me to limit myself and my clients to a specified structure in therapy that is not consistent with how day-to-day therapeutic interactions are done. Further, the 40-hour requirement will be a SIGNIFICANT barrier for youth. Realistically with my case load, I only have the ability to see my patients once every 2-3 weeks unless they have serious suicidal or self-harm issues. This would make many individuals wait upwards of two to three years before they can get the healthcare they need. This is simply unacceptable. Further, none of the lawyers I have spoken to are able to give me any answers regarding my own liability as a psychologist given how vaguely the regulations are worded. This pertains to both the letter I would write as well as the topics discussed during the 40 hours of therapy. I am especially concerned about the requirement that therapy “not merely affirm a patients beliefs” but does not define what this means. Is calling a patient by their preferred name and pronoun, which has been shown to help them overcome suicidal ideation and build therapeutic trust and rapport, “merely affirming” their beliefs? What if I were to compliment a client’s hairdo? This sort of overreach makes</p>	<p>requirements is addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>therapy impossible to conduct in an ethical and logistically feasible manner. Finally, gender affirming therapy is already “clinically objective and non-biased”, but these regulations make me concerned about how I am supposed to do my job caring for these youth. No therapist is pushing any agenda on gender diverse youth, but these regulations seem to suggest that we are. I stand in firm opposition to these regulations and request that the state allow me to do the job that I spent years in training to be able to do.</p>	
<p>278. Gina Frank</p>	<p>After reading the entire document, I can only come to one conclusion. These regulations are discriminatory and wrong. Parents should be able to access the appropriate mental healthcare for their child and this law restricts them from being able to access EVIDENCE BASED mental healthcare and forces them to use non-evidence-based methods and harmful practices. This targets a particularly vulnerable portion of the population and forces them into a puberty that will alter their body forever. If the state cannot just let people be who they are, maybe the state can at least acknowledge that intersex people and chimerism exist and that confirming those conditions can require extensive and invasive medical tests.</p> <p>It's not anybody's business what is in a child's underwear and these regulations put the state in the creepiest of positions to spy on doctors, therapists, and patients.</p> <p>This whole bill and these regulations will not be looked upon kindly by future historians and</p>	<p>Please see comment 3.</p>

	<p>anyone who supports or enforces them will be viewed as unkindly as we view the Third Reich and the atrocities they committed that started much like this.</p> <p>In case you truly aren't aware, one of the first actions of Hitler's regime was to seize and burn an entire collection of research from the Institute für Sexualwissenschaft, (<a href="https://www.hmd.org.uk/resource/6-may-1933-looting-of-the-institute-of-sexology/">https://www.hmd.org.uk/resource/6-may-1933-looting-of-the-institute-of-sexology/</a>) one of the first places in the world to provide gender affirming surgery (<a href="https://www.teenvogue.com/story/lgbtq-institute-in-germany-was-burned-down-by-nazis">https://www.teenvogue.com/story/lgbtq-institute-in-germany-was-burned-down-by-nazis</a>). The fact that we are going there again is sickening. Stop this madness.</p>	
279. Gina May, M.A.	<p>My name is Gina May, and I am an advanced law-psychology doctoral student at UNL. As a child clinical psychologist in training and current child and family therapist, as well as a researcher focused on youth mental health treatment, I am well positioned to discuss evidence-based mental health treatment for youth. I am writing with strong concerns about the final draft of regulations for the Let Them Grow Act. Overall, these drafted regulations are incongruent with evidence-based practice, impede on clinical scope of practice, and place excessive burden on all families in Nebraska seeking mental health services for their children. They also oppose the recent U.S. D.H.H.S. report, "Moving Beyond Change Efforts: Evidence and Action to Support and Affirm LGBTQI+ Youth"</p>	Please see comments 3, 4, 74, and 215.

	<p>(SAMHSA, 2023) as well as the recommendations of numerous national organizations such as the American Academy of Pediatrics and the American Psychological Association, as briefly described below. This is alarming and places mental health providers in a position in which they cannot comply with ethical standards of care, which include following evidence-based practice.</p> <p>I will particularly focus on “004. CONTACT HOURS OF THERAPEUTIC TREATMENT” because this is most relevant to my work and expertise. By requiring “a minimum of 40 gender-identity-focused contact hours of therapeutic treatment prior to receiving prescribed medications” with specific maximum hours per week as well as hours for assessment, the state is determining the treatment course for a child and impeding on a mental health provider’s clinical expertise and practice. Further, this requirement does not align with decades of research on evidence-based youth mental health treatment. Additionally, this imposes excessive barriers to care for families seeking gender-affirming medical care as well as all other families in the state seeking mental health services for their child as a result of unnecessarily extended duration of treatment as required in these regulations. As D.H.H.S. is likely familiar with, the state’s mental health care system is extremely overburdened, with many families waiting years for youth therapy, and this is especially true in rural areas.</p>	
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	<p>There is extensive research evidence demonstrating the importance of evidence-based mental health care, to the extent that practicing in an evidence-based manner has become an ethical obligation over time. As decades of worldwide research has shown, evidence-based therapy for youth is typically short-term. For example, a multilevel meta-analysis using over five decades of research on youth mental health therapy, including 447 randomized trials, found that treatment protocols specified a mean of 16.54 sessions (Weisz et al., 2017). This session average aligns with many specific evidence-based interventions for youth as well, such as Trauma-Informed CBT and the Unified Protocol. This underscores serious concern for a minimum of 40 hours of treatment, of which is over double the average course of youth therapy. It can be unethical to treatment someone longer than necessary.</p> <p>Increasing access to effective mental health services for youth is extremely important and is a worldwide concern. It is well known that not nearly enough of kids who need mental health services get them, with many estimates that over 50% of youth do not receive mental health treatment. This highlights another concern with the current drafted regulations, such that imposing a high minimum requirement, especially when not in line with evidence-based practice, creates longer wait times for all families seeking mental health services. There is extensive research on the significant barriers to</p>	
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	<p>mental health care that families face, such as lack of insurance coverage and travel times. Reviews have noted both pragmatic (e.g., cost, scheduling, transportation) and perceptual barriers (e.g., self-efficacy, stigma, negative expectations about treatment) to child mental health treatment (e.g., Becker et al., 2018). Imposing additional barriers for youth seeking gender-affirming medical care as well as all other youth seeking mental health services, especially when not based in research, is not ethical.</p> <p>Importantly, the regulation FAQs do not provide any specific information about how the therapeutic treatment contact hour requirement was determined, such as how the amount of hours that has been determined, what evidence has informed these requirements, and what expertise the “specialists” and “experts” hold in developing such regulations. The regulation FAQs state “40 hours was chosen to allow for sufficient therapeutic treatment time and to develop a thorough understanding of a patient's needs and determining appropriateness for treatment.... 40 therapeutic hours would also allow adequate time to determine any additional co-occurring conditions.” Notably, “sufficient” and “adequate” are vague descriptors that do not convey how this hour requirement was determined. Further, although the FAQs reference “medical, psychological, and behavioral health specialists within the Department” as well as “external experts in related fields of practice” that the CMO may consult with, these regulations</p>	
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	<p>highlight that those consulted are not well versed in youth evidence-based psychological assessment or treatment, which is highly alarming. For these reasons, I urge the Department to present how they determined the 40-hour minimum, as that is not in line with widely known evidence-based psychological assessment or treatment.</p> <p>In conclusion, the research on this topic is absolutely clear: access to medical gender-affirming interventions, such as puberty blockers (PBs) and gender-affirming hormones (GAHs), has been repeatedly associated with decreased rates of long-term adverse outcomes among transgender youth, such as lower rates of mental health difficulties and suicidality (e.g., APA, 2015; Green et al., 2022; Lee &amp; Rosenthal, 2023; Turban et al., 2020). Impressively, a recent study found that over a 12-month period, youth who had initiated PBs or GAHs had 60% lower odds of depression and 73% lower odds of suicidality compared with youths who had not (Tordoff et al., 2022). Citing the recent U.S. D.H.H.S. report, gender-affirming medical care is “appropriate and beneficial for many gender minority youth” and “[when] provided in consultation with licensed healthcare providers is supported by extensive research and based on the individual adolescent’s needs, may be medically necessary” (SAMHSA, 2023). “Gender affirming medical care... has proven effective in improving the well-being of young transgender and gender-diverse adolescents both during and well after initiation</p>	
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of treatment.” Further, “withholding timely gender-affirming medical care when indicated, withholding support for a gender-affirming exploratory process, and/or withholding support of social transition when desired, can be harmful because these actions may exacerbate and prolong gender dysphoria.”

The current draft of these regulations highlights multiple issues for mental health professionals as well as families in our state. They are misaligned with evidence-based child mental health treatment and exacerbates strain on an already overburdened mental health system for all youth in Nebraska. Across both of these issues, serious ethical problems arise. This also represents a significant legislative and governmental intrusion into clinical practice, include dictating how long the course of treatment should be. I urge the Department to reduce the 40-hour minimum therapeutic treatment requirement for the above reasons and appreciate the opportunity to provide comment.

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280. Greta Bloyd	Hello, my name is Greta Bloyd, and I live at [Address] I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative	Please see comment 5.

	<p>Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children’s physical, mental, and emotional well-being and help put a stop to experimenting on our kids, and helping them harm themselves by giving them power to make decisions which are well beyond their young years, experience, and development. Thank you for your time and consideration.</p>	
281. Haley Burken	I moved to Nebraska in August 2023 and have already seen negative effects these regulations	Please see comment 74.

	<p>have caused. As a community member present in areas young people frequent as a 24-year-old myself. I have heard from transgender people that they are really struggling to obtain any medical care and to live their daily lives. They have been more stressed and worried that they will not feel safe with their doctor because of these regulations. These children need your support rather than making it harder for them to live their true lives. As a cisgender female it is never my place to regulate how young transgender people live their lives. It is my duty as a cisgender person to include people who are transgender in all aspects. To support people who are transgender and allow them to obtain care that can save their lives.</p>	
282. Hannah Michelle Bussa	<p>My name is Hannah Michelle Bussa, and I'm a Nebraska resident who opposes further restrictions on gender affirming care.</p> <p>The proposed regulations create undue burdens, both financial and emotional, on youth and families who are already struggling.</p> <p>Healthcare decisions should be between patients and their doctors. Healthcare professionals and experts in this practice of medicine already have regulations and standards to follow. Please listen to them, and those impacted by these laws, and make the decision not to place an undue burden on these families. Please make the decision not to further restrict access to this care.</p>	Please see comment 3.
283. Henry Nelson	<p>My name is Henry Nelson. I am a lifelong Nebraskan, a Planned Parenthood community</p>	Please see comment 74.

	<p>health educator, and a transmasculine individual. In my role as a health educator, I work with the youth-led, peer education group Teen Council. I really wish the state senators who endorsed LB 574 and the Chief Medical Officer who drafted these subsequent regulations were more like the high school students that volunteer their time on Teen Council. Teen Council members actually care about the health and wellbeing of their fellow community members. They understand how dangerous and potentially fatal misinformation and personal bias can be, especially when it comes to healthcare. Reading these regulations I have to wonder, does Dr. Tesmer actually care for the health and wellbeing of the nearly 2 million Nebraskans he is supposed to be serving as Chief Medical Officer. Does he understand how dangerous and fatal misinformation can be when he wrote these standards? Did he think about the 58% of transgender and non-binary Nebraskan children who considered suicide last year before this bill was even introduced? This man has the health and wellbeing of 1.96 million people in his hands, and it would be despicable if he didn't take the time to consider scientific evidence or the recommendations of every major relevant medical association when writing policy that affects our lives. But so many Nebraskans gave testimony to the legislative health committee and Dr. Tesmer last legislative session. They did his job for him and cited relevant scientific studies for his</p>	
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	<p>consideration. Physicians, surgeons, nurses, therapists, psychiatrists, and a variety of other professionals from the medical field offered detailed explanations of the ethical, evidence-based practices they follow, set by their respective medical associations. State experts in gender affirming care offered to work with Dr. Tesmer and he even said himself that he would work with them.</p> <p>So, there is no possibility that Dr. Tesmer didn't consider relevant scientific studies or the standards of care set by major medical associations and yet there is no ethical, evidence based, or expert endorsed basis for these regulations. If this was a research paper one of the Teen Council members turned in at school, they would receive an F for lack of supporting evidence. But this is not a school paper, this is public policy that impacts the lives of 1.94 million people and Dr. Tesmer is willfully ignoring scientific research in favor of misinformation and his personal biases.</p>	
<p>284. Henry Pollard</p>	<p>My name is Henry Pollard. I am a Counselor-In-Training and a master's student at Wayne State College. I am writing to ask that you consider adopting less stringent requirements for people under 19 to access cross-sex hormones, puberty blockers, and other forms of gender affirming care as proposed by Nebraska LB574 regulations.</p> <p>Gender-affirming medical care is an intimate, difficult decision between youth, parents, their</p>	<p>Please see comment 4.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>



	<p>therapist, and their doctors. The process of gender discovery is lifelong, but for many minors who are gender-questioning, puberty brings physical changes that are devastating to their mental health.</p> <p>That is why gender-affirming care begins early. As counselors, we are not trying to rush anyone into making life-changing decisions regarding their gender. We are simply offering them the neutral space, away from politics and prejudice, to make difficult choices that can greatly improve mental health outcomes, including better self-image, improved mood, and decreased likelihood to commit suicide. The research clearly demonstrates these improved outcomes.</p> <p>Because of the high costs of mental health in this country and the lack of mental health providers in rural areas, the 40-hour requirement for therapeutic treatment proposed by the emergency regulations are not feasible by many Nebraskans, especially those in rural areas. Furthermore, the 40-hour requirement is excessive and unnecessary when the very serious diagnosis of gender dysphoria can be made after six months of a minor client experiencing symptoms. Making a client who already knows their gender sit in therapy is costly. It takes away time from clients who need therapy. Everyone is different, and as counselor, we need more flexibility in addressing gender issues with clients.</p>	
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<p>285. Hilary Mass</p>	<p>When LB 574 passed, I was disheartened to put it mildly. In fact, I was angered by this reaching of the government into my family's personal and medical affairs. I would hope that the Chief Medical Officer would establish guidelines that allow families and their healthcare providers to make decisions that are evidence-based and consider the needs of each individual.</p> <p>As a healthcare provider myself, I know how frustrating it can be for bureaucracy to have a role in my clinical decision making. This bill, or law, is unforgivably ignorant, and under these conditions, I implore the DHHS and those responsible for setting guidelines to allow for clinicians and families to drive their healthcare treatment plans. This sincere government overreach feels like a slippery slope that could easily see an increase in negative health outcomes for the youth of Nebraska.</p>	<p>Please see comments 3, and 74.</p>
<p>286. Isabella Manhart</p>	<p>My name is Isabella Manhart, and I am testifying today in opposition to the proposed gender affirming care regulations as a nonbinary young person and the older sibling of a trans boy. Trans kids who seek gender affirming care are just trying to grow up authentically alongside their peers. Things are hard enough without arbitrary and burdensome requirements getting in the way. The proposed regulations do not reflect the needs of Nebraskans. In-office administration of injectable medications makes these treatments even more inaccessible for</p>	<p>Please see comments 4, 47, and 64.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>youth in rural areas, which is most of the state. The families of trans children, who want nothing more than to support their children are being asked to bend over backwards to comply with requirements that do not reflect our situations or needs.</p> <p>The requirement for 40 hours of “gender-identity focused” therapy which is also supposed to be “objective and unbiased” puts undue burden on families and their providers. It makes lifesaving gender affirming healthcare financially inaccessible, and it is unclear what “objective and unbiased” care looks like. My therapist is nonbinary. They are able to provide helpful mental health care for me because they have many of the same lived experiences which inform their practice. Would my therapist be considered “objective and unbiased” in this system?</p> <p>They do their job by assessing the factors contributing to my “emotions, actions, and beliefs,” but they also affirm my identity, because if they did not, I would not feel safe getting help from them. What do you mean by the phrase, “not merely affirm the patient’s beliefs”? Whose version of “objective and unbiased” are we relying on? I feel unclear reading this document if “beliefs” is just a euphemism for “identity”, which makes me concerned that DHHS believes that licensed mental health practitioners are being biased by adhering to their professional ethics and affirming the identities of their patients.</p>	
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	<p>Currently, gender affirming care is being conducted through long-term consultation between parents, doctors, mental health professionals, and patients. I do not understand why the state believes they are more qualified than teams of parents and professionals to make these decisions. Or perhaps the state is just more anxious for a lawsuit. Regardless, unnecessarily stringent regulations that rob families and qualified professionals of their right to make healthcare decisions will not pass with “no anticipated cost.”</p> <p>Because cisgender children are receiving gender affirming care too, but we are not requiring that cisgender children get 40 hours of therapy about their gender to get treatment for precocious puberty. Cisgender children can access the exact same treatments without 40 hours of therapy and a seven-day waiting period. Cis children can access puberty blockers without their medication being labeled as “for precocious puberty” although trans children seeking the exact same medication will have their personal medical diagnoses aired to the world because their medication, despite being the exact same drug, must be labeled, “for the treatment of gender nonconformity or gender dysphoria”. The exact same medication. It’s clear that these rules are not about safety or children’s wellbeing; they are about exclusion.</p> <p>Nebraska families are afraid. My family is afraid. My parents and my younger brother have built strong relationships with his therapist and doctor. These professionals are highly</p>	
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	<p>experienced in providing psychological and physical gender affirming care. They know my brother: how he loves animals, and sports, and can play any instrument he picks up. And they know he knows himself and have given him and my parents the information they need to make informed decisions about his healthcare. Now these decisions are being regulated by people who have never met my brother. You don't know what he needs, and you are imposing one-size fits all restrictions that do not reflect the needs of trans youth and their families. We are not being given the opportunity to make informed healthcare decisions for his healthcare because you have taken it upon yourself to make uninformed decisions for all trans children. I am asking that you review these regulations to ensure that the requirements for access to gender affirming treatments are ones you would feel comfortable subjecting all children too, not just trans children. Revise the requirement that injectable medications be done in person to ensure that Nebraskans in rural areas are not prevented from accessing lifesaving gender affirming care. Reevaluate the therapeutic treatment requirements so they are clear and align with the current best practices that mental health professionals in the state of Nebraska are already following. And be transparent with Nebraska families about where you are getting your information when developing these regulations. Our doctors and healthcare professionals are already following best practices</p>	
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	<p>based on years of expertise. Who developed these contradicting requirements and what evidence do they have that these are best practices? If you are going to restrict families' access to gender affirming care and take our decision away, show us that you are making informed decisions.</p>	
<p>287. Jacob D. Lozier, MA, LIMHP (#2961)</p>	<p>As a licensed independent mental health practitioner in Nebraska who works with the transgender community including youth, I am writing to ask you to <b>please amend the written regulations regarding the implementation of LB 574</b>. Specifically, <b>please remove any required number of therapy sessions</b> for a young person seeking to pause puberty or receive gender affirming hormone treatment. A general requirement for therapy is perhaps reasonable, but the number of sessions sought and recommended is very individualized. Therapists are always required to work with families including parents, and as a team can make decisions about medical needs more effectively without specific numerical requirements. <b>Please also remove language related to the required neutrality of the therapist</b>, as this brings up more questions than it can answer about the perspective and approach of specific providers. As a transgender person myself, I feel concerned that my own identity could be seen as biased rather than "neutral." While I am always professional and seek to help individuals and families identify and enact healthy lives, I cannot</p>	<p>Please see comment 4.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>do so as effectively if I am myself feeling targeted, misunderstood, and afraid.</p> <p>It is inherently problematic for the state to intervene with evidence-based treatments which are sought out by parents and offered by specially trained medical providers. However, if the treatments must be regulated and codified, please do not overstep beyond the best practices of the professional organizations that govern their care, such as, in this case, the code of ethics of the endocrine society which states:</p> <p>“Those clinicians who recommend gender-affirming endocrine treatments—appropriately trained diagnosing clinicians (required), a mental health provider for adolescents (required) and mental health professional for adults (recommended)—should be knowledgeable about the diagnostic criteria and criteria for gender-affirming treatment, have sufficient training and experience in assessing psychopathology, and be willing to participate in the ongoing care throughout the endocrine transition. We recommend treating gender-dysphoric/gender-incongruent adolescents who have entered puberty at Tanner Stage G2/B2 by suppression with gonadotropin-releasing hormone agonists. Clinicians may add gender-affirming hormones after a multidisciplinary team has confirmed the persistence of gender dysphoria/gender incongruence and sufficient mental capacity to give informed consent to this partially irreversible treatment. Most adolescents have this capacity by age 16 years old.”</p>	
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<p>288. Jacqueline Kehl</p>	<p>I encourage you to defend the rights of trans folks to have the gender-affirming care they need in order to have the life that they need. I have friends whose children have transitioned and are happier than they were before this change. I have listened to adults describe what they went through before they were able to make the change to be who they really are. The decision to change one's gender is never made easily or lightly. It is a decision that should be made by the individuals involved along with their physicians and mental health providers and they should have the support they need throughout this process. People's lives and personal choices should not be legislated. They should not be controlled by the DHHS or by anyone who is not personally involved.</p>	<p>Please see comment 3.</p>
<p>289. Jaime Reitz</p>	<p>These are the words I overheard my dad say in a heated argument with his siblings after we took in my uncle after the family shunned him after his transition. He had to leave South Dakota and move in with us in Nebraska out of fear. Fear from bigotry and intolerance. I always thought we were a tolerant state until the last few years....when I wonder if my uncle is even safe here anymore.</p> <p>I implore you, if you do not know a transgender person, <b>STAY OUT OF THEIR HEALTHCARE</b>. The decision of trans kids should solely be between their family and their physicians.</p> <p>Period.</p> <p>Thank you for your time. We need to do what's right here. We are ALL Nebraskans, after-all.</p>	<p>Please see comment 3.</p>



<p>290. Jaimee Trobough</p>	<p>My name is Jaimee Trobough, and I am a lifelong Nebraskan, a person of faith, and the mother of a transgender child. I am writing regarding the recently passed restrictions for minors receiving gender-affirming healthcare in Nebraska. I have many transgender friends and family who would be affected, either directly or indirectly, by further restrictions. Even the debate surrounding, and passage of, LB574 has been incredibly harmful for their sense of health, safety, and belonging. I believe the State has no business getting involved in medical decisions that should be decided between patients, families, and medical providers working together. And while these restrictions claim to be about protecting minors, they are clearly more about controlling and restricting the bodily autonomy of an already-marginalized population. I encourage you to not impose any further restrictions on gender-affirming care for minors in Nebraska. Leave it to those most directly impacted by the issue.</p>	<p>Please see comment 3.</p>
<p>291. Janette Stallings</p>	<p>My name is Janette Stallings. I am a board-certified, Psychiatric Mental Health Nurse Practitioner in Nebraska. I have been working as such since 2018 and see patients ranging from age eight to 84. Prior to becoming a nurse practitioner, I worked in mental health at the Omaha VA and prior to the VA at worked at a long-term psychiatric unit at the Douglas County Health Center, so I have been working in mental health for nearly 15 years. The passage of LB 574 came with a great deal of</p>	<p>Please see comment 5.</p>

legislative and social ‘commotion.’ It was disheartening to watch a piece of legislation designed to protect children (born and unborn) from injury be villainized in the media and by activist groups. As a mental health provider who has seen the tragedy of these decisions, I was personally compelled to become involved in the session in an effort to educate others to the truth of what has been occurring to these innocents. It reminded me too much of the famous quote by prominent German Martin Niemoller (1892-1984) “First they came for the socialists, and I did not speak out – because I was not a socialist. Then they came for the trade unionists, and I did not speak out – because I was not a trade unionist. Then they came for the Jews, and I did not speak out – because I was not a Jew. Then they came for me – and there was no one left to speak for me.”

Dr. Tesmer, you have an intense task before you at the public hearing for LB 574 as you consider the rules and regulations that will accompany Title 181: Special Health Programs; specifically Nonsurgical Pharmaceutical Gender Altering Treatments. It is so often true in our society that “the squeaky wheel gets the grease”; however, the squeaking being made in this issue is from activist groups and in my opinion does not reveal the root of the problem. It is especially troubling to know some of the practitioners engaging in prescribing cross-sex hormones (GPs and FNPs) are not well-informed about the diagnosis criteria of “gender dysphoria” and their prescription for cross-sex hormones was preceded by a single

	<p>appointment sometimes of less than 15 minutes. There is so much I want to say. I will summarize below and include the references at the end to assist in verification and further research:</p> <ul style="list-style-type: none"><li>• Gender dysphoria is a diagnosis, whereas transgenderism is an ideology.</li><li>• The natural course of gender dysphoria is <b>desistance</b> by adulthood, conservatively in 85%, unless it is affirmed.<sup>123456</sup></li><li>• Gender dysphoria carries the overwhelming probability of underlying mental health issues, adverse childhood experiences, autism spectrum disorder, and troubled family dynamics that usually precede gender dysphoria.<sup>7891011</sup></li><li>• The probability of both desistance and underlying mental health and family issues is why watchful waiting, with mental health evaluation and support for both patient and family, has been the standard of care for minors endorsing gender dysphoria.</li><li>• International pushback in the scientific, judicial, and legislative realms is rising against transition-affirming medical interventions in minors.</li><li>• Transition affirmation is <b>not proven to be safe or effective</b> long term, does not reduce suicides, and does not repair mental health issues and trauma<sup>11</sup>.</li><li>• There is always a more honest way to deal with gender confusion than chemical</li></ul>	
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	<p>sterilization and surgical mutilation of healthy young bodies.</p> <p>To expound: GENDER DYSPHORIA (GD) is a diagnosis. Also referred to as gender incongruence and gender anxiety, GD is a psycho-social, neurodevelopmental issue involving mental health issues, Adverse Childhood experiences, autism spectrum disorder, and often family issues, as such, it should be diagnosed and treated by mental health professionals who specialize in this area and are well acquainted with the criteria. I would not treat cancer, kidney issues, broken bones, or even common infections – why are generalists and specialists from other areas (OB) treating an area that belongs in mental health and later endocrinology? While counseling is an appropriate start, in my professional opinion, the currently proposed 40 weeks of therapy is a vastly inadequate amount of time to uncover and process mental health issues. Uncovering and processing trauma can take years to complete – especially for the immature brain of an adolescent.</p> <p>The National Institute of Health has said “Sex is a biological classification, encoded in our DNA. Males have XY chromosomes, and females have XX chromosomes. As a physician, I am confident you know medical science has verified the differences between the sexes (male and female), stamped on every nucleated cell, and highly consequential.<sup>12 13 14 15</sup> Every cell in your body has a sex— making up tissues and organs, like your</p>	
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skin, brain, heart, and stomach Each cell is either male or female depending on whether you are a man or a woman.”<sup>16</sup> • It is biologically impossible to be ‘born in the wrong body’.

Dr. John Money initiated the use of ‘assigned sex’ in professional journals in 1955, referring to “the identity of the inner sexed self.” as he wrote his dissertation on hermaphrodites.<sup>31</sup> However, his views were ideological, not scientific, and have been rebuked on numerous levels. Some of his techniques were downright unethical (Reimer twins) and his clinic was closed. It is important to note that those born with both organs are less than 0.02% of the population and *DO NOT identify with transgender identity.*

<https://www.spiked-online.com/2023/02/05/dr-john-money-and-the-sinister-origins-of-gender-ideology/>

As a professional working in psychiatry, I am primarily concerned with and a student of the brain. Few would argue, and those that do would lose, that the brain is the most important organ in the body. It is the control center and keeps everything else functioning. Medical science may transplant many organs (kidneys, lungs, liver, heart, etc.), but not the brain. If the brain dies, so does the person. The brain is also the last organ in the body to FULLY develop. We know this scientifically.

**BRAIN DEVELOPMENT IN MINORS** <sup>19 20 21 22 23</sup>

	<ul style="list-style-type: none"> <li>· Children have developing brains, their minds change often, and they do not grasp long-term consequences.</li> <li>· The frontal lobe – the brain’s judgment and inhibition center -- does not fully mature until approximately 23 – 25 years of age.</li> <li>· The amygdala – the brain’s emotion center -- is both immature and not fully connected to the frontal lobe in teens. So emotional thinking can prevail.</li> <li>· AAP’s Health Day reported (April 2017) from a University of Iowa study that kids younger than 14 years of age could not reliably cross a busy street safely. <sup>66</sup> So how are they competent to choose gender-affirming therapy (GAT)?</li> </ul> <p>Rapid-Onset Gender Dysphoria</p> <ul style="list-style-type: none"> <li>• Rapid-Onset Gender Dysphoria is the sudden onset of dysphoria during or after puberty with no prior sign of it.</li> <li>• Lisa Littman’s 2018 parent survey showed these hallmarks in minors: <sup>25</sup> <ul style="list-style-type: none"> <li>○ One or more friends became gender dysphoric or trans-identifying.</li> <li>○ Increasing social media and web use before it.</li> <li>○ Worsening of their child’s mental health.</li> </ul> </li> </ul>	
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- Worsening isolation from family and non-trans-identified friends.
- Distrust of information from non-trans-affirming sources.
- ROGD has become a social contagion, as is now self-evident.
- Ken Zucker, 2019: <sup>26</sup>
  - "... it is my view that this is a new clinical phenomenon. I was seeing such adolescents in the mid-2000s in Toronto (I just didn't have a label for them) and, at present, they comprise the majority of my private practice, adolescent patients."
  - "It is not entirely clear to me why some clinician and "armchair" critics have been so skeptical about the possible veridicality of ROGD."

CAUSES FOR SUICIDAL BEHAVIOR: Suicidal behavior is multi-factorial; there is no one cause, but mental health issues stand out.

- In 1994 the U.S. CDC/MMWR published "Suicide Contagion and the Reporting of Suicide" recommendations against "Presenting simplistic representations of suicide. Suicide is never the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psychosocial problems." <sup>27</sup>

	<ul style="list-style-type: none"><li>• About 96% of US adolescents attempting suicide demonstrate at least one mental illness (Nock 2013).<sup>28</sup></li><li>• 90% of adults and adolescents who completed suicide had unresolved mental disorders (Cavanagh 2003).<sup>29</sup></li><li>• About 5% of all youth suicide can be partly attributed to media coverage and discussion of other suicides (Kennebeck 2018).”<sup>30</sup></li><li>• The contagious nature of publicized suicide and the copycat phenomena it generates is called the Werther effect. The Papageno effect is the reduction of suicide rates prompted by the public example of pushing on.<sup>31</sup></li><li>• 2013 Review “Impact of Social Contagion on Non-Suicidal Self-Injury”:<sup>32</sup><ul style="list-style-type: none"><li>○ Of 16 relevant studies identified: “Importantly, all 16 studies found evidence supporting the link between NSSI [non-suicidal self-injury] and social contagion.” “...the majority of literature available supports positive associations between exposure to peer suicidal behavior and adolescent suicide attempts...”</li><li>○ “...suicidality is an outcome for which there is mounting evidence for the impact of direct exposure to suicidal behavior, suicide clusters, and media influences on</li></ul></li></ul>	
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	<p>subsequent imitation and modeling in adolescent suicidal behavior[.]”</p> <p>To sum up, gender “affirming” therapy (GAT) is not the “standard of care” for gender dysphoria. The chemical castration and surgical mutilation of our youth demand strict guidelines be placed to protect them from those who are uninformed, underinformed and promoting their own agendas. These GAT guidelines come from activist groups like WPATH (World Professional Association for Transgender Health) which is neither a scientific nor a medical organization – calling their guidelines a standard of care does not make it one.</p> <p>Minors cannot give informed consent when their developing brains are incapable of knowing the long-term consequences of puberty-blocking agents, cross-sex hormones, and surgical procedures. Parents and caregivers cannot give informed consent when they are being emotionally blackmailed with statements phrased in such a way as to scare them into submission. GAT for youth is simply out of step with the facts and experimental at best with unproven hormonal and surgical interventions harkening back to the days of the Nazi camps that left so many irreversibly damaged. Please remember the decades of research we have showing that the norm of these struggles is desistance <b>if not affirmed</b> and let us truly do no harm.</p> <p>Thank you so much for your time.</p>	
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292. JD McCown	I am a transgender Nebraskan who has been watching in horror as Nebraska has been	Please see comments 4, 47, and 215.

attacking transgender young people. The emergency regulations that have been imposed on trans Nebraskans are needlessly complicated and take away the agency of young people. Requiring 40 hours of therapy for hormones and a 7-day waiting period creates a de facto ban for many Nebraskans. With mental health services being so in demand, there are already huge waitlists for therapy without these regulations. Add to that the incredible cost of therapy, and this puts hormone therapy out of range for folks who are in areas where this support is being provided. Moving into western Nebraska, there are fewer and fewer therapists who would be able to provide this care. Each medical visit that these regulations force young trans people to go through is yet another barrier, especially if an individual is having to travel hours to receive care. The 7-day waiting period, especially after 40 hours of therapy, is a completely unnecessary hoop for folks to jump through. Especially with requiring any injectable hormones or blockers be administered by a physician, these regulations are going to cause a huge financial strain on Nebraskans, and that is not taking into account the emotional toll that comes from living in a state that is actively trying to hurt your quality of life.

I work with trans young people every day, and watching the toll that this has already taken is horrible. I have folks sobbing to me asking how people could do this. In my work, I have the ability to help recruit young people to live, work, and study in Nebraska, and because of these

	<p>regulations, I have halted all work that I have been doing to help diversify our state. Since young people do not have bodily autonomy under these regulations, I cannot ethically help any recruitment efforts that would bring and retain people to this state. Nebraska is hemorrhaging young, open-minded people who would help make our state a wonderful place to live and work. These regulations are not part of a welcoming Nebraska, and you have the opportunity to change this. These regulations hurt young people, trans people, and will eventually harm Nebraska as a whole. Set aside the political circus that these attacks on trans people have been and remember that these are people. People with skills, ideas, hopes, and dreams. Transgender Nebraskans belong here, and it is time for the regulations to be changed to reflect that. Thank you for your time.</p>	
<p>293. Jeanne E. Neumann Glasford</p>	<p>I would like to offer commentary on the emergency guidance offered regarding LB 574/Neb. Rev. Stat. 71-7301 to 7307. The American Academy of Pediatrics (AAP), American Psychiatric Association (APA), and American Medical Association (AMA) have all issued guidance regarding care for transgender youth. The emergency guidance issued by Nebraska does not comply with the guidance issued by any of these professional organizations.</p>	<p>Please see comment 3.</p>



	<p>The state of Nebraska should follow medical guidance and not guidance informed by the personal beliefs of a "mediation and conflict coach", such as bill sponsor Senator Kathleen Kauth, or an ear/nose/throat specialist, such as Chief Medical Officer for the state of Nebraska, Dr. Timothy Tesmer.</p> <p>I appreciate your time and consideration.</p>	
<p>294. Jenna Derr, MD</p>	<p>I am re-submitting my previous testimony I provided in person during the public hearing for LB574. After review of the proposed regulations following the passage of LB574, I was incredibly disappointed to find minimal safeguards in place. In short, the robust testimony provided by myself and other courageous physicians and health care providers outlined the many, many issues with providing such "gender affirming care" to children. The organizations involved, including the World Professional Association for Transgender Health (WPATH) are nothing short of activist organizations disguised as "experts". While the United States seems determined to push this ideology and subsequent therapies, treatments, and surgeries onto children, other countries have recognized significant problems and now longer-term consequences of such an approach. We should be heeding their warnings and learning from their mistakes. Additionally, the medications prescribed are without question off-label. There is no long-term safety data available and these</p>	<p>Please see comment 5.</p>

	<p>medications certainly have risk factors that when outlined, make it difficult to support their administration to healthy children. Risk of cardiovascular damage, infertility, negative effects on bone density, changes to brain development and cognition, etc. There are no credible studies that support long-term and sustainable positive outcomes related to “gender affirming care”. I am also including several resources for your review. Please consider all of this information and create regulations that are strong and truly protective of Nebraska children.</p> <p>My name is Jenna Derr, and I am a Nebraska physician. I speak on behalf of myself today and I support LB574. When I became a physician, I took an oath to first do no harm and today I choose to speak publicly because children in our state must be protected. There are other physicians who would like to be here today, but are not, because they are fearful of professional repercussions.</p> <p>Today, you will hear testimony in opposition to this bill, and the opposition may reference and quote commonly depended upon research to support their position. I would like to quickly review two of these foundational studies. A pair of Dutch studies, published in 2011 and 2014, are routinely cited and used to support gender affirmation care in the US. These studies have significant flaws.</p> <p>First, they were funded by a personal grant from the Netherlands Organization for Health</p>	
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	<p>Research and Development. This for-profit company was founded in 2001. They do have to disclose where their funding comes from, and this is concerning, because you cannot determine if there are financial incentives related to the funding of these studies.<sup>1</sup></p> <p>Additional flaws include the following: small sample size, lack of long-term follow-up, and lack of a control group. In the initial study, 70 participants were assessed with a variety of different surveys and scales at T0 (mean age 13.6 years), which corresponds to initial attendance at the gender identity clinic and at T1 (mean age of 16.7 years), shortly before the start of cross-sex hormone treatment.<sup>2</sup></p> <p>Subsequently, of these 70, only 55 completed the final phase of gender reassignment surgery in the second study.<sup>3</sup> They were assessed at T2, at least 1 year after their surgical intervention (mean age of 20.7). All participants in both studies received an intervention, thus no comparison is available as a control.</p> <p>Additionally, psychotherapy was required of all subjects.<sup>2</sup> This support allowed for psychological or social issues to be addressed in a timely manner. It's unclear what role this played in achieving the results of either study, or it would be difficult if not impossible to determine.<sup>2</sup></p> <p>In the first study, after review of all surveyed data, the findings supported the psychological functioning of adolescents diagnosed with gender identity disorder had improved, whereas</p>	
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	<p>there were no significant changes in gender dysphoria or body image scores.<sup>2</sup> In the second study, after review of all surveyed data, they found that “not only was gender dysphoria resolved, but well-being was in many respects comparable to peers”.<sup>3</sup></p> <p>The latter finding is frequently relied upon to support gender affirmation care. However, this conclusion is based upon faulty measurements, secondary to the inappropriate use of the Utrecht Gender Dysphoria Scale. This scale was developed for the Dutch studies and later analyzed to provide validation of its use.<sup>4</sup> In this validation study, the study population included clinically referred transgender individuals, a group of disorder of sex development patients, and heterosexual, homosexual, and bisexual control participants.<sup>4</sup></p> <p>There are two different versions of this scale, “male to female” and “female to male”, and each are scored differently.<sup>4</sup> In the validation study, the version was given according to their <b>sex at birth</b> and in those with disorder of sex development patients, it was given according to their gender of rearing.<sup>4</sup> Now, back to the Dutch Studies. At T0 and T1, which correlates with prior to initiation of puberty blockade and prior to cross sex hormone treatment, the versions of the scale given were consistent with their sex at birth.<sup>2</sup> However, at T2, which correlates to the period of time after gender reassignment surgery, the opposite version was given.<sup>3</sup> Initially, as you can imagine, the scores were quite high at T0 and T1, indicating</p>	
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	<p>the level of gender dysphoria significantly affected the individuals, however, when the opposite version was provided at T2, the score dramatically dropped. The UGDS scale was never validated for use after gender reassignment surgery or when the version was not congruent with biological sex, subsequently nullifying the results of this widely referenced and depended upon research.</p> <p>Additionally, the Dutch approach to adolescents is different from the US, so conclusions are difficult to generalize. The Amsterdam gender identity clinic does not provide physical medical interventions before puberty, and parents are advised in watchful waiting. The treatment of children with gender identity disorder is primarily focused on emotional, behavioral, and family problems, as they may or may not be affecting their presentation of gender dysphoria.<sup>5</sup> Adolescents are only considered eligible for puberty suppression when they are diagnosed with gender identity disorder, live in a supportive environment, and have no serious psychosocial problems interfering with the diagnosis or treatment protocol.<sup>5</sup></p> <p>If there are problems identified which may interfere with the physical medical intervention, treatment is postponed.<sup>5</sup></p> <p>In summary, considering these two studies to be foundational and reliable is concerning at best. There are multiple reasons to be cautious. Thank you for your time.</p>	
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	<p>1.  <a href="https://www.crunchbase.com/organization/zonmw">https://www.crunchbase.com/organization/zonmw</a></p> <p>2.  “Puberty Suppression in Adolescents With Gender Identity Disorder: A Prospective Follow-up Study”. De Vries MD, Annelou, et. al. Journal of Sex Medicine. 2011; 8:2276-2283.</p> <p>3.  “Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment”. De Vries MD, Annelou, et. al. Pediatrics. 2014; 134(4):696-704.</p> <p>4.  Chapter 3 The Utrecht Gender Dysphoria Scale: A Validation Study. Archives of Sexual Behavior. Steensman, Thomas D., et. al.</p> <p>5.  “Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach”. De Vries MD, Annelou, et. al. Journal of Homosexuality. 2012; 59:301-320.</p>	
295. Jennifer Fox	<p>I am writing in my opposition to the Gender Affirming Care bill and mandates in Nebraska. When I was in college 1997, a PFLAG group came to my sorority to ask for acceptance and understanding in our sorority/fraternity community. I clearly remember they left, and we all said: nope. That was 26 years ago and now I shake my head about how wrong we all were. We didn't</p>	<p>Thank you for your comments. No changes will be made.</p>

	<p>UNDERSTAND. We didn't know anyone in the LGBTQIA community and so our minds were closed.</p> <p>But now I've changed! I'll tell anyone how I have found the empathy and the understanding that it takes to realize people may be different from me, but I can still accept them as beautiful, special individuals with hopes and dreams to just be their true selves.</p> <p>Trans children and adults deserve acceptance and trust from our state. They deserve to know their own mind and make decisions with their parents and doctor without government interference because some people feel "yucky" about it.</p> <p>I wish that everyone could meet a family with a trans child. They would see that family, that child as just as normal as any of us. Trying to raise their child and for that child to become a happy, healthy individual.</p> <p>Please have empathy and trust when making your decisions.</p> <p>Thank you for your time.</p>	
<p>296. Jennifer M. Perry, Ph.D., Licensed Psychologist</p>	<p>I am writing to express my opposition to all aspects of LB 574. I am a Clinical Psychologist licensed in the state of Nebraska, specializing in the treatment of youth. This includes youth who are experiencing Gender Dysphoria and/or are transgender or nonbinary.</p> <p>LB 574 was not conceived to protect youth. It was a political move with the goal of marginalizing vulnerable individuals and convincing the constituency that a problem exists</p>	<p>Please see comments 4, and 74.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>(maltreatment of children who are gender nonbinary or transgender in the form of gender affirming care) where no problem exists. Children who experience Gender Dysphoria are not being maltreated but are being provided with medically necessary, evidence-based care that can save lives. The forms of gender-affirming care banned or severely restricted in LB 574 originate from rigorous, highly regulated standards upheld by the licensed medical and mental health professionals who provide them. Protection of youth is covered by the state licensure of the providers and universal standards of care, such as WPATH.</p> <p>I will address specifically all of the harm this bill causes from my position as a clinical psychologist. Dictating 40 hours of therapy is completely arbitrary. Where does this number come from? Please be clear that the standards of care developed by experts in the care of gender nonconforming individuals do not dictate a certain number of hours of therapy, because the treating professional and patient are the ones to determine how much therapy is needed. This is always the case, in response to an individualized treatment plan, not some arbitrary number of hours. Further, many therapy sessions are 45-50 minutes, so this is not even <i>40 sessions</i>, but well beyond that. Dictating a certain number of therapy hours is an equity issue: 40 hours represents a great deal of expense for many individuals and their families, again based on an arbitrary number. It is a barrier to keep individuals from getting the</p>	
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	<p>medical care they need when therapy is dictated as a prerequisite. Therapy is expensive for many people, and in my community, we have far more individuals seeking care than providers available to see them. These regulations are meant to create unreasonable barriers for individuals who need gender-affirming medical services. I would like to know of any other medical service that requires someone to get 40 hours of psychotherapy before they can be considered for medical treatment.</p> <p>Another problematic area of the language in LB 574 is referring to therapy in terms such as "clinically neutral" and "not gender-affirming or in a conversion context." This language is unnecessary, as licensed mental health providers are already aware of and regulated by licensure that governs ethical standards of care, such as not imposing their values on others or not engaging in "conversion therapy" (which is illegal in most states as an abusive means of trying to "convert" gay people and make them straight). This language is included as a tactic to suggest to the voting public that mental health professionals take child and adolescent clients and try to sway them into something they are not. That is insulting and offensive. Again, I would like to know of any other situation in which what is discussed in therapy is so specifically regulated by the state. This language is an example of a scare tactic used to keep voters in line with certain political ideologies of the current political party in power in this</p>	
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	<p>state. Please know that one of the primary functions of psychotherapy for a youth with Gender Dysphoria is to provide them with <i>affirmation</i> of the difficulties they are experiencing when faced with living in a society in which they are subject to numerous stressors and discrimination due to their minority status. They also need affirmation of how difficult it is to be invalidated and limited in their ability to live authentically.</p> <p>In sum, LB 574 was unnecessary and part of a larger political agenda to limit the rights of vulnerable individuals to get the healthcare that they need. There are already checks and balances in place to protect youth who interface with treating professionals: state licensure, professional organization membership, specialized continuing education, and the WPATH Standards of Care. The treating medical and mental health professionals are not the ones that transgender youth need protection from.</p>	
297. Jeremy Huttenmaier	<p>I would like to offer a brief comment on the proposed waiting period for the dispensing of drugs to minors. Seven days is ridiculously short for such a life-altering process. They should be banned altogether. You wouldn't give depressants to someone suffering from depression.</p> <p>You wouldn't give whisky to someone suffering from alcoholism. You wouldn't give diet pills to someone suffering from anorexia. But we're ok giving puberty blockers and cross-sex hormones to someone suffering from gender</p>	Please see comment 5.

	dysphoria? And a minor at that?	
298. Jesse Barondeau, MD FAAP	<p>Regarding the proposed transgender hormone treatment regulations: I am the first and only board-certified Adolescent Medicine physician in the state of Nebraska, thus a specific professional expert on this topic. Summary of my suggestions:</p> <ol style="list-style-type: none"> <li>1) Instead of 40 hours of therapy, make it 12 hours of therapy. This would typically be 6 months &amp; far more reasonable but still accomplishing the goal.</li> <li>2) Don't require in office injections for medications that are routinely done safely at home. Insulin is done this way in little kids. This requirement just makes Nebraska DHHS look silly.</li> <li>3) Get rid of 'gender neutral' comments. Again, this just makes Nebraska DHHS look unprofessional and silly.</li> </ol> <p>I appreciate the challenge that the State of Nebraska has presented to the DHHS. A government body has gotten involved with a unique and specific medical and psychological process for which there is already several decades of thoughtful research and development to make treatment safe through WPATH medical reviews and consensus statements. In a sense, the Nebraska DHHS was asked to reinvent the wheel, and it turned out octagon shaped which is close but doesn't quite work. But I do appreciate that a path was attempted to allow specific affected individuals to get potentially lifesaving care.</p>	<p>Please see comments 4, and 47.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>Transgender healthcare is a part of my specialty since adolescence is the time when we all develop the awareness of both our gendered awareness and sexual preferences, whether we remember this or not. For the vast majority or 99+% this is unremarkable given that we are cis gendered into our birth sex and heterosexual; however, it is still an awkward process. However, for those &lt;1% who happen to realize they are trans-gendered (being a different entity that homosexuality) this is extremely challenging, particularly depending on the social situation they find themselves in. Thus, it is IMPOSSIBLE to separate the psychological from the physical health in these situations. In some situations, the hormone treatment is directly related to the psychological care and makes as much of a difference as cognitive behavioral therapy or psychiatric medications.</p> <p>There are 3 primary issues with the current proposed regulations:</p> <ol style="list-style-type: none"><li>1) 40 hours of therapy [<b>I propose making it 12 hours</b>]: In the FAQ explanation for this it is clear that this number was essentially invented or made out of thin air. I understand the thought in making sure that any past trauma or other mental health issues that could impact an individual's decision making regarding transgendered care to be evaluated. (Something that was already happening from professionals caring for these individuals.) There are many problems with this. Most individuals have already</li></ol>	
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gone through several years of discomfort within the family before coming to psychological care, so the additional 40 hours is too late. 40 hours is overly burdensome demand on our current therapist supply. **Also, it is NOT necessary once an adolescent decides to start hormone treatment to stay on it for a lifetime.** It is rare but some may decide to “re-transition” or “de-transition” and it takes several months to years for some of the permanent changes to develop. There has never been a requirement to do this for a lifetime. I feel that is commonly misunderstood and misinformed when I listen to political talk on this topic. Each time I see a patient going through hormone treatment we ask if they are still wanting to continue. It is 100% up to the patient and guardian to start and continue.

- a. I would propose making it 12 hours of therapy. Most individuals end up going to therapy for an hour twice monthly. 12 hours would make that 6 months of time to consider. If a therapist feels they should have more time than maybe, they would state they should wait 40 hours. But that makes more sense than cramming in unnecessary therapy to fit 40 hours in to check a box. Or waiting

	<p>1 hour x twice monthly= 20 months= 1 yr. and 8 months.</p> <p>2) Requiring in office injections [<b>allow this at home just like insulin or any other routine injection medication</b>]: I assume the thought here is to “make it safe.” However, that is an EXTREME measure that makes zero medical sense. Adolescents and children to insulin injections at home routinely. This is no different. The few rare injuries or side effects from this can be treated later on with a routine office visit and could frankly happen even if done in a medical facility.</p> <p>Gender neutral clinic requirement [<b>gender affirming clinics are gender neutral</b>]: We call it gender affirming so I can appreciate that it could be interpreted mistakenly as meaning we are “encouraging transgender thoughts,” but that is not really what it means. It just means we are going along with whatever their preferred name or pronouns are at the time and giving them a chance to ‘socially adjust’ as the figure out if this is truly their gender. It is truly part of the therapy. This part of the regulation just makes Nebraska DHHS appear silly. I would get rid of that language. Though, I also agree that it should not be conversion therapy, which causes more harm.</p>	
299. Jessi Hitchins, PhD	I have worked with queer and trans youths for close to two decades and I hold a doctorate in social and cultural studies. My testimony today is how systematic harm is being implemented on a	Thank you for your comments. No changes will be made.

	<p>micro level. What does gender affirming care look like? What has look like for me.</p> <p>I was assigned female at birth and am a woman. From the age of 10, I have struggled with cystic acne. This was physically painful as well as it made me feel less feminine. My parents noticed that this condition was harming my self-esteem and I was self-harming.</p> <p>So, they reached out to medical professional, dermatologist in particular, as good parents will do to support their kid who is hurting.</p> <p>Over the next 30 years, my struggled continued using topical creams.</p> <p>Finally, new dermatologist started me on an oral medication. It was a miracle. My acne finally went away, and I felt great in my skin.</p> <p>At this same time, I was a foster parent of a trans girl. After a year of working with DHHS and her bio family, she started on medications to medically transition. I went to fulfill her prescriptions and picked up mine at the same time.</p> <p>I opened the prescriptions upon arriving at my home and I was confused. I had the same prescription for my acne that she was taking for her gender affirming care. I rang up my dermatologist and asked, did you put me on hormones. And she said yes, and asked me, was something wrong? Nope, nothing was wrong. I received gender affirming care without even knowing. Cis people are most likely to receive gender care just as often as trans folk do.</p>	
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	<p>Circling back, my parents saw their kid hurting and turned to medical professionals. I too turned to medical professionals as foster parent to guide the best practices for my kids care. Why are these care different?</p> <p>We were assigned different genders at birth so my gender affirming health is deemed normal. If the new requirements are implemented, my parenting would be considered harmful for trying to address self-esteem, self-harm, and suicide ideations and attempts with my foster child at that time.</p> <p>All this to say, follow the best practices of medical professionals that have spoken at length today and listen to what the youths who are begging you to implement so that they too can feel affirmed in their body the same as their cis counterparts, like myself.</p>	
300. Jessica (née T.) Ann Flair	<p>My name is Jessica Ann Flair, and I am a transgender woman. I am writing in regard to the request for comment by the committee today. I regret that I was unable to testify in person. Coincidentally, I had a scheduled appointment for gender affirming care in Omaha.</p> <p>The proposed regulations artificially limit and hinder the care that transgender and non-gender conforming youth seek. The proposed rules would require forty hours of gender identity focused hours. This is an artificial and arbitrary number that serves nothing more than to roadblock youth from seeking care. In the current climate, post-Pandemic, the ability to obtain</p>	Please see comments 4, 47, and 215.



regular mental health care is increasingly difficult. I draw upon my personal experience, the experience of trying to get my child evaluated, and the experiences of close, personal friends to say that even getting a foot in the door for an evaluation is difficult at best with wait times of several months. This isn't for gender therapy either, I'm referring to attempts for treatment of generalized anxiety, depression, and ADHD. Further, there has been movement to eliminate or reduce telehealth services in Nebraska, or at least reduce support or reimbursements by the state. Outside of the urban areas of Omaha and Lincoln, or mid-sized cities along the I-80 corridor such as Grand Island or Kearney, finding in-person, specialized care can be difficult or impossible. I was once reminded that there is more to Nebraska than what's along I-80 or Omaha and Lincoln. As you represent these counties, you should know that better than most. The proposal also requires that injectable medications be performed in office. I argue again that you are creating an artificial barrier. This would require many parents or guardians to spend additional money on unnecessary visits, travel time, and time away from work. Most injections are akin to insulin shots and can be performed by the individual (or their caretaker) after a moderate amount of training in the comfort of their own home. Indeed, kits are sold at many retail pharmacies to collect the disposable "sharps" with a method of safely returning the full container for disposal. These are systems that have been in place for years,

	<p>why would you choose to discriminate against a certain class and eliminate that option?</p> <p>I do agree that regular checks of hormones and growth should be done. In fact, that is the standard of care with respect to gender affirming care. As an adult, I can attest and affirm that I went in for blood work every three months for the first two years. This does not conflict with performing injections at home.</p> <p>As a parent of three children in a wildly successful marriage for the last twenty years, as a proud lifelong Nebraskan, as a transgender woman, and more importantly as a human being, I strongly disagree with these proposals.</p>	
301. Jessica McMullen	<p>I am reaching out to express my concerns regarding recent developments that suggest an increased role of the state government in healthcare decisions. While I understand the importance of regulatory oversight, I firmly believe that the decision-making power should rest between the patient and the healthcare provider.</p> <p>In our healthcare system, the patient-provider relationship is a sacred bond built on trust, empathy, and shared decision-making. As we navigate through the complexities of healthcare, it is essential to preserve the autonomy and agency of the individuals seeking care. Patients should have the right to actively participate in decisions about their health, treatment plans, and overall well-being.</p> <p>I recognize the need for regulatory frameworks to ensure the highest standards of care and to</p>	Please see comment 3.

	<p>protect public health. However, I urge you to consider the potential consequences of diverting decision-making authority away from the hands of those directly involved—the patients and their healthcare providers.</p> <p>A patient-centered approach not only respects individual rights but also contributes to better health outcomes. It fosters a sense of responsibility and engagement, leading to more informed choices and increased compliance with treatment plans.</p> <p>I suggest that, as common-sense Nebraskans, we continue to advocate for policies that support and strengthen the patient-provider relationship. This includes promoting transparency, providing accessible information and fostering open communication channels. Collaborative decision-making should remain at the core of our healthcare philosophy, ensuring that the unique needs and preferences of each patient are acknowledged and respected.</p> <p>The state and the chief medical officer should leave all decisions about gender-affirming care to those most closely involved: the patient and the provider.</p>	
302. Jessica R	<p>My name is Jessica R, and I am a Nebraska resident who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth.</p> <p>This issue is important to me because opposing gender-affirming care puts youth at</p>	Please see comment 3, and 74.

	<p>an alarming risk for suicide, as can be seen from statistics. Anyone who cares about keeping youth alive should actively oppose these restrictions to care.</p> <p>I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws, and make the decision NOT to further restrict access to this care</p>	
<p>303. Jill Heggen</p>	<p>I am writing to oppose the restrictive and discriminatory regulations drafted and proposed by Nebraska's Chief Medical Officer. On the whole, they put into place unnecessary and burdensome regulations for an already marginalized population. As a parent of two children, if one child is trans and one is not, why would only my trans child have to go to such great lengths to get the health care they need when the other does not? That is discrimination through policy.</p> <p>This entire process, opposed by many Nebraska parents including myself as well as nearly every relevant medical provider in our state, prioritizes some commitment to discriminate against trans youth without even clearly understanding them or the health care they need. The proposed regulations vastly outnumber and ignore the already set standard of care. Do better. Be better. Listen to the feedback you have been given. The lives of our young people are at stake.</p>	<p>Please see comment 3.</p>

304. Jim Dodge	<p>My name is Karen Dodge, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of changing their gender violates the first duty of medicine:</p> <p>Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. Please implement stronger regulations to protect children</p>	Please see comment 5.
305. John McGill	Nebraska DHHS representatives –	Please see comment 4.

	<p>My name is John (Jack) McGill, and I am a Nebraska resident writing regarding to the regulations to be implemented with respect to gender affirming care for Nebraska minors. This issue matters very much to me in particular because of loved ones directly impacted, including my own transgender daughter. I opposed LB 574's restrictions on gender affirming care and continue to believe that those restrictions are an unconstitutional limit both on a minor child's ability to access medical care and on the prerogative of a parent to select the appropriate medical care for their minor children, at least as long as that treatment is accepted as within standards/best practices by a meaningful portion of the medical community. It is therefore difficult for me to imagine any implementing regulations that could be acceptable. But some forms of regulations could certainly be worse than others. If DHHS were to adopt final regulations that imposed barriers to patients accessing medical care that is consistent with industry standards and best practices, that would be totally unacceptable. I hope those deciding on the final form of the regulations listen closely to the testimony of medical experts and remove unnecessary barriers to care. For example, there seems to be some tortured language about whether therapy (that is provided as a condition to other gender related care) is provided in a neutral vs. affirming manner, with resulting questions about the meaning of those terms and the</p>	<p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>requirements/limitations they would impose on health care providers (with the ultimate effect shared by the patients). There are also some requirements specifying number of hours of therapy that don't appear to provide much room for professional medical discretion to come into play, particularly given the realities such as the number of available therapists versus the number of those needing therapy.</p> <p>As I cannot imagine it would be consistent with constitutional rights to deprive minor patients/their parents the right to obtain medical care that is consistent with industry standards, I suggest that the regulations include a safe harbor for treatment provided in a manner consistent with industry standards, even if such treatment would not meet all the requirements that may be otherwise detailed in the regulations.</p> <p>Please do not deprive me and other parents of the right to make the best decisions that we can for our children's health. Don't add new barriers to the already challenging process of receiving the best care possible.</p>	
306. John Lozier	<p>Hi. My name is John Lozier. And I'm Jake Lozier's father. And I'm so glad to be following him. I'm so proud of him. I know from the fact that I loved him since he was a little child, and I know more recently that he has been aware of feeling not really -- like he was in the wrong gender from very early in his life. And I hear that from others in the trans community that it -- they will hide for many, many years, and they come out rather late. Now, the first time I actually ran across a</p>	<p>Thank you for your comments. No changes will be made.</p>

	<p>transgender colleague was at my workplace when I was in my 20s. After the summer had passed, we --I sat down next to this woman. And he turned to me, and he said -- she. She. Excuse me. She turned to me and said, hello, John. And I looked at her, and I said, Larry? And she said, I'm Lori now. And he must have been in -- well up into his 30s or -- perhaps 30s, perhaps 40s. Anyway, I've known people coming out at all ages. And, of course, this particular event is -- it has to do with young people coming out. But the fact that young people already know about themselves from very early life means we have to respect the fact that transgenderism is something that is very real. And it doesn't reduce their human rights. And we need to respect all people as our fellow human beings. Thank you. Did I state my name and phone number? John Lozier, L-O-Z-I-E-R. And, okay, very good. Thank you.</p>	
<p>307. Mrs Jolene Brezack</p>	<p>This act is common sense and needed to ensure the physical and even mental medical safety of our children. The pharmacological regulations are a safety needed for our children who, whether they realize it or not, are still growing and developing and medical harm needs to be prevented . Hormones for children can have many effects that can potentially hazard and the regulations are a commonsense approach to preventing harm.</p> <p>To those who say, leave us a choice, well you have it still after you are old enough to</p>	<p>Please see comment 5.</p>



	<p>comprehend and fully decide if those types of surgeries and /or drugs/hormones are still what you want to do and go through once you are 19 years old or older.</p> <p>Brain and body development are still going on for children and it can be so hard to correct and reverse and improve health for what is done to a young child if they should change their mind as an adult.</p> <p>Please keep the health and safety of children foremost. They have choice when adult age.</p>	
<p>308. Julia Keown, RN, CCRN, TCRN, SANE-A, SANE-P</p>	<p>My name is Julia Keown. I am a registered nurse in [Address] and a native Nebraskan. I testified as a proponent of Dr. Timothy Tesmer at his appointment hearing in May of this year. Though I was disheartened by Dr. Tesmer's inclusion on the Board of Health statement earlier in the session regarding pediatric gender-affirming care, I was assured by medical colleagues who knew him personally, as well as my father, Larry Keown, who had graduated from high school with Dr. Tesmer, that he would be fair and just in his role as Chief Medical Officer of Nebraska.</p> <p>When the temporary regulations were revealed in October, I was pleasantly surprised to see what I interpreted to be a reasonable pathway to care for this incredibly vulnerable population. Unfortunately, as it often happens in the legislature, what was written into the regulations has ostensibly led to a moratorium for establishing care for many of these patients.</p>	<p>Please see comments 4, and 47.</p>

	<p>I would respectfully request 2 changes to the regulations. Though I am not an expert in gender care, it is well-known in medicine that being transgender is <i>*not*</i> a mental health illness. While it certainly seems prudent to have patients assessed by a mental health practitioner, it does not take 40 hours of therapy to establish a diagnosis of mental health illness vs. being transgender. Requiring 40 hours of mental health therapy is far too large and unnecessary a burden (financial, time on waiting lists for care, and time spent in care of at least 20 weeks) for this patient population.</p> <p>Secondly, I would request that patients not be required to receive medication injections from a healthcare provider. There are certainly many medical conditions that require pediatric patients to receive injections at home after education from their providers, such as diabetes and growth issues requiring hormonal administration.</p> <p>I would like to end by extending my gratitude for what is obviously a very well thought out set of emergency regulations for these patients and respectfully request the above 2 changes. Please do not hesitate to contact me with any questions and/or comments.</p>	
309. Karen Judkins, PLMHP	<p>My name is Karen Judkins. I am a mental health counselor here in Lincoln, Nebraska. I wanted to take a moment to reflect on the guidelines for providing gender affirming care for minors.</p>	<p>Please see comment 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>I work with a variety of populations, ages 14 and above. A portion of my caseload are trans and gender nonconforming clients. I seek training and consultation about best practices when working with clients in need of gender-affirming care.</p> <p>I understand and agree with the necessity for clients seeking gender affirming medical care, to seek mental health care or some form of support. I ask that you reconsider the session amount required to begin medical intervention and consider reducing the number. 40 hours of treatment, simply put, is a lot.</p> <p>If the 40 hours requirement is maintained, could DHHS elaborate on why that amount was chosen? I want to know for myself, colleagues, and clients. They frequently look to their provider to answer such questions and I want to provide that information.</p> <p>I see some youth clients for 45 minutes, some for 60 minutes. For the clients whose sessions are 45 minutes, that amounts to 53 sessions which will take a year or more. Paying for 40-53 sessions could be (and for many people, will be) a significant financial barrier in being able to access mental health care. I am in private practice and am unable to provide free or reduced price sessions to more than one or two clients at a time. As it is, I cannot work with all of the trans and gender nonconforming clients who reach out to me and I anticipate the demand growing.</p>	<p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>A lot of physical growth and change can happen in that year that could be postponed with medical intervention. Hormone blockers provide clients and their caregivers with time to really think about decisions related to transitioning. To require 40 hours before starting treatment is to delay these clients receiving in a timely manner medical interventions so important to their mental wellbeing.</p> <p>I also ask for elaboration, specifically what "not providing gender affirming care" (during the 40 sessions) means? (disregard if the permanent guidelines provide clarity).</p> <p>If "not providing gender affirming care" means not using clients pronouns or a name that may be different from what was given at birth, this will put a rift in developing rapport and trust with clients. I call all of my clients by the name that they feel most comfortable with, trans or not trans. That may be Jen for a client named Jennifer or Jr. for a client named Dave. This is to provide comfort as starting therapy can be a nerve wracking or uncomfortable time.</p> <p>Lastly, I ask that in reconsidering these guidelines, the WPATH standards of care (<a href="#">Standards of Care - WPATH World Professional Association for Transgender Health</a>) are referenced and utilized. Transgender clients are an already vulnerable group of people, who deserve the best medical and mental health interventions, which include the best practices currently available, which are WPATH's.</p>	
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	<p>My trans and gender nonconforming youth clients want to be listened to and they want to live their life. My job, and what I strive to do as a trusted person in their lives, is to work with them, their caregivers, and other providers to assist them in living the life they hope for and feel is authentic to them. These guidelines, as they currently read, will provide barriers to achieving this.</p> <p>Please reconsider the guidelines for transgender youth and their families.</p>	
<p>310. Karen Schulz</p>	<p>Hello, my name is Karen Schulz, and I live [Address] . I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying</p>	<p>Please see comment 5.</p>

	<p>issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	
<p>311. Kari Tietjen</p>	<p>I am a Lincoln native, having grown up here and recently moved back to the state. I am writing to voice that I believe LB 574 requires regulations to be determined by those in the medical field and families of people who are trans.</p> <p>It should not be the government creating restrictions and regulations, but instead, recognizing that affirming and respecting the decisions made by trans youth and their families are a fundamental step toward creating an environment that promotes mental health and well-being. Research consistently shows that parental support significantly contributes to positive outcomes for trans youth, including lower rates of depression and anxiety. By acknowledging and respecting the decisions of trans youth and their families, we contribute to building a world where everyone can thrive and be true to themselves.</p>	<p>Please see comment 3.</p>

	<p>Transgender individuals often face unique challenges, particularly during adolescence, as they navigate their gender identity. It is essential to recognize that the decision-making process for trans youth and their families is often complex and involves careful consideration of their unique circumstances. Families that choose to support their transgender children demonstrate resilience and a commitment to understanding and meeting the needs of their loved ones. Providing resources, education, and a nonjudgmental environment for families to make informed decisions empowers them to create a supportive foundation for their trans children. By fostering understanding and empathy, society can play a pivotal role in ensuring that trans youth and their families have the tools and support they need to navigate their journeys.</p> <p>I encourage you to listen to the families, trans youth, and adults who have gone through a transition in this hearing process about LB 574. Respecting the decisions made by trans youth and their families reinforces the principles of equality and human rights. In doing so, we contribute to a more inclusive and compassionate society where everyone, regardless of gender identity, can live authentically and with dignity.</p> <p>Thank you</p>	
312. Karleigh Earll CSW	My name is Karleigh Earll. I am a social worker in our state. I have my BSW and am pursuing my	Thank you for your comments. No changes will be made.

	<p>MSW next year. I am emailing to speak in opposition to LB 574, the 'Let Them Grow Act', and its vague and inconsistent proposed regulations.</p> <p>The bill and its regulations in their current state do not reflect a concise message for providers, patients, or the general public. For instance, restricting 'gender altering procedures' leaves a hefty amount of consideration up to one's subjective perspective. If gender-altering procedures on Nebraskans under 19 is the proposed regulation - what guidelines in this bill reflect the procedure of circumcision? How, in pure neutrality and lack of bias, does one consider whether or not this is an 'affirming' procedure? Circumcision is a popular procedure done on the genitals of a minor, though does not receive nearly the same volume of speculation and opposition as other procedures briefly mentioned in LB574.</p> <p>As a medical social worker, this bill also worries my ability to do my job in this state, and for how long. I will start my first semester of graduate school this upcoming January. Everything we are taught in social work: advocating for minorities, equity, doing the right thing, non-discrimination, etc. seems to be entirely contradicted in this legislation. If we as professionals are to uphold the ethics, standards, and practices of our career, how do we do so with regulations that reflect the opposite? As a former ward (who recently received her records) I can say with certainty that this bill is also written with little regard to the children in the foster care system. Our foster care</p>	<p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.</p> <p><a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>system is in need of severe reform in several areas, though one I will note is cultural competency. Trans people have been around for as long as humans have existed; as someone who is indigenous, I can provide a prime example in two-spirits. If we are to separate church and state, how do we do so in this case? Native culture and its practices are extremely sacred, and I cannot see how this bill can be based only in law if not accounting for all of the nuances that will arise with it. The amount of questions that arise with these regulations is far too many, and when we account for human error and biases, it seems very confusing how this will be enforced based purely in health and in law when majority amounts of both fields are vocally opposed to this legislation and its regulations and those alike. We have far more pressing and urgent issues in Nebraska related to healthcare, such as social determinants of health, health disparities, health equity, etc. These are the issues affecting everyday Nebraskans, all of the time. In my current role, I address alerts of food, housing, transportation, etc. insecurities from patients/families that visit our clinics. The lack of regard to these issues, despite the volume of alerts I receive just in a day (typically 20 before noon), is callous and unacceptable. If we can spend our time legislating the health decisions of each individual, a notion not even remotely complementary to self-determination, we can definitely spend our time addressing the very real issues of poverty, homelessness, food insecurity, and more in our state.</p>	
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	<p>The amount of times I have to tell a family there is no funding to help them, despite clear evidence on their end that they are actively trying, is heartbreaking. It makes me not want to practice in this state. My state is worried more about theorized regret and hypothetical rue than real, current needs. How on earth am I meant to uphold the values of my profession and its code of ethics here? Nebraska is behind in many ways, forgotten about by a majority of the country. It doesn't have to be that way.</p> <p>Please consider the privacy owed to Nebraskans. The damage that will be done by this bill and its proposed guidelines are far more grave and likely than any amount of proposed 'help' it could do. If we want to let our Nebraskan children grow, let them grow. How they want to.</p> <p>Thank you for your time spent reading and consideration of my comment.</p>	
<p>313. Katelyn Coburn, PhD, LIMHP, CMFT Licensed Independent Mental Health Practitioner and Therapist</p>	<p>My name is Dr. Katelyn Coburn. I am a mental health practitioner in Nebraska writing in opposition to Draft Rule 181 NAC 8 and to request that you remove the many barriers it places on behavioral health professionals. As a marriage and family therapist (MFT), I have 9+ years of training and experience in diagnosing and treating mental health disorders. I work almost exclusively with transgender and nonbinary clients, including transgender and nonbinary children and their family members. Highly trained professionals like myself have the skills, knowledge, experience, and responsibility to determine the best course of treatment for</p>	<p>Please see comments 4, and 74.</p>

our clients. This cannot be determined legally without serious risk of harm to clients as each case must be evaluated and treated individually. MFTs work closely with their clients, whether that is an individual, couple, family, or group to create an individualized treatment plan guided by best practices in the field and the needs of each client. I am deeply concerned that the limiting language in this proposed rule will prevent me and other practitioners from serving our clients the way that is most beneficial to them and their treatment. Therefore, I urge you to remove the requirement and definition of “40 gender-identity-focused contact hours” from the proposed rule so that therapists can support their clients how they see fit.

As the Department of Health and Human Services is aware, Nebraska has a shortage of mental health professionals in almost all counties. This shortage of mental health professionals could prevent youth from finding professionals able to accommodate this requirement or prevent them from completing the required therapeutic hours in a reasonable time frame. The 40-hour requirement is putting an already vulnerable population of youth in a position to be denied mental health care. Additionally, I am deeply concerned that, if kept, the definition of the 40-hour requirement will encourage mental health practitioners who do not understand or accept the transgender and nonbinary community to practice in harmful, uneducated ways such as by dismissing, invalidating, and/or mocking transgender and nonbinary youth who are

	<p>already in a vulnerable position and depending on healthcare providers to be competent and affirming of transgender and nonbinary identities. This is likely to further exacerbate the mental health challenges that transgender youth already experience and put them at increased risk of suicide. As a mental health practitioner who serves transgender and nonbinary clients, I have heard countless stories of clients who have experienced delays and/or denial of gender affirming healthcare (including gender affirmative mental health care that is recommended by every major medical association as well as the World Professional Association of Transgender Health), even before these proposed regulations in Rule 181 NAC 8. My clients who are transgender and nonbinary people who have experienced mental healthcare that does not affirm transgender and nonbinary identities as well as delayed, lack of, and restricted access to gender affirming healthcare have unequivocally shared that these experiences have resulted in negative mental health experiences including depression, anxiety, and suicidal ideation and attempts.</p> <p>As a marriage and family therapist and mental health advocate in Nebraska, I urge you to reconsider these draft rules. Thank you for your time and consideration of my comments.</p>	
314. Kathy Nauman	I want to go on record as supporting the “Let Them Grow Act.” I was so very pleased when it	Please see comment 5.

	<p>passed into law earlier this year and I pray it does not get overturned.</p> <p>I hold to the belief that God, the Creator, “created human beings in His own image, in the image of God He created them; male and female He created them . . . Then God looked over all He had made, and He saw that it was very good.” Genesis 1:27 &amp; 31</p> <p>If we were created by Almighty God as male and female, then I don’t think we improve anything by trying to change the basic nature of who we are. It goes against common sense and the laws of nature to attempt to change one’s gender. There are many who have tried to change genders, only to find it increased their distress and they deeply regretted the attempted change. It would be much more beneficial to help children embrace their God-given gender and see their worth as one created in His image than to perform hormone treatments or surgeries that cause permanent changes that they later may regret.</p> <p>Thank you for considering these thoughts.</p>	
315. Kayla Sircy	<p>I have frankly been appalled at the legislation that has been passed and amended in the state of Nebraska lately regarding restrictions on gender affirming care for youth, specifically trans youth. Trans youth who are denied access to gender affirming care, especially prior to puberty, have horrifyingly higher rates of suicide, depression, and anxiety. They often don’t feel safe or validated when they are not allowed to access care that affirms their gender. As a</p>	Please see comment 74.

	<p>recent Nebraska transplant, I am overwhelmingly disappointed and saddened to the point of emotional toil when I think about the direction the Nebraska legislature has chosen to take in regards to trans youth.</p> <p>As a person who has loved and currently loves trans people, I am personally aware of how harmful it can be for them to not have access to care that affirms their gender and aligns their body with the gender they know themselves to be. My ex-partner has been taking testosterone since he decided to hormonally transition, over 6 years ago, when he was in his late teens. Without being able to have access to testosterone, he would have continued to have suicidal thoughts and severe depression. While he was legally an adult when he started taking testosterone, he had known since he was a child that he was not female, but due to Nebraska laws and doctors, was unable to begin his transition until he was older which had traumatic consequences for him. It harmed him emotionally and mentally. Similarly, he was unable to have a gender affirming double mastectomy until he was in his early 20's, but having this surgery brought him great gender euphoria and allowed him to have the confidence he had lacked prior to the surgery. This was especially true during the warmer months when he was finally able to go to the lake without a shirt on and feel more like the man he knew he was. All of this is to say that gender affirming care is INCREDIBLY IMPORTANT for youth, and</p>	
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	<p>Nebraskan youth deserve to have the option to affirm their gender. Puberty blockers are reversible if that's a concern for our legislators. And very few trans individuals regret the decision to go on more permanent hormones, or to have gender affirming surgery. There are many articles and statistics that have repeatedly confirmed this. I would hope that the Nebraska legislature has done their research before legally denying medical assistance that significantly helps Nebraskan youth. Below are a few article on the extremely low regret rate in trans youth transitioning, and the importance of gender affirming care for our legislators to educate themselves. In solidarity with trans youth.</p>	
<p>316. Kelly Lubash</p>	<p>I believe this was an excellent Bill and it should not be altered. The suicides among gays are far too high and I believe making a life changing decision during the difficult young teen years should never have approval. Too many of these kids view this as a pop cult to belong to or a way to rebel against others then a few years down the road they regret their decision and many reach high states of depression. Why? Because they are no longer male or female and you all know damn well there are only 2 sexes. Stop supporting mental health. 19 is barely old enough to decide. Stop jumping on a minority bandwagon to prove you're fair and inclusive. Be the adults in the room. Thanks</p>	<p>Please see comment 5.</p>

<p>317. Kevin Benesch, Ph.D. Licensed Psychologist</p>	<p>I am a licensed psychologist who has been practicing in the field for nearly 40 years, primarily with children, adolescents, and their parents/families. I have extreme concerns about the proposed regulations that will unnecessarily restrict youth access to gender-affirming care, are an example of government intrusion into private health care matters, and could be interpreted as discriminatory against one segment of our clientele. Across the years, I have been involved in the mental health care of gender diverse and trans youth and have attended several trainings related to ethical care of such youth by following evidence-based, best practices of care outlined by the World Professional Association for Transgender Healthcare (WPATH). The Let Them Grow Act will, in many instances, contradict these standards and place undue stress on trans youth and their caregivers. Some LGBTQ+ youth already suffer serious mental health issues, not because of their personal choices and/or identity, but because of the stigma and social stress associated with navigating their personal lives. The suicide rate (attempted and completed) is many times higher in this population compared to the existing rate for adolescents in general. In addition, the lack of clarity regarding proposed requirements and regulations for healthcare and mental health care providers places them at risk for unavoidable conflicts with their Code of Ethics and other practice standards that guide the field. The Act appears to be an attempt to impose an ideologically based set of</p>	<p>Please see comments 3, 74, and 215.</p>
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	<p>regulations that are out of step with current best practice clinical care standards for gender diverse youth and place excessive barriers on these youth and their families.</p> <p>I urge the DHHS regulations committee, the Chief Medical Officer, the State legislature, and the Pillen administration to strongly consider adopting a more tolerant and clinically informed approach in addressing the mental health needs of gender diverse youth and their families in our State.</p> <p>Thank you for the opportunity to share my concerns during this process.</p>	
<p>318. Kimmy Laposky</p>	<p><b>Everyone deserves gender autonomy.</b> I have had many folx reach out to me because they know I am a safe space and person when navigating their gender affirming care journey. Please remember that we are all human and we ALL deserve the right to be who we are. LISTEN to the folx who are living their authentic lives and HEAR their voices and stories.</p>	<p>Thank you for your comments. No changes will be made.</p>
<p>319. Kyla Clark</p>	<p>I am writing to ask that when setting the regulations for LB 574, that you listen to actual gender-affirming care experts and follow best care practices. Up until now it appears you have been listening to doctors who personally oppose gender affirming care, which quite frankly goes against their Hippocratic oath.</p> <p>One of the brightest rays of sunshine in this world is my nibling (nonbinary of niece/nephew). They have been vocal about who they are for literally half of their life now. It is not up to you</p>	<p>Thank you for your comments. No changes will be made.</p>

	<p>nor I to dictate who they are. They have been through years of therapy and medical evaluations and are looking toward their future. They are more feminine presenting and would like to be that way going forward. Their sex at birth was male. I beg of you to listen to the experts on gender affirming care here to truly understand what these kids go through, and that this care is literally lifesaving. Please, do not promote hate in this state. Thank you for your time.</p>	
<p>320. Lacie Bolte Nebraska AIDS Project</p>	<p>As a nonprofit organization that provides services across the state of Nebraska, Nebraska AIDS Project is writing you to request your opposition of the proposed adoption of Title 181, Chapter 8 of the Nebraska Administrative Code (NAC) – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Nebraska AIDS Project leads the community to overcome HIV and its stigma through supportive services, advocacy, and education. Leaders of anti-LGBTQ movements have long used the threat of HIV and AIDS to recruit people struggling with their sexuality &amp; identity. From a public health perspective, LGBTQ individuals are greater burdened by psychosocial health disparities (depression, substance abuse), across their lifetimes compared to their heterosexual counterparts. These disparities are even more pronounced when accounting for intersecting marginalized status, such as race/ethnicity and HIV status (1). Additionally, transgender individuals are at high risk for HIV. Trans women</p>	<p>Please see comments 3, and 4.</p>

	<p>in the United State have a 66 times higher likelihood of contracting HIV and trans men around 15 times higher than their counterparts (2).</p> <p>Creating care environments that facilitate gender affirmation is key to improving engagement in HIV prevention and care among transgender populations. Transgender people with HIV who have health care practitioners that affirm their gender by using their chosen name and pronouns are more likely to be virally suppressed (3). Integration of gender health with HIV care is also associated with higher rates of viral suppression, fewer clinician visits, and facilitation of open discussions related to an individual's concerns about HIV and gender-related health care (4).</p> <p>While therapeutic treatment may be largely beneficial to an individual seeking gender-affirming care, we believe that the decision on how often, when, and under what circumstances remain between the practicing provider and patient. Medical decisions should be made between parents of a child and their doctor. The proposed changes come between doctors, parents, and their children in making medically informed and affirming healthcare.</p> <p>Thank you for your consideration. We request that this letter is included as part of the public hearing rec1 Hafeez H, Zeshan M, Tahir MA, Jahan N, Naveed S. <i>Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender</i></p>	
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	<p><i>Youth: A Literature Review</i>. Cureus. 2017 Apr 20;9(4):e1184</p> <p>2 Stutterhiem, S., van Dijk, M., Wang, H., and Jonas, K.J. <i>The worldwide burden of HIV in transgender individuals</i>. PLoS ONE 16(12), 2021</p> <p>3 Chung C, Kaltra A, McBride B, Roebuck C, Laurel S. <i>Some kind of strength: findings on health care and economic wellbeing from a national needs assessment of transgender and gender non-conforming people with HIV</i>. Oakland, CA: Transgender Law Center; 2016</p> <p>4 Sevelius JM, Patouhas E, Keatley JG, Johnson MO. Barriers and facilitators to engagement and retention in care among transgender women living with human immunodeficiency virus. <i>Ann Behav Med</i>. 2014;47(1): 5–16</p> <p>ord.</p>	
321. Lanae Hall, LIMHP	<p>My name is Lanae Hall, from [Address]. I am an LIMHP (licensed independent mental health practitioner) with a private practice in Grand Island, Nebraska. As a therapist, one of my areas of specialty is working with gender nonconforming/gender expansive individuals, both adults and adolescents. Not only do I have particular professional knowledge and skill in this area of practice, I also bring lived experience to the table as a transgender/nonbinary person, which enhances my ability to offer empathetic expertise.</p> <p>First, I would like to reiterate a point that has been made many times, but which bears repetition: medical and mental health</p>	<p>Please see comments 3, 4, and 47.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>professionals are already guided and governed by a professional standard of care and ethical guidelines, for transgender care and for mental health care, formulated by experts in the medical and mental health professions. What this means is that most points in the NAC are redundant – for example, 004 (B). Mental health therapists already are enjoined by specific professional guidelines to engage in assessments and approach therapy in a clinically objective and non-biased manner – i.e., we are to be aware of our own biases and not impose them upon the client but give clients a safe space to explore needs, desires, questions, options, and perspectives. However, underlying the very existence of these regulations is a subjective, highly biased and prejudiced, politically motivated piece of legislation promoting the preference that mental health professionals and other healthcare providers do impose biases upon the client, contrary to our ethics and best care, evidence-based practices. While these regulations manage to cloak the negative bias in relatively neutral language, the intent is clear: not only are mental health professionals and health care providers/prescribers not to “merely affirm the [client’s] beliefs”, they are to offer (mis)information and alternative options in service not of ensuring the clients are well-informed of all possibilities but toward the purpose of dissuading them from their understanding of their gender identity and from pursuing medical care. This premise sets up a</p>	
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	<p>shaky standard of care which is distasteful and in ethical contrast to the professional guidelines we already have, both in mental health and medical care.</p> <p>These regulations add an unnecessary legislative fence around the professional standards of care and ethics, which increase inconvenience (purposefully and prejudicially so) and create restrictions. These restrictions seem to achieve no clearly discernable evidence-based reason – e.g., 0010 and 015, the 7- day waiting period – other than to delay care yet further. The requirement of injections always having to be administered by the healthcare professional in the medical setting also has no discernable evidence-based reason. Healthcare providers and prescribers already have an educational protocol for minor clients and their parents as well as regular monitoring of puberty-blocking and cross-sex hormone treatment effects. This guideline disregards and disrespects that process as well as disregarding and disrespecting the healthcare providers, families, and the minor, by further increasing the workload of the provider and insulting the capability of parents/guardians to responsibly oversee their child’s care at home. A collaborative process is already in place which doesn’t need disrupted by biased, non-expert , and politically informed (instead of clinically informed) policy.</p> <p>What these regulations, including the above noted waiting periods, the in-office administration of injectable medications, and the 40 therapeutic contact hours in a 6-month</p>	
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	<p>period, do seem likely to accomplish is create inconvenience and care accessibility issues. The fiscal impact statement appears to acknowledge this possibility in noting that these various requirements may lead to additional costs for clients and families. Further, time and scheduling needs also may become an additional burden and challenge for families.</p> <p>It is agreed that adolescents and adults on a gender transition journey can and do benefit from gender affirming therapeutic support and care at all phases of their transition journeys, whether they choose any medical interventions or no. Note the phrase “gender-affirming”. This means that when a client walks in my office with an understanding of themselves and their gender identity, that self-knowledge and self-identification will be respected in my office, whether said client is 14, 19, 25, or 50. Chosen names and appropriate pronouns will be used. Anything else, anything less, would be unethical. This approach is clinically objective and well supported. Further, this respectful, affirming approach sets the foundation for deeper exploration and assessment. I mention these points because those in charge of crafting the language of these regulations would benefit from understanding.</p> <p>Finally, in reference to mindful language and proper understanding of concepts and terms, there is an error of equivalence in 002.02 Gender Nonconformity per the definition. The point states that “gender nonconformity is a pattern of sexual identity ...”, which inaccurately conflates</p>	
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	<p>sexual identity and gender identity/nonconformity. Gender identity/nonconformity is not equivalent to sexual identity, as sexual identity refers to sexual orientation and is not to be confused with either biological sex/biological sexual characteristics and gender identity or gender expression. As an example of possible wordings, the definition could more appropriately be worded “gender nonconformity is a pattern of gender expression and/or internal experiences of gender differing from biological sex assigned at birth”. Again, if these regulations are going to exist, accurate, mindful language is important, in order not to cause even further harm.</p> <p>Thank you for your consideration of these points and for taking the time to carefully and objectively discern needed revisions to these regulations, understanding the gravity of the matter and the impact upon hearts and lives, families, and providers.</p>	
322. Lanette Doane	<p>DHHS - I'm submitting my comments on this topic trusting in the fact that "All comments received will be reviewed and considered equally". Based on the statement your department "hopes to receive feedback from all stakeholders, including medical experts and individuals with lived experience" I feel I'm an individual with lived experience.</p> <p>I have a trans granddaughter who was born male, but at a very early age, between 4 and 5, began expressing female tendencies in how she wanted to dress, toys she preferred to play with, and</p>	Thank you for your comments. No changes will be made.



feelings she had. She was then and is now completely comfortable in her knowledge that she is a girl. Playing "dress up" at daycare spilled over with her requesting to wear dresses to school "because that's what girls wear". Her words, not anyone else's. Her parents loved her - they did not tell her she was wrong or confused, but they wanted her to talk to someone who could answer her questions and to whom she could express what she was feeling. So, they sought counseling from an expert for both her and themselves and they joined a parents' group of other trans youth to educate themselves. They have done everything they can to make sure she understands she is loved and accepted as a person. As a family we all love and accept her and see how happy and well-adjusted she is. She's 12 now, an honor roll student, plays in the band, and played sports until this year when her school no longer allowed her to participate on a girls team. The only thing that is confusing to her is why anyone else should be able to dictate and control her life and her right along with her parents to make decisions about her health care.

Frankly we are all confused, disappointed and angry about that fact. Not all trans youth are so lucky to have the parents and family she does to support her. LB 574 has been passed into law and now must be implemented. My hope and prayer is that you will listen to the experts in this field and allow for the broadest application of the law. Parents want what is best for their children. They are with them every day, they pay for counseling

	<p>and medical costs, they pick up the pieces when kids bully and hurl unkind words, and when schools exclude them from activities. Unless you have "lived experience" with a beautiful trans grandchild, you have no idea how difficult it can be to watch how the world treats them. It is insulting to remove the rights of parents to help their kids whom they love and know better than anyone. I implore your department to act with compassion and broad interpretation in allowing for treatment for trans youth. Lives will depend on your decisions. Thank you for your time in reading my comments.</p>	
<p>323. Amber Keebler-Brown, MD, Director of Health Care Policy, LWVNE Cat Henning, Co- Director of Social Policy, LWVNE Rachel M. Gibson, Action Vice President, LWVNE MaryLee Moulton, Co-President, LWVNE Janelle Stevenson, Co- President, LWVNE</p>	<p>The League of Women Voters of Nebraska (LWVNE) opposes regulations or guidelines that restrict individuals' access to quality health care and that undermine their right to privacy regarding health care choices. We are dedicated to ensuring equal rights and opportunities for all and stand firmly in opposition to any regulations or guidelines that would deny rights or dignity to individuals in the LGBTQ+ community. Finally, we are concerned about the political nature of creating guidelines for nonsurgical pharmaceutical gender altering treatments which appear to be in contradiction to national, state, and local patients' and practitioners' expertise and recommendations.</p> <p>First, the LWVNE supports the constitutional right to privacy of the individual to make health care choices—particularly health care choices impacting</p>	<p>Please see comments 3, and 4.</p>

	<p>bodily autonomy. Our stance is reflective of the <a href="#">American Medical Association's (AMA) stance</a>, which states that gender-affirming care is medically necessary and blocking access to this care dismantles transgender and nonbinary peoples' rights to quality health care and privacy surrounding choices that affect their bodies.</p> <p>The AMA recently reaffirmed the need to protect patients, their families and providers in a <a href="#">June 2023 resolution</a> that was introduced by the Endocrine Society and co-sponsored by the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the American Urological Association, the American Society for Reproductive Medicine, the American College of Physicians, the American Association of Clinical Endocrinology, GLMA: Health Professionals Advancing LGBTQ+ Equality, and the AMA's Medical Student Section. Medical decisions should be made by patients in consultation with their families and providers and not subject to seemingly arbitrary rules that only create barriers to needed care.</p> <p>Second, restricting access to care for this specific subset of individuals is discriminatory and cannot be removed from the larger context of the current efforts to marginalize and disadvantage members of the LGBTQ+</p>	
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	<p>community. <a href="#">National data</a> highlight the impacts specifically tied to these kinds of measures on the LGBTQ+ community as a whole. These include negatively and directly impacting physical and mental health; perpetuating harmful stereotypes, discrimination and hate; and impacting decisions about where to live, work and travel.</p> <p>Beyond the national level, Nebraskans have raised similar concerns. At the initial <a href="#">public hearing</a>, more than 200 individuals expressed their opposition to restricting access to gender affirming care in addition to representatives from the Nebraska chapters of the AAP, ACOG, National Association of Social Workers, Nurses Association, American Psychological Association and the Nebraska Medical Association.</p> <p>Finally, it appears the process of writing medical guidelines has prioritized political aims over medically indicated standards of care for transgender and gender diverse people. Often legislation dealing with scope of practice or medical guidelines are proposed by providers, medical systems or are the result of a legislative interim study; this was not the case in this situation. This skepticism is exacerbated by the lack of transparency in this process. For example, while we understand the delicate nature of the topic, the</p>	
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	<p>committee members being kept secret does not inspire confidence that the committee is proposing evidence-based, data-driven, and practice-specific guidelines that will reach the stated goal of protecting Nebraskans.</p> <p>In fact, a recent Journal of American Medicine (JAMA) <a href="#">Clinical Guidelines Synopsis</a> outlined key elements of gender-affirming care and the proposed Nebraska guidelines directly conflict with these national standards. For example, item 3B of the JAMA recommendations explicitly states that “psychotherapy is not required before GAMST, although therapy may be helpful to some” while the regulations proposed for Nebraska in section 003 (B) (iv) require “at least 40 contact hours of therapeutic treatment.”</p> <p>It is disheartening but we anticipate that, like the passage of LB574, the feedback provided by doctors, patients, families, the scientific community, advocates, and everyday Nebraskans who believe in the basic principle of medical freedom without government intervention will not be considered in the adoption of these guidelines. Even if that is the case, the LWVNE is compelled to speak out against these restrictions and the manipulated process in how they came to be, in defense of our Nebraska health care providers, and, most importantly, in solidarity with our LGBTQ+ community in Nebraska.</p>	
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	<p>The <a href="#">Department of Health and Human Services vision proudly states</a> that its goal is to “Grow Nebraska through supporting every Nebraskan in the areas of health and human services, as they pursue their version of the Good Life.” We humbly ask that you live up to this mission in the work with which you have been tasked.</p>	
<p>324. Leah Kuester</p>	<p>I hope this message finds you well. I wanted to take a moment to express my strong support for gender affirming care for youth. As a firm believer in equality and the right to self-expression, I firmly believe that all individuals, regardless of age, should have access to healthcare that supports their gender identity. Gender affirming care is crucial for the well-being of transgender and non-binary youth, as it provides them with the necessary support to live authentically and with dignity. By offering access to gender affirming care, we can help reduce the rates of depression, anxiety, and suicide among transgender and non-binary youth, while also promoting their overall mental and physical health. It is important that we create a supportive and inclusive environment for all young people and providing gender affirming care is a significant step in that direction. I believe that by advocating for and supporting gender affirming care for youth, we can help foster a more compassionate and accepting society for future generations. Thank you for</p>	<p>Please see comment 74.</p>

	taking the time to consider my perspective on this important issue.	
325. Lex Mallott	<p>My name is Lex, and in 1994 I was born at Children’s Hospital in Omaha, where I then spent the next 27 years. My grandparents were farmers, war veterans, professionals, and pastors in the community, and my parents were and still are business owners. I grew up under expansive Nebraskan sunsets, in between corn stalks, pressed against glass at Henry Doorly, and in the drive-thru of Runza. I was educated by Millard Public Schools and graduated from Millard North High School in 2013, and I spent 4 years at college in Iowa defending my home state’s honor, before graduating and returning. I then spent the next several years working 50-hour weeks in education in Omaha because I loved my community and wanted to make a difference for the next generation. I am a Nebraskan, and I love my home. I <i>loved</i> my home. However, I am also a transgender Nebraskan, and I have been since I was 15. It’s very scary to realize that you’re different when you’re young, but it’s an even scarier realization when you face a culture of unacceptance in your community. And so, I remained in the closet and daydreamed about throwing myself off of the Mormon bridge. Finally, in 2021, I feared that if I remained in Nebraska, I would lose my rights to healthcare, and subsequently my life, so I picked up everything and moved east to Pennsylvania. Living on the East Coast now, I have the pleasure of being the first Nebraskan that some people</p>	Please see comment 74.

	<p>have ever met, and the first question they always ask is, "What's it like?" I think about bonfires at Vala's, summer camp on the University of Nebraska campuses, fishing in the lakes, and field trips to Lincoln to visit the same governmental body that would later sign away the rights of my fellow transgender Nebraskans. I finally opt not to talk about my home state, and dismiss the question with, "I loved living there, but it's very hard to be transgender in Nebraska."</p> <p>Without fail, these strangers always nod their heads knowingly. "I bet it is." When I left Nebraska, I left behind friends and loved ones that I now worry about every day. My niece is 9 and recently started using they/them pronouns. I'm so proud of the strength they have to be themselves at such a young age, and I'm excited to meet the incredible human being they're going to grow into. But while they live fearlessly, their mom and I have hushed conversations about how afraid we are for their autonomy as they get older. She wonders how much longer it will be until she has to move them out of state. I wonder how many other hardworking Nebraskans will be driven from their home by bad legislation. The passing of LB 574 is a direct message to every transgender child in Nebraska that you do not care about their lives, and that you do not trust their doctors and their parents to care for them correctly. Healthcare professionals across the country, including The American Academy of Pediatrics, have done extensive research on transgender adults and children, which has</p>	
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	<p>culminated in a set of best practices for treating transgender patients of all ages.</p> <p>Patients. Not constituents or taxpayers, but patients under a doctor's care. And we trust doctors to treat their patients ethically and according to current research and best practices when it comes to diabetes, cancer, and insurance physicals, but we write doctors off as incompetent when it comes to trans people and their care.</p> <p>Gender-affirming care has a proven suicide and harm reduction rate of over 70%, granting Nebraskan children the opportunity to grow up and become happy, healthy members of their community. To enjoy the freedoms that their country and state afford them, including access to their healthcare. To deny transgender children access to age-appropriate gender affirming care is to deny their fundamental rights to life, liberty, and the pursuit of their own happiness.</p> <p>Transgender Nebraskans deserve a home where they feel welcome and free, and it is the legislation's duty to protect their rights in the same way they do every other Nebraskan.</p> <p>I beg you all: protect the rights of Transgender Nebraskans. Overturn LB 574.</p> <p>Let me come home.</p>	
326. Lilith Umberger	<p>Thank you for your time today. My name is Lilith Umberger, and I am a member of a group on campus called People for the Rights of Individuals of Sexual Minorities (PRISM). I'm a Nebraska citizen, and much like everyone living here, I want all citizens of my state to have equal</p>	Please see comment 14, and 74.

	<p>opportunities under the law. I would like to propose a change to the implementation of a particular section of Title 181, Chapter 8, Section 014 A, which states, “Prescribed medications picked up from a pharmacy are required to be picked up by the patient’s parent, legal guardian, or the patient if the patient is an emancipated minor.”</p> <p>It is common knowledge to most that the pre-teen and teen years are essential growing points, and when most people begin to experience puberty. Transgender adolescents need access to puberty blockers, so that they can feel comfortable with themselves, and in many cases, getting these medicines before puberty has passed can be lifesaving. According to Bailey, gender dysphoria, gender reassignment delays, and social stigma, among others, increases suicide risk in transgender people, while a supportive social transition environment as well as timely access to gender reassignment are positive factors in the reduction of suicide in transgender people (2014). Having a parent or legal guardian of a patient pick up the medicine could end up in refusal of the medication from the parent, which could cause risk of suicide for the minor because of the gender reassignment delay. This put the minor in harm’s way, and this reason is usually a just and ethical reason for a healthcare provider to override a parent’s medical decision according to McDougall (2014). Having it legally implemented that the parent needs to pick up this medication means that the medical</p>	
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	<p>professional can't really override that decision on a legal basis because it's legally justified that the parent picks it up no matter what, and possibly refuse to do so.</p> <p>Thank you for your time in reading and considering this proposal for the implementation of Title 181, Chapter 8, Section 014 A. I hope that in the decision the lives of the many transgender youths in the state are considered and any decision made is made with the wellbeing of these young citizens of our state at the forefront.</p> <p>Bailey, L., J. Ellis, S. &amp; McNeil, J. (2014). "Suicide risk in the UK trans population and the role of gender transition in decreasing suicidal ideation and suicide attempt", <i>Mental Health Review Journal</i>, Vol. 19 No. 4, pp. 209-220. <a href="https://doi.org/10.1108/MHRJ-05-2014-0015">https://doi.org/10.1108/MHRJ-05-2014-0015</a>.</p> <p>McDougall R.J. &amp; Notini L. (2014). Overriding parents' medical decisions for their children: a systematic review of normative literature, <i>Journal of Medical Ethics</i>, 40:448-452. <a href="http://dx.doi.org/10.1136/medethics-2013-101446">http://dx.doi.org/10.1136/medethics-2013-101446</a>.</p>	
327. Lindsay N. Salem, Ph.D. Licensed Psychologist	My name is Dr. Lindsay Salem (she/her). I am a licensed psychologist in private practice in	Please see comments 4, and 64.

	<p>Lincoln. I treat adolescents and adults. I have been a fully licensed psychologist in Nebraska for eighteen years. I have several concerns regarding the emergency guidelines for Gender Affirming Care for Minors from LB 574.</p> <p>The <b>requirement of forty contact hours of therapeutic treatment</b> before starting hormone therapy is far outside the range of assessment or therapeutic hours for medical care. Most medical care doesn't require therapy beforehand. For psychological assessments done as part of an informed consent process, the hourly requirement is up to the evaluator. Forty hours is excessive, expensive, and runs the risk of moving care out of reach, especially since the guidelines state that hours can only accrue at two hours per week.</p> <p>The requirement that the therapeutic hours must be <b>clinically neutral and non-biased</b> runs against specific standards of care for this population, but also for our clients in general.</p> <p>Therapy is to be affirming. Every major medical, psychological, and psychiatric organization supports gender affirming care for minors. I am a member of APA, the American Psychological Association. APA has established empirically supported practice guidelines that encourage clinicians to use gender affirming practices. Such practices have enormous benefits for clients, including improved psychological functioning, quality of life, and reductions in psychological distress, and gender dysphoria. To be clear: being trans or gender expansive is normal. It is the</p>	<p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>marginalization, stigma, and discrimination that harms the physical and psychological health of trans and gender expansive youth and adults. The guideline on <b>attestation requirements</b> details a list of information about each client. The amount of information goes beyond what would be needed to confirm the forty-hour requirement has been met. Our clients have a right to privacy and confidentiality. Consultation between treating professionals is to require the least amount of information necessary to facilitate care. That is the ethical and legal standard and is consistent with HIPAA. Because most mental health professionals cannot also prescribe medication, these attestations would all be sent to the prescribing practitioners. The requirement of <b>therapy every 90 days</b> is also outside established standards of care. Clients can be referred for therapy if needed, but therapy should not be required. Requiring a <b>diagnosis to be placed on prescriptions</b> is also outside normal practices in healthcare and is a possible HIPAA violation.</p> <p>The requirement for trans or gender expansive youth <b>to live at least six consecutive months primarily “as the preferred gender”</b> is not consistent with standards of care, is outdated, vague, and could endanger these youth. Decisions about transition are both individual and personal and involve discussions of safety and safe spaces for our youth to be who they are. Under the guise of “concern for youth” the danger of such outdated, excessive requirements,</p>	
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	<p>is that trans youth do not get the care they are seeking. Care delayed is care denied. By putting so many obstacles in their way, the state removes the form of medical transition these youth are seeking. And that does real harm to our trans youth.</p> <p>I am urging you to listen to the scientists, medical providers, families, and most importantly, trans youth and adults in our state. Please revise these guidelines to be consistent with current, empirically supported standards of care.</p> <p>To our trans and gender expansive youth in Nebraska: we see you, you belong, and you are loved.</p>	
328.Lindsey Ahrends	<p>As Jim Pillian [sic] continues to butcher woman's medical care and gender affirming care it becomes more and more apparent that my children and the young people are not safe in the state of Nebraska. I have three incredibly talented, intelligent, and accomplished young woman living in my house who all support the woman's right to choose and gender affirming care. I have one daughter who identifies as something other than straight. My home is welcome to all young people regardless of their sexual identity or preferred pronouns. This derailment of gender affirming care by nonmembers of the medical community is not only appalling but dangerous. It has no direct effect and is purely based on religious beliefs that don't apply to many educated professionals or myself. Please reconsider this issue and no that if we</p>	Thank you for your comments. No changes will be made.

	<p>continue to move in this direction, no young people will want to stay in this state. If we continue to move backwards, I will strongly encourage and assist those young people as well as my own to relocate to a more accepting and healthy state.</p>	
<p>329. Lindsey Doane-Johnson</p>	<p>DHHS - I'm submitting my comments on this topic trusting in the fact that "All comments received will be reviewed and considered equally". Based on the statement your department "hopes to receive feedback from all stakeholders, including medical experts and individuals with lived experience. I am a person with lived experience. I am the mother of a 12-year-old transgender daughter. This is a journey we have been on since she was four years old. We have spent hours working with doctors, therapists, and specialists since that time. This is not a social experiment and we have sought out and will continue to seek out information and professionals to help guide us and our child through this.</p> <p>The place that has not helped in any way is adding politics into this equation to govern the healthcare of my child. My child and our family need to be able to continue to speak to qualified professionals to determine care and accomplish that care in-state in a way that is reasonable. We need the freedom and flexibility to do that without jumping through political hoops to do so. I have no agenda other than to raise a happy, healthy child as has always been</p>	<p>Please see comment 3.</p>

the goal and we have been successful thus far. Legislation and regulations are making it increasingly difficult to do so in this state. "Letting it grow" is not a strategy that makes sense applied to any circumstance. If you find a lump, aren't feeling well, exhibit clear and persistent symptoms of any kind the strategy of waiting until something passes would not be advisable in any other healthcare scenario. This is no different. I implore you to empower the professionals of doctors and therapists trained in these fields to act within the medical capacity they have been trained and not enact additional red tape steps that don't pertain to medical care but political or personal beliefs.

As a parent who has actually lived this journey with their child, I have found nothing about this process/journey we have been on for the last eight years as anything but rigorous. There have been exams, counseling sessions, doctor appointments, referrals, group therapy sessions, specialty care etc. I think this is all good. I am not suggesting it be less, but I am suggesting it is not more. It is the path that has helped us make decisions with and for our child. Rigor exists today and anyone who tells you otherwise has NOT actually gone through these processes. There are thorough and comprehensive checks in place as there should be in today's environment. Any application of narrow interpretation will cause additional burden on children and families in an already difficult situation. It will NOT change the course of the individual. It will result in out of state care or underground treatment. This



	<p>population will not simply "grow out of it and go away."</p> <p>I understand that LB 574 has been passed into law and now must be implemented. My hope is that you will listen to the experts in this field and those with "lived experience" that you have asked to hear from and implement a broad interpretation of the law. Thank you for your time in reading my comments.</p>	
<p>330. Lisa Schulze</p>	<p>I am writing to state my strong opposition to the non-evidence-based emergency regulations released by DHHS for gender affirming care for minors.</p> <p>Gender affirming care is a medically established best practice that is recognized and endorsed by leading medical groups as a medical necessity of treatment. These regulations do not reflect scientific based practices and I've already seen the devastating impact of increasing barriers to this life saving care. If you truly cared about the health and well-being of children, you would not go against the medical community to cause undue harm to young people just trying to exist as their authentic selves.</p> <p>My friends are choosing to leave the state, especially if they have children. It is not safe here. Please follow WPATH guidelines that have been well-established for years instead of creating cruel, additional burdens to basic health care for our transgender and non-binary young people.</p>	<p>Thank you for your comments. No changes will be made.</p>

<p>331. Dr. Lorin Kelly, PhD., LIMHP., CMFT</p>	<p>I am a mental health practitioner in Nebraska writing in opposition to Draft Rule 181 NAC 8 and to request that you remove the many barriers it places on behavioral health professionals. As a marriage and family therapist (MFT), I have years of training and experience in diagnosing and treating mental health disorders. Highly trained professionals like myself have the skills, knowledge, experience, and responsibility to determine the best course of treatment for our clients. This cannot be determined legally without serious risk of harm to clients as each case must be evaluated and treated individually. MFTs work closely with their clients, whether that is an individual, couple, family, or group to create an individualized treatment plan guided by best practices in the field and the needs of each client. I am deeply concerned that the limiting language in this proposed rule will prevent me and other practitioners from serving our clients the way that is most beneficial to them and their treatment. Therefore, I urge you to remove the definition of “gender-identity-focused contact hours” from the proposed rule so that therapists can support their clients how they see fit.</p> <p>As the Department of Health and Human Services is aware, Nebraska has a shortage of mental health professionals in almost all counties. This shortage of mental health professionals could prevent youth from finding professionals able to accommodate this requirement or prevent them from completing the required therapeutic hours in a reasonable time frame. If a well-funded</p>	<p>Please see comments 4, and 74.</p>
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	<p>substantial increase in providers does not also accompany this 40-hour requirement, then the state is putting an already vulnerable population of youth in a position to be denied mental health care. This is likely to further exacerbate the mental health challenges that transgender youth already experience and put them at increased risk of suicide.</p> <p>As a marriage and family therapist and mental health advocate in Nebraska, I urge you to reconsider these draft rules. Thank you for your time and consideration of my comments.</p>	
332. Lucy Collins	<p>The requirements listed are outrageous. They would make any form of gender affirming care so wildly inaccessible.</p> <p>There is no equivalent to this for other kinds of care. If the goal is to protect children and provide them with the best possible care, I trust doctors and childcare professionals with those choices— not lawmakers.</p> <p>My heart breaks for all the trans children in Nebraska today. A lot of the damage has already been done. Their humanity, their right to healthcare, their right to happiness and fulfillment— have all been questioned and debated by the people we are taught to look up to.</p> <p>The message is clear— trans individuals are not welcome in this state. Some of us with enough means will leave.</p> <p>Parents of trans children will be faced with the decision to leave the life they know here for</p>	Please see comments 3, and 74.

	<p>somewhere more accepting. Make no mistake, trans healthcare is lifesaving. Trans children have an extremely high rate of suicidal thoughts and tendencies compared to their cisgender peers. Nebraska has a large, vibrant trans community and it always will. Trans children will continue to exist no matter how many hateful and destructive laws are passed. They deserve to experience the joy of self-discovery. They deserve to be trusted when they tell us who they are. Please protect trans children.</p>	
<p>333. Luka Hein</p>	<p>My name is Luka Hein, I am 21 years old, and I have lived in Nebraska my entire life. I am submitting this testimony to you today urging you to please protect the youth of Nebraska from the irreversible harm caused by use of cross sex hormones and puberty blocking drugs, used for the unethical and non-evidenced based process of gender transition in minors. I am not only someone who went through the gender affirming care system as a minor but as a victim of these medical practices. I was a young teenager with a history of mental health issues who had been groomed and preyed upon online, and as a result fell into a spiral of hatred towards both myself and my body. The medical system did not look into or seem concerned about the underlying issues that were causing the distress that made me feel the need to escape my body at such a young age, instead I was affirmed down a path of medical intervention that I could not fully understand the long-term impacts and</p>	<p>Please see comment 5.</p>

	<p>consequences of due to my both my age and mental health conditions. At 16 the very first medical intervention I ever had was a double mastectomy, then a few months later I was put on to cross sex hormones. As a result of this so-called gender affirming care, if it could even be called care, at 21 I have had to watch as my body has wasted away before my very eyes, I deal with constant joint pain, my breasts are gone, my vocal chords ache, I've watched as parts of me have atrophied away and I don't know if I'll ever be able to carry a child someday. I will deal with these consequences for possibly the rest of my life, never knowing if they'll go away and feeling abandoned by the medical professionals who did this to me. My parents were baited with the threat of me committing suicide if they didn't go along with everything, despite the fact I have always maintained I was never suicidal, they were told would you rather have a dead daughter or a living son. These are not the words of a medical professional, but of an activist. I was just a teenager who needed actual help, not surgery or chemical ruin.</p> <p>Surgery damaged one part of me- however it was cross sex hormones [testosterone] that damaged the entire rest of my body. My joints ache and hurt, to the point I was unable to get out of bed at points. My pelvic floor has been weakened causing cramping and sharp pain. Atrophy of my most intimate regions has caused incontinence and made both sexual and normal function nearly impossible due to immense pain</p>	
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	<p>and tearing, caused directly from being put on testosterone. Testosterone has most likely impacted my ability to ever get pregnant, and certainly the ability to ever carry a child if pregnancy was somehow able to occur. Cross sex hormones shut down my perfectly healthy endocrine system, plunging me into chemically induced menopause at 21 years old. Over a year after detransitioning my hormone levels are still shut down with little hope of them ever returning to normal.</p> <p>Let kids be kids, let them grow up without the unnecessary medicalization of so-called gender affirming care, that robs them of the chance to grow up whole and mentally mature. I needed that chance to grow up safe and whole, but it was taken away from me in the name of gender affirming care. I will have to live with this forever, and so will the many others like me who are stepping forward as being harmed by these practices. Children cannot consent to being a lifelong medical patient, puberty and growing up aren't diseases that need to be fixed with surgery and medicine. Children deserve to know that their body isn't something needing to be fixed, they deserve to grow up whole.</p> <p>Every single systematic review of the evidence concerning these medical practices has come to the conclusion that there is no standing for these treatments on minors. There is no age-appropriate way to explain to a young person the complete and total loss of their sexual and</p>	
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	<p>bodily functions that come with the use of cross sex hormones and puberty blocking drugs. I urge you to let kids be kids, keep them whole, stand in line with the systematic reviews of evidence, and stop these experimental practices on the youth of Nebraska.</p>	
<p>334. Madeline Walker</p>	<p>I am writing to express my opposition to the proposed regulations related to LB574. I believe that these regulations create substantial barriers for transgender youth seeking gender affirming care and their families. I trust medical professionals and mental health professionals to exercise their clinical judgement to provide support to trans youth and their families. The proposed regulations make it more difficult for clinicians to follow well-established best practices within their fields.</p> <p>In addition, the requirements for people under 19 to access puberty-blocking drugs or cross-sex hormones, particularly the requirement that youth receive 40 hours of therapeutic treatment, pose a considerable financial barrier to youth seeking gender-affirming care and their families. In Nebraska, the average hourly cost for psychological counseling is \$193. Based on this rate, families of youth seeking gender-affirming care could expect to spend \$7,720 on government-mandated therapy sessions.</p> <p>Further, the proposed regulations violate parental rights. Parents should be able to decide what is best for their children and be permitted</p>	<p>Please see comments 4, and 74.</p>

	<p>to take actions to protect their children. Youth who receive gender-affirming care are less likely to experience negative mental health outcomes; for trans youth, gender-affirming care can be lifesaving. I stand in firm opposition of the proposed regulations related to LB 574. I implore you to reconsider these regulations and make them less burdensome for transgender youth and their families.</p>	
<p>335. Mar Lee</p>	<p>I am writing to comment on the new proposed regulations under Neb. Rev. Stat. § 81-3117(7), § 71-7305(1), and § 71-7305(2). My name is Mar Lee [Address], and I am a transgender Nebraskan who grew up in Nebraska. I am writing against these regulations, as I believe this is an overreach of the government into the personal medical decisions of its citizens. It is absolutely absurd to require doctors to jump through hoops decided by the government rather than to decide individually in each case what the best course of care for each patient in a case-by-case basis. Not to mention that these requirements deliberately cause more difficulty for transgender youth in rural areas who don't have as easy of access to the medical providers needed to meet these requirements. I grew up in Alma, Nebraska, and because of reproductive health issues that began while I was only 12, I had to make 6 hour round trips with my mother just to drive to Lincoln and see a doctor. Driving from Alma to Omaha to see a provider for trans healthcare at UNMC would</p>	<p>Please see comments 3, 47, and 215.</p>



	<p>have been an 8 hour round trip. Luckily no one from the government was telling me or my mother or my OBGYN at the time that I had to make several of these trips before even receiving the proper medication that I needed. For example, both 008.D and 013.D states “injectable prescribed medications must be administered either in the prescribing practitioner’s office or in the office of the patient’s primary care provider, by staff who are properly credentialed to administer drugs by injection.” This is such an incredibly difficult requirement to make to have to make an appointment to see one’s PCP in order to simply take prescribed medication, especially for transgender youth who live in rural areas where their PCP is miles away, either in a different town or because they live in the country. This also creates a requirements where the caretaker then has to take time off work and potentially take their child out of school just to take a medication that can be safely administered at home and is done do by transgender adults everywhere. Even transgender youth should be able to have their adult caretakers administer their medications, is this a requirement for any other injectable prescribed medication for minors? Transgender youth exist in rural Nebraska, and they shouldn’t have extra barriers added in their access to healthcare when access is already dwindling even for basic healthcare that isn’t gender affirming. I know at least 4 other transgender people who I grew up with in just my county, and I am now a</p>	
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	<p>25-year-old transgender adult. I just want trans youth across Nebraska to have access to the healthcare that they need so they can also make see adulthood and I think these new restrictions pose a threat to trans youth accessing that care. Please consider striking down these restrictions or else consider yourself participating in government overreach into the personal medical lives of children and decisions that should be made by them, their caretakers, and their healthcare providers.</p>	
336. Margo Juarez	<p>I do not agree with the guidelines. The therapy sessions are excessive. This matter should be left to the therapist and patient. Not allowing surgeries for minors should not be a state decision. Allow patient care to remain with the doctor and patient. These oppressive tactics could harm healthcare instead. Let's respect human rights. Let's respect privacy.</p>	Please see comments 3, and 4.
337. Marie Randall	<p>Hello, my name is Marie Randall, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code [?] Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p>	Please see comment 5.

	<p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, and they should be increased and intensified. Please implement stronger regulations to protect children's physical, mental, and emotional well-being. Thank you for your time and consideration.</p>	
<p>338. Marion Miner, Associate Director of Pro-Life &amp; Family Policy Nebraska Catholic Conference</p>	<p>My name is Marion Miner. I am Associate Director of Pro-Life and Family Policy for the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church and advances the Gospel of Life through engaging, educating, and empowering public officials, Catholic laity, and the general public. Thank you for the opportunity to offer comment on the proposed regulations for the implementation of LB574, the “Let Them Grow Act.” Please allow me to put forward a few philosophical principles that we believe are important for thinking clearly about this issue as a matter of policy. Principles As theories of sex and gender inconsistent with nature and the natural moral law are increasingly prevalent in</p>	<p>Please see comments 4, and 5.</p>

	<p>popular culture, it is essential that our written law protect children while they develop and mature physiologically, emotionally, and spiritually.</p> <p>Opponents of such laws may argue that they wish to affirm the equal dignity of and society's respect for persons who feel a sense of incongruence between their biological sex and the gender with which they identify, which is often accompanied by feelings of intense anxiety and of being unaccepted. Love, compassion, and respect for such persons, who are our brothers and sisters, along with an affirmation of their equal dignity and worth, is due to them. With this affirmation we fully agree.</p> <p>Pope Francis has spoken with feeling on this issue on several occasions. Speaking on what he has called "the ideology of gender,"<sup>1</sup> he reminds us that "[i]t is one thing to be understanding of human weakness and the complexities of life, and another to accept ideologies that attempt to sunder what are inseparable aspects of reality."<sup>2</sup> Elsewhere he describes this gender ideology as "an expression [by the contemporary world] of frustration and resignation, which seeks to cancel out sexual difference because it no longer knows how to confront it."<sup>3</sup></p> <p>Sex is a bodily and biological reality, and whether we receive it and respect it matters. Gender is how we give social expression to that reality. A healthy culture promotes the integrity of persons, in part by cultivating manifestations of sex differences that correspond with biological realities. It supports gender expressions that</p>	
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	<p>reveal and communicate the reality of our sexual natures. A misguided concept of gender, on the other hand, denies, conceals, and distorts the realities of our nature and hinders human flourishing.</p> <p>Most alarmingly, it exposes emotionally vulnerable children to dangerous and sometimes irreversible wounding of their own bodies—by surgical or pharmaceutical means—battling against what will be the body’s lifelong struggle to heal itself.</p> <p>What the “Let Them Grow Act” refers to as “non-surgical gender-altering procedures”—those procedures contemplated by these proposed regulations—are not treatments of any pathology.</p> <p>They suppress normal and healthy bodily development and interfere with the normal and healthy functioning of the human body. The acts themselves harm the body and heal nothing.</p> <p>Specific suggestions for amendment</p> <p>While we understand that you and the Department do not have the authority to simply stop the practice of “gender altering procedures” on minors, the Conference urges you to exercise the authority you do have to protect them to the greatest extent possible. A few suggestions are listed below:</p> <p>First, we suggest that a minimum age for starting puberty blockers and cross-sex hormones be established. None exists in the current proposal.</p> <p>Second, we suggest that a “prescribing practitioner” have certification in the recognition of signs of depression, anxiety, suicidal ideation,</p>	
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	<p>substance abuse, eating disorders, autism spectrum disorder, and other factors, conditions, and co-morbidities that commonly exist alongside gender dysphoria. Practitioners should also be required to refer a child for evaluation and treatment of these issues, where signs of them are observed, before the 40 contact hours of therapeutic treatment of gender dysphoria may begin.</p> <p>Third, we suggest that a “prescribing practitioner” of so-called gender medicine—one who himself provides, for a fee, hormones and/or surgeries for the purpose of “altering” a person’s gender—is not a good candidate for the provision of unbiased therapeutic treatment for gender dysphoria. These roles should be separated.</p> <p>Fourth, in sections 003.(i) and 011.(i), the current proposed regulations require that the “prescribing practitioner” determine or document, before starting the protocol for blockers and/or cross-sex hormones, that “there is no reasonable expectation of natural resolution of gender nonconformity.” Studies show the overwhelming majority of minors suffering from gender nonconformity will desist and that their nonconformity will resolve naturally.<sup>5</sup> A practitioner should therefore be required to document why he or she believes it is not reasonable to expect this in a particular instance.</p> <p>Fifth, the requirement of sections 003.(v) and 011.(vi)—that “the patient has at least six consecutive months of living primarily as the preferred gender”—should be removed. The</p>	
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	<p>proposed regulations strive elsewhere to avoid coercion or bias in the evaluation and treatment of children experiencing dysphoria. This requirement would force them, in a time where they are supposed to be discerning the meaning of what they feel, to adopt a false identity that will be sure to push them toward “transition.” Sixth, sections 007. and 012. specify informed consent requirements before administration of puberty blockers and cross-sex hormones, respectively. We suggest that practitioners ought to be required to inform child patients and their parents that no long-term benefits of puberty blockers and cross-sex hormones in children with gender dysphoria have been demonstrated.<sup>6</sup> Practitioners also ought to be required to tell child patients and their families that, with time and therapy, the vast majority of minors will come to accept and feel comfortable with their sex and gender and that most feelings of nonconformity resolve naturally without resort to puberty blockers, hormones, or surgery. The Conference urges you to consider these suggestions so that children and their families might receive some measure of greater protection from the serious physical, psychological, and spiritual consequences of what has become a very destructive and profitable pseudo-medicalized ideology. We owe children with dysphoria in this state—girls and boys with an identity and a body that are beautiful, unique, and specific gifts—something much better than what this industry is offering them.</p>	
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	<p>Thank you for your consideration of these comments.</p> <p>Francis, Apostolic Exhortation Amoris Laetitia, 19 March 2016, 56.</p> <p>2 Ibid.</p> <p>3 Francis, General Audience on Man and Woman, 15 April 2015.</p> <p>4 See, e.g., María Paz-Otero et al., “A 2020 Review of Mental Health Comorbidity in Gender Dysphoric and Gender Non-Conforming People,” J. of Psychiatry Treatment and Research (March 8, 2021). Available online at: <a href="https://scholars.direct/Articles/psychiatry/jptr-3-007.pdf?jid=psychiatry">https://scholars.direct/Articles/psychiatry/jptr-3-007.pdf?jid=psychiatry</a>. See also Tabitha Frew et al., “Gender Dysphoria and psychiatric comorbidities in childhood: a systematic review,” Australian J. of Psychology (May 5, 2021). Available online at: <a href="https://www.tandfonline.com/doi/pdf/10.1080/0049530.2021.1900747">https://www.tandfonline.com/doi/pdf/10.1080/0049530.2021.1900747</a>.</p> <p>5 For a discussion of the studies, see Paul R. McHugh, Paul Hruz, and Lawrence S. Mayer, Brief of Amici Curiae in Support of Petitioner, Gloucester County School Board v. G.G., Supreme Court of the United States, No. 16-273 (January 10, 2017), 12. Available online at: <a href="https://www.scotusblog.com/wp-content/uploads/2017/01/16-273-amicus-petitioner-mchugh.pdf">https://www.scotusblog.com/wp-content/uploads/2017/01/16-273-amicus-petitioner-mchugh.pdf</a>.</p>	
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<p>339. Mary Ann Folchert</p>	<p>I’m writing to you regarding the proposed health regulations resulting from the passage of LB574. As a parent, it is never easy to navigate a complex health diagnosis for your child. It is even more difficult when legislators create arbitrary and unnecessary barriers. A “one size fits all” approach such as that you recommend is really only appropriate when medical issues are straightforward. This isn’t the case with gender dysphoria or gender fluidity. No two children will present in exactly the same way, and treatment should be individualized according to each patient’s needs and unique circumstances. Doctors, not lawmakers, are best positioned to recommend treatment and parents should have the right to weigh options, consider any risks, and make decisions in the best interest of their children. Most people do not want lawmakers or political appointees such as yourself making medical decisions for them and their children, particularly when those decisions seem influenced more by political ideology than data or evidence. Any restrictions on gender affirming care should be as flexible as possible to allow</p>	<p>Please see comment 3.</p>

	parents, children, and doctors to access the full range of treatment options available for transgender children, without having to jump through unnecessary hoops.	
340. Mary Barton	<p>My concern with the regulations is related to the required 40 hours of therapy. Is there best practice research that supports that much therapy?</p> <p>Considering how difficult it is to find mental health practitioners in this state and in the country, I question whether it will be possible for people who need it to find a therapist available for that many hours. Will insurance policies cover that many hours? I have several friends who work in mental health areas. They agree that finding this care will be very difficult. Please reconsider that requirement.</p>	Please see comment 4.
341. Mary Koneck-Wilcox	<p>Please listen to gender-affirming care experts and follow best care practices when setting the regulations for LB 574.</p> <p>#TransLivesMatter</p>	Thank you for your comments. No changes will be made.
342. Mary E. Sullivan, MSW, LICSW, on behalf of the Nebraska Chapter of the National Association of Social Workers	<p>Thank you for this opportunity to comment. We were pleased to see the exemption for individuals who are already receiving the treatment they need. We are also pleased to see education provided to the patient and family about the treatment, although this is already part of the practice of medicine.</p> <p>There are a number of aspects of the proposed regulations that seriously concern us. They are as follows:</p>	<p>Please see comments 4, and 47.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<ul style="list-style-type: none"><li>• The use of therapy in these regulations is not appropriate. The regulations state that a therapeutic approach entitled 'gender-identity-focused' must be used by therapists, but it is not defined in the definitions section, nor is it an empirically supported therapy. There is an empirically supported gender affirming therapy, which is a best practice. Therapists are accepting and affirming of their patients, and this includes their gender, no matter the issue. Not to be gender affirming raises the question as to whether these regulations inadvertently open the door to 'conversion therapy,' a discredited practice intended to change a person's sexual orientation or gender identity. These proposed regulations will place therapists in an untenable situation. If they use the therapy that is proven effective, they break the State's law. If they provide the State-ordered 'gender-identity-focused' therapy, when another empirically supported therapy is available, they are being unethical.</li><li>• Therapists don't provide therapy to individuals who do not have a need for therapy, nor do they continue to provide therapy when it is no longer</li></ul>	
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	<p>needed. This becomes another ethical issue. The regulations state 40 hours of therapy are required, whether it is needed or not. Why 40? Why any? The professional literature does not support any requirement for a specific number of hours of therapy, or a requirement for any therapy. Forty hours of therapy is highly unusual for needed therapy and makes no sense for unneeded therapy.</p> <ul style="list-style-type: none"><li>• Who will pay for the therapy? Is the State going to pay? Are insurance companies and Medicaid going to pay? The cost for therapy will be anywhere from \$4,000 - \$6000. Does this mean that only the rich families in Nebraska will be able to meet the regulations as proposed?</li><li>• There is already a serious lack of mental health services in Nebraska. Requiring unnecessary therapy for people who require transgender treatment will further strain an already overwhelmed mental health system and will negatively affect youth needing mental health services across the state. The affected Nebraska youth will become unintended victims of these regulations. Because of these</li></ul>	
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	<p>regulations, there will be even fewer mental health services available to meet their needs.</p> <ul style="list-style-type: none"> <li>• There is no need for transgender males to be prohibited from injecting medication themselves and being required to go to a doctor's office weekly for the injections, as the proposed regulations require. Youth who are diabetic give themselves insulin injections. Why can't transgender youth? This is an unnecessary hardship for families and youth. It's one more aspect of the regulations that is a burden for the families and youth.</li> <li>• Where is the required attestation documentation going to be kept? This protected health information must be kept secure. Does it become the possession of the State? Who will ensure its security? Who will have access to it?</li> </ul> <p>These proposed regulations create significant barriers and obstacles that will interfere with transgender youth and their families receiving the treatment and care they desire and need in a timely manner.</p> <p>It would have been a positive thing if the</p>	
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	<p>proposed regulations consisted solely of a reasonable number of hours of education provided by professionals trained in transgender care. That would have been sufficient to fulfill LB574 requirements. Everything else in the proposed regulations seems aimed at making life extremely difficult for families and transgender individuals.</p>	
<p>343. Maureen Hornacek</p>	<p>I am opposed to any regulations on Gender Affirming Care other than the Standards of Care set forth by medical professionals trained specifically in Gender Affirming Care. I oppose the required 40 hours of therapy presented by DHHS. Pediatric therapists are in high demand AND we have a shortage here in Nebraska, let alone therapists that are highly trained in gender affirming care. 40 hours creates a barrier for care. Most therapists can see a patient once every 2-3 weeks at best... some once every 4-6 weeks, and pediatric sessions are 45 minutes long. It could potentially take 2-3 years to hit 40 hours of therapy. There are many barriers in the regulations written, however the 40 hours of therapy are the most egregious and an arbitrary number of hours not based on any best practices. Not only are these regulations harmful to the youth who are transgender, but they have a negative rippling effect on their siblings, friends, and communities. Lastly, as previously stated by myself and the families affected by these regulations, the</p>	<p>Please see comment 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>medical professionals who provide this care, the business community and 100's of clergy all oppose LB574 and these regulations deemed on unconstitutionality based on equal protections.</p> <p>This bill is a waste of taxpayer dollars here in Nebraska as this law will be challenged in the courts for years to come.</p>	
<p>344. Max Johnson</p>	<p>I am writing to you today not only as a counseling intern and a future counseling professional, but as myself. My name is Max, I am non-binary, and my pronouns are they/them. I want to speak against these regulations today with an emphasis on the ambiguous language of a “clinically neutral environment” and “not merely affirm.”</p> <p>In my own upbringing, I struggle to see any neutrality in others’ approach to my gender. Growing up as a boy in small-town Nebraska, there was a clear and constantly reinforced role that I was meant to play, one that I did not understand. Adults were well aware that I was not like the other boys, and so they were a little extra harsh in their behavioral correction, in their teasing, or in their roughhousing of little Max, just to ensure <i>he</i> would grow up to be tough, so <i>he</i> would never show weakness, so <i>he</i> would learn to shove any feeling deep down where no one could find it, not even him. Little Max... <i>they</i> grew up anxious and unable to put their guard down, they grew up unable to be emotionally vulnerable, they grew up finding it impossible to connect with other human beings on any level</p>	<p>Thank you for your comments. No changes will be made.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>deeper than the surface. Today, my non-binary identity has brought me peace, love, and belonging - I am free to explore and show the parts of myself that adults in my life once feared and “corrected.”</p> <p>Little Max would have loved any sense of neutrality taken towards their gender; they needed someone to listen and see them for who they are, without judgement. They could have used a therapist trained in the <i>already comprehensive</i> Gender-Affirmative Model of Care. Something tells me this isn’t the type of neutrality that these regulations want me to bring to my therapy sessions.</p> <p>Under these new regulations, it seems I may not affirm the identities of my clients in front of me, yet how am I to abide by that? Here’s a hypothetical for you: if someone comes into my office and tells me that he was assigned male at birth and that he has no problems with that, am I to take his cisgender identity with a grain of salt? Will I be punished for believing him? Will I be punished for using his nickname? Are any of these actions <i>too</i> affirming?</p> <p>Perhaps the individuals behind these regulations would prefer I refer to every client by using they/them pronouns - that’s as neutral as it gets! Maybe then I will be safe from these harmful, illogical, and over-reaching regulations.</p>	
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<p>345. Maxime (Michael) Doeden</p>	<p>I am writing as an adult trans woman born and raised in Omaha, Nebraska, to express my concerns regarding LB 574, specifically its impact on the prescription of hormone replacement therapy (HRT) to minors.</p> <p>Let's begin with two crucial points of context:</p> <ol style="list-style-type: none"> <li>1. A significant majority of health care professionals endorse gender-affirming care, including HRT, guided by the World Professional Association for Transgender Health (WPATH) standards. These standards are backed by extensive research and practice, highlighting their effectiveness and necessity in transgender healthcare. Additionally, <b>all major medical organizations</b> oppose legislation that would ban gender-affirming medical care for transgender adolescents [1].</li> <li>2. LB 574 represents a troubling case of government overreach. The proven outcomes of WPATH's standards, if they were applied in other medical fields, would be celebrated as groundbreaking achievements in modern science.</li> </ol> <p>My own journey began in childhood, knowing I was trans but facing a society in the mid-2000s that was less accepting and often hostile. To survive, I hid my true self, becoming adept at masking my identity. This led to a cycle of people-pleasing to avoid the harsh realities of gender non-conformity.</p> <p>As I grew older, the burden of gender dysphoria –</p>	<p>Please see comment 3.</p>
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	<p>a deep and persistent discomfort with the gender assigned at birth – became unbearable. I turned to alcohol and other means of escape, which unsurprisingly led to a downward spiral in my personal and professional life. It wasn't until I ventured into online communities and medical literature that I found hope and validation. The research was clear: I was not alone, and transition was a viable path to authenticity and health.</p> <p>Eventually, I sought professional help and connected with local physicians specializing in transgender health. Their affirmation and guidance were life changing. Being an adult, I navigated the process with relative ease, undergoing necessary evaluations before starting HRT. The impact was immediate and profound: I returned to college, secured stable employment, and found joy in life's simple pleasures. The transformation was not just physical but mental and emotional.</p> <p>Reflecting on over a decade of unnecessary suffering, I often ponder how different my life would have been if I had access to this care in 2008 instead of 2018. Learning about LB 574, which would make it more difficult for young trans individuals to receive the care that so profoundly helped me, was a shocking reminder of the work still needed.</p> <p>LB 574 is more than just a legislative act; <b>it's a statement by the State of Nebraska that the</b></p>	
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	<p><b>struggles and pains I endured are not only expected but endorsed.</b> The bill's convoluted path to care effectively pushes families to seek more accepting environments, a loss for our community and state.</p> <p>In closing, I urge you to see LB 574 for what it truly is: a social issue weaponized for political gain at the expense of individual rights and medical autonomy. Regardless of where one stands politically, the intrusion of government into personal healthcare decisions is a direct contradiction to the values of personal freedom and autonomy that the United States stands for. <b>I urge the panel to lessen the burdens on families by easing requirements to access gender affirming care and restore a clear and direct path to care for transgender minors now.</b></p> <p>Thank you for reading and considering my perspective. Links to supporting evidence are below.</p> <p><a href="https://www.psychologytoday.com/us/blog/political-minds/202201/the-evidence-trans-youth-gender-affirming-medical-care">The Evidence for Trans Youth Gender-Affirming Medical Care   Psychology Today</a> (<a href="https://www.psychologytoday.com/us/blog/political-minds/202201/the-evidence-trans-youth-gender-affirming-medical-care">https://www.psychologytoday.com/us/blog/political-minds/202201/the-evidence-trans-youth-gender-affirming-medical-care</a>)</p> <p><a href="https://www.wpath.org/publications/soc">Standards of Care - WPATH World Professional Association for Transgender Health</a>(<a href="https://www.wpath.org/publications/soc">https://www.wpath.org/publications/soc</a>)</p>	
346. Mee-Hwa Roche	As a Nebraska resident, I am writing to voice my concerns with the regulations proposed by Dr.	Please see comments 4, and 74.

	<p>Tesmer regarding LB 574. The proposed regulations would implement significant financial, emotional, and medical barriers for trans children to access this life-saving care. Requiring 40 hours of therapeutic counseling as a regulation alone is a significant barrier to accessing gender-affirming care. This places a huge time constraint on trans children simply trying to survive, on top of the financial burden for low-income families.</p> <p>Gender-affirming care is life-saving care for ALL children, but especially for trans children, whose gender-affirming care is politicized rather than normalized, as it is for cis children. These regulations are inhumane. All children deserve care.</p>	
347. Mel Severin	<p>My name is Mel Severin, and I am a Nebraska resident who opposes further restrictions on gender-affirming care for youth. These regulations create undue financial and emotional burdens on already struggling families and youth. This issue is important to me because I have nonbinary and trans youth in my life who live in Nebraska. I want them to grow up knowing they are loved and welcome and safe and at home in Nebraska. These regulations could greatly harm myself, my friends, and my community. Nebraska thrives when everyone can show up as their full selves, and restricting gender healthcare access would harm this goal. I believe healthcare decisions should be between patients and their doctors, not lawmakers. I</p>	Please see comments 3, and 4.

	<p>urge you to listen to healthcare professionals and the people these regulations will directly affect. These requirements are unnecessary. There is already a standard of care in place regarding gender-affirming care for minors. These new regulations only seek to restrict care, making it more difficult for trans youth to receive the life-saving healthcare they need.</p> <p>When it comes to gender-affirming care for youth, let's trust Nebraskans and their chosen medical providers. Let's respect Nebraskans' right to make decisions that are best for their lives and their families. If, by law, you must produce new regulations, I urge you to follow the standard of care already in place regarding gender-affirming care for minors, or make the requirements more reasonable to attain (e.g., 1 hour of gender-identity-focused therapy instead of 40 hours).</p> <p>I appreciate your time and thank you for your service to our state.</p>	
348. Melissa Rotolo	<p>My name is Melissa Rotolo, and I am a Nebraska resident and I oppose further regulations on gender affirming care. The emergency regulations create undue financial and emotional burdens on already struggling youth and their families.</p> <p>The issue is important to me because I have two friends with transgender children. The first child I knew who transitioned did so at a later age and was miserable until she was able to get the gender affirming care that helped her. The second child is just 10 and is known and accepted by all his friends, classmates, friends' families, and</p>	Please see comment 3.

	<p>teachers. I wish our government could be as accepting.</p> <p>I believe healthcare should be decided upon by patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws.</p>	
<p>349. Mia Virgillito</p>	<p>I am writing to express my concerns and opposition to the restrictions outlined in LB 574. As someone with trans loved ones, I understand the devastating impact that legislative decisions such as this can have on their lives. Gender-affirming health care decisions belong to youth, their families and trusted medical providers. The government should not have a say in those conversations.</p> <p>This law will surely exacerbate existing health disparities and compromise the overall well-being of trans youth and their families. Limitations on gender-affirming care send a message of exclusion and contribute to a hostile environment, which puts them at risk of emotional distress and mental health challenges.</p> <p>It is crucial to recognize the importance of gender-affirming care in the well-being of trans youth. These treatments are evidence-based and contribute significantly to their overall health and quality of life. To best care for all trans youth, medical and mental health professionals must adopt practices rooted in empathy, education, and inclusivity. Staying informed about the unique needs of the trans community and creating a safe</p>	<p>Please see comment 74.</p>

	<p>and supportive environment are paramount. These professionals must work to dispel misconceptions surrounding gender identity to foster a more compassionate and understanding healthcare landscape.</p> <p>All Nebraskans should have access to the care they need. Let us strive for a future where everyone, regardless of gender identity, can access the care they need and live authentically without fear of discrimination.</p> <p>Thank you for your attention to this matter.</p>	
350. Michele Bartos	<p>I'm submitting this written testimony for consideration as the Nebraska DHHS is set to codify the guidelines for gender-affirming care for minors across the state.</p> <p>Leading American medical organizations recognize the necessity of treatment for minors suffering from gender dysphoria. Nebraska should look to the endorsement of these doctors when outlining the best practices here. There is medical evidence of how life-saving this care can be for young people, and I can't find any reason to oppose or limit this care that is anything other than political.</p> <p>I have young trans people in my life and am grateful every day that they have affirming parents and extended family to support them. Minors cannot walk into a gender clinic and demand care. They need the direct contribution of parents and guardians to begin the journey of self-discovery and affirmation. It already involves months of therapy and consultation</p>	Thank you for your comments. No changes will be made.

	<p>before any medical intervention takes place. The bar to receiving quality healthcare is so high in this state and country, please understand that bar is already set even higher for the transgender community.</p> <p>Look to the medical leaders in this field of care and follow their example.</p>	
<p>351. Malaz "Millie" Lain PLMHP, PLMFT</p>	<p>I am a mental health practitioner in Nebraska writing in opposition to Draft Rule 181 NAC 8 and to request that you remove the many barriers it places on behavioral health professionals.</p> <p>As a marriage and family therapist (MFT), I have years of training and experience in diagnosing and treating mental health disorders. Highly trained professionals like myself have the skills, knowledge, experience, and responsibility to determine the best course of treatment for our clients. This cannot be determined legally without serious risk of harm to clients as each case must be evaluated and treated individually. MFTs work closely with their clients, whether that is an individual, couple, family, or group to create an individualized treatment plan guided by best practices in the field and the needs of each client. I am deeply concerned that the limiting language in this proposed rule will prevent me and other practitioners from serving our clients the way that is most beneficial to them and their treatment. Therefore, I urge you to remove the definition of "gender-identity-focused contact hours" from the proposed rule so that therapists can support their clients how they see fit.</p>	<p>Please see comments 4, and 74.</p>



	<p>As the Department of Health and Human Services is aware, Nebraska has a shortage of mental health professionals in almost all counties. This shortage of mental health professionals could prevent youth from finding professionals able to accommodate this requirement or prevent them from completing the required therapeutic hours in a reasonable time frame. If a well-funded substantial increase in providers does not also accompany this 40-hour requirement, then the state is putting an already vulnerable population of youth in a position to be denied mental health care. This is likely to further exacerbate the mental health challenges that transgender youth already experience and put them at increased risk of suicide.</p> <p>As a marriage and family therapist and mental health advocate in Nebraska, I urge you to reconsider these draft rules. Thank you for your time and consideration of my comments.</p>	
<p>352. Mitsi Money-Beecher</p>	<p>Please let these children grow and do not bow down to political pressure against these regulations. Unfortunately, people let politics overshadow common sense.</p> <ol style="list-style-type: none"> <li>1. Kids do not need to be sexualized which unfortunately many LGBT groups push for thinking it will help with acceptance which is absolutely not the case.</li> <li>2. Kids should never receive irreversible surgery that adults or medical providers that make money from it push them into. If they want surgery, it can be done when they are an adult.</li> </ol>	<p>Please see comment 5.</p>

	<p>3. Unfortunately grooming of kids happens and adults who do not have the kids best interests want the acceptance of sexualizing kids as normal.</p> <p>4. Most people pushing against the regulations have not read the bill and do not have the kids best interests in mind.</p> <p>5. Sadly LGBT groups do not care about the kids and are just pushing for anything LGBT as being accepted.</p> <p>6. A person that has anorexia is not told the lie they are fat by adults or doctors and people that think they are of the other sex should not be told the lie they are a women trapped in a males body either. Biological males with xy chromosome are not a women because they identify as feminine or like the color pink or like to wear heels. This is very offensive to women that liking to wear a dress makes you a women. Many biological males want to identify as female to compete in sports against women so they can cheat and win. This should never be allowed and women's sports must be protected. Thank you, Melissa Money-Beecher,</p> <p>Ps approximately half of my friends are gay or lesbian and I consider several as family. I am very supportive of them but do not think kids should suffer to push an agenda.</p>	
353. Natalie Matz	I'm writing today to advocate for those that want to receive gender affirming care. This is a	Please see comment 3.

	<p>personal choice that should be between a person and their health care provider. Transgender rights are human rights. Please take the concerns of the LGBTQ+ community and their allies seriously.</p>	
<p>354. Natasha M. Crawford</p>	<p>I ask that you issue revised guidelines for LB 574. The current version makes compliance exceptionally difficult because it is so broad and/or is at odds with professional licensing guidelines.</p> <p>Because this is government interfering in decisions that are normally made between a doctor and a patient (and/or their parents), it is important to limit the impact of LB 574. As currently written, the guidelines force families to jump through unnecessary and potentially costly hoops simply to access healthcare for their children. The guidelines appear to impose legislative prerogative over parental rights and over individual rights to bodily autonomy. The guidelines supersede the rights of parents seeking gender-affirming care for their children and further prevents parents and their children from making healthcare decisions privately with the guidance of qualified medical providers. The 40-hour requirement is time consuming and potentially cost prohibitive for young people especially for those without access to nearby, qualified, and affordable medical providers. Further, the “supervision” that LB 574 proposes creates new problems of equitable access to medical care for youth across the state.</p>	<p>Please see comments 3, 4, and 215.</p>

	<p>The overreach of LB 574 also prevents licensed medical providers from fulfilling their duties to provide ethical care and to meet standards and best practices endorsed by their professions. Because LB 574 has the potential to generate so many harms for families and their children, as well as for the medical establishment, I urge you to reevaluate and rewrite the current guidelines.</p>	
<p>355. Nate Grasz Policy Director Nebraska Family Alliance</p>	<p>Hello, my name is Nate Grasz, and I am the Policy Director for the Nebraska Family Alliance. I am emailing to submit a written comment on behalf of Nebraska Family Alliance on the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Nebraska Family Alliance is a non-profit policy, research, and education organization that advocates for marriage and the family, life, and religious liberty. We represent a diverse network of thousands of individuals, families, and faith leaders across Nebraska who support the protection of vulnerable children and desire to see full families thrive.</p> <p>When the Nebraska Legislature passed LB 574 in the 2023 legislative session, the legislature gave the Nebraska Department of Health and Human Services broad authority to oversee and regulate the prescription of puberty blockers and cross-sex hormones to minors.</p> <p>We appreciate the significant time and effort that has gone into crafting these proposed regulations in order to serve the best interests of children.</p>	<p>Please see comment 5.</p>

	<p>There are several important and noteworthy components of the regulations, including counseling requirements, informed patient consent, a waiting period, and attempts to treat underlying issues before any drugs can be prescribed.</p> <p>While these requirements are important and necessary safeguards, available research, and data on both the short-term and long-term effects of these drugs on children should inform and compel DHHS to strengthen and increase these regulations significantly.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>The overwhelming majority of children — up to 95 percent — outgrow gender dysphoria and embrace their biological sex without so-called “gender-affirming care.”</p> <p><a href="https://www.getprinciples.com/understanding-and-responding-to-our-transgender-moment/">https://www.getprinciples.com/understanding-and-responding-to-our-transgender-moment/</a></p> <p>While most children grow out of dysphoria, those subjected to “treatment,” including puberty blockers and cross-sex hormones, suffer lasting harm.</p> <p>A research report found that increasing access to so-called “gender-affirming care” not only failed to decrease youth suicide but likely leads to higher youth suicide rates.</p> <p><a href="https://www.heritage.org/gender/report/puberty-blockers-cross-sex-hormones-and-youth-suicide?">https://www.heritage.org/gender/report/puberty-blockers-cross-sex-hormones-and-youth-suicide?</a></p>	
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This is in addition to the known, serious medical risks of prescribing cross-sex hormones and puberty blockers to minors.

Puberty blockers are intended for young children with precocious puberty, for example, a girl developing breasts as a small child, not to halt the healthy, age-appropriate progression of puberty in adolescents.

The long-term damage of puberty blockers includes:

**Sterilization:** The combination of puberty blockers with cross-sex hormones will result in sterilization.

**Potential for decreased growth spurts:** There is preliminary evidence that delaying puberty may decrease the puberty-related growth spurt and thus limit the height the person would have otherwise achieved.

**Potentially increased risk for osteoporosis:** The time in our lives when the greatest concentration of calcium is put into our bones is during adolescence.

Stopping puberty will stop that process, and there is no evidence that the normal calcium deposition is regained once puberty is re-started.

<https://familypolicyalliance.com/help-not-harm/#HNHFacts>

	<p>For those who go on cross-sex hormones, side effects are related to changes in the body's secondary sex characteristics. Once these effects begin, there is no reversing them. For example, a girl taking testosterone will notice a deepening voice and increased hair growth after a few months. These changes are permanent.</p> <p><a href="https://acpeds.org/positionstatements/gender-dysphoria-in-children">https://acpeds.org/positionstatements/gender-dysphoria-in-children</a></p> <p>Risks acknowledged by the World Professional Association for Transgender Health include:</p> <p>For biological females:</p> <ul style="list-style-type: none"> <li>Irreversible infertility;</li> <li>Cardiovascular disease</li> <li>Cerebrovascular disease, including strokes;</li> <li>Hypertension;</li> <li>Erythrocytosis, which is an increase in red blood cells;</li> <li>Sleep apnea; and</li> <li>Type 2 diabetes</li> </ul> <p>For biological males:</p> <ul style="list-style-type: none"> <li>Irreversible infertility</li> <li>Thromboembolic disease</li> <li>Cholelithiasis</li> <li>Cardiovascular disease</li> <li>Type 2 diabetes;</li> <li>Cerebrovascular disease, including strokes;</li> <li>Hypertriglyceridemia, which is an elevated level of</li> <li>triglycerides in the blood</li> </ul> <p><a href="https://www.wpath.org/soc8/chapters">https://www.wpath.org/soc8/chapters</a></p> <p>Minors are not eligible to make other life-altering decisions, including ones with far less significant</p>	
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	<p>consequences than taking puberty blockers and cross-sex hormones.</p> <p>The prefrontal cortex – the part of the brain responsible for rational decision-making – may also not fully develop until age 25. A 16-year-old who is considering cross-sex hormones is still nearly a decade from that marker.</p> <p><a href="https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&amp;ContentID=3051">https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&amp;ContentID=3051</a></p> <p>With these facts in mind, and given that most children grow out of their gender dysphoria, the counseling requirements that can be fulfilled in less than six months and a waiting period of only seven days before puberty blockers and cross-sex hormones can be prescribed will have drastic and harmful consequences and are greatly concerning.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences that don’t solve the underlying problem.</p> <p>We urge DHHS to implement significantly stronger regulations that will protect children’s physical, mental, and emotional well-being and prevent the prescription of puberty blockers and cross-sex hormones for purposes of “gender-affirming care.”</p> <p>Thank you for your time and consideration.</p>	
356. Nate Morris	I'm submitting this written testimony for consideration as the Nebraska DHHS is set to codify the guidelines for gender-affirming care for minors across the state. Everyone deserves to	Please see comment 74.



	<p>be treated with dignity and respect. Preventing any citizens of Nebraska from being their authentic selves is unnecessary and cruel. Minors seeking gender-affirming care must already have the support of their guardians and medical professionals. These adults know the minors best and know the medical research best. Gender-affirming healthcare has been researched for decades and has the support of every major medical association, representing over 1.3 million doctors in the United States.</p> <p>I'm very grateful that the young trans people in my life have a supporting family and live where they can freely access the care, they deserve. I wish I could say they'd be able to receive the same in Nebraska. Please help make that a reality, instead of making this state hostile to an already vulnerable population.</p>	
357. Nathan Goshert	<p>Hello, my name is Nathan Goshert, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to</p>	Please see comment 5.

	<p>minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p> <p>Jesus Christ is Lord.</p>	
358. Nell Carpenter	<p>My name is Nell, and I am a Nebraska resident who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth.</p> <p>This issue is important to me because I have many close friends and family members whose lives have been saved or drastically improved through access to gender affirming care. Rates of suicide, self-harm, and other mental health diagnoses are higher for youth and adults with restricted or lack of access to gender affirming care. Restricting access in Nebraska would create grave concern for the state’s population health,</p>	Please see comments 3, and 74.

	<p>particularly youth who are vulnerable to legislation they don't have a say in. I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws and make the decision NOT to further restrict access to this care.</p>	
<p>359. Nettle Pollard</p>	<p>My name is Nettle Pollard. I am a nonbinary person, a behavioral health RN, and a Nebraska resident. I am writing to express my concerns about the emergency regulations and potential future regulations restricting gender-affirming care for trans youth.</p> <p>While I appreciate that these regulations are not a complete ban on care, I urge you to recognize that they place undue burdens on trans youth and their families, restricting care to only the most privileged.</p> <p>Therapy hours are my first concern. While I agree that therapy is an important step in accessing gender-affirming care, mandating 40 hours for all youth trying to access care is excessive. Individual needs and circumstances vary widely, so the therapy hours should also be allowed to vary according to need and not be generalized. Further, the cost itself of 40 hours of therapy is prohibitive to many families, as well as the difficulty of finding and traveling to a therapist. In many rural areas, it would be next to impossible. I live in a rural area, and accessing mental healthcare there is already difficult. This regulation worsens health disparities between</p>	<p>Please see comments 4, 47, and 215.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>rural and urban areas. The number of therapy hours needed should instead be individualized to each patient according to the therapist's professional judgment.</p> <p>I was also concerned that the type of therapy is specified as "neither gender-affirming nor conversion, but neutral". The problem is the gender-affirming approach IS the most neutral approach. It allows the person to explore their gender freely, regardless of whether they come to the conclusion that they are transgender or not. Gender-affirming therapy does NOT push the person to conclude that they are transgender. Conversely, any form of gender-focused therapy that is not affirming must necessarily include harmful elements of conversion therapy, trying to steer the person away from concluding they are trans, regardless of their true identity.</p> <p>The alternative to gender-affirming therapy IS conversion therapy. Since some areas in Nebraska, such as Lincoln, have already banned conversion therapy, trying to toe the line between gender-affirming therapy and conversion therapy would be a logistical and legal nightmare.</p> <p>My third concern that I'll address here is the requirement that injectable medications be administered at the prescribing provider's office. This is a nearly insurmountable barrier, especially to those with transportation difficulties and people in rural areas. Some of these medications need to be given weekly. How will these families be able to afford the time and</p>	
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	<p>transport to make an indefinite weekly visit to the prescriber's office, even beyond the hardship of the therapy hours? How will people in rural areas be able to make that? Injectable gender-affirming medications should be treated the same way as insulin--able to be administered by the patient or family member in their own home.</p> <p>Finally, on a global scale, I am very concerned that Nebraska is going in the direction of regulating against trans people at all. These restrictions are part of a nationwide effort to regulate transgender people out of existence. They harm my trans sister, my close trans friends, and myself as a nonbinary person by further encouraging the discrimination against and dehumanization of transgender people. All we are asking for is our freedom and safety. In a country that supposedly values life, liberty, and the pursuit of happiness, it is ironic that we are being increasingly denied those things.</p> <p>Thank you for your consideration.</p>	
360. Nick Maaske	<p>My name is Nick Maaske, and I am the parent of a transgender teen. I'm here to help advocate for my family and for the future families affected by LB574 and new requirements for gender affirming care in Nebraska.</p> <p>Having LB574 and the new restrictions as law has impacts beyond what is measurable. Our entire society now has an "opinion" or "stance" on Gender Affirming Care. Where before this new law was introduced, not everyone had an opinion. Now there are a lot of "uninformed"</p>	Please see comment 3.

	<p>opinions and stances. This creates an environment where transgender youth feel like everyone is watching and judging them. Emotionally and socially, this has created a lot of added stress and anxiety for my son and my family.</p> <p>The insurance my family currently has doesn't cover my son's treatment. We pay out of pocket. Not every family has the option to pay out of pocket. Medical Insurance is difficult and expensive enough. Putting more regulations in front of the gender affirming care will only add to the cost for parents.</p> <p>High School has become increasingly complicated for my son after the introduction of LB574. His attendance has dropped significantly. He has given up on participating in sports, because he doesn't want any extra attention or scrutiny for being a transgender athlete. High School sports were a big part of my personal high school experience, and it breaks my heart to know it won't be a part of his experience. The book education you can receive from home if needed, but you cannot replace the social experience that is gained from regular school attendance and participation.</p> <p>I can't leave today without stating that all of this in my opinion is government overreach and these decisions should really be left to the Gender Affirming Care specialist. I did see that there is no anticipated fiscal cost to the state, but what about the time it's cost our lawmakers? In my opinion there are many other issues that our State Senators and lawmakers could have spent</p>	
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	time on this year other than taking away parental rights.	
361. Nicky Clark	<p>My name is Nicky Clark, and I'm a life-long Nebraska resident. I am also a social worker who has worked directly with individuals and families in the community across the lifespan. Most importantly, I am writing you today as the mother of a seven-year-old non-binary child. When my child, who was male assigned at birth, was three years old, they asked me if I would buy them a dress to wear. I didn't think twice and bought them a beautiful rainbow-colored dress that had the words "Change the World" across the chest. Four years later and they still wear that dress--but now as a shirt. It never crossed my mind as a mother to deny my child what it was that made them happy. A couple years after they started wearing dresses and buying "girl" toys they said to me "Thank you Mom for letting me wear dresses". I teared up thinking about all the children that have not had that privilege in their life. It is absolutely heartbreaking.</p> <p>I say this to illustrate that, from a very young age, my child knew who they were better than anyone else. And, because their father and I provided a safe environment for them to be authentic and truly reflect about what makes them happy, they have been able to flourish as a non-binary individual. This isn't to say that we haven't had to battle for their right to be themselves with their school, the church, and even other family members. If it was up to others, which is the case</p>	Thank you for your comments. No changes will be made.

	<p>for many children who do not have safety and support in their homes, other adults would be able to dictate how my child presents themselves to the world. I can't imagine living in a state that doesn't allow children to be their true selves because we have adults who haven't been able to evolve their thinking and tie their beliefs to a religion that is not representative of everyone in Nebraska.</p> <p>It is not ethical for adults who, in many cases, are not even educated on this subject to determine how a child represents themselves. I hope you are as lenient as possible when considering the regulations, you put in place that can actually dictate the fate of trans and non-binary children and their families. I know that I will be watching these regulations very closely as it could also potentially mean my family and I moving away from the state we have called home for generations because my child cannot be their true self any longer.</p> <p>Thank you for taking the time to read my testimony.</p>	
362. Nico Lindell	<p>My name is Nico Lindell, and I am a Nebraska resident who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth. This is an important issue to be because I am a queer Nebraskan. I love my great home state of Nebraska, but it is laws like these that are pushing me to move away. I want to feel safe to be my authentic self without the fear that my</p>	Please see comment 3.



	<p>government will bar me from making decisions about my own body.</p> <p>I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws and make the decision NOT to further restrict access to this care.</p>	
<p>363. Nicole Tooker</p>	<p>I am writing regarding the "Let Them Grow Act." I am a mother of 2 children. One of which has a classmate who will be impacted by any changes to their treatment based around this act. My primary concern is that there are people who have been intimately involved with these children who know them very well who are suddenly being forced to justify and follow additional regulations and/or re-do work they've already been doing for years. Health care providers are already stretched thin as it is. Those that are taking on these patients already care so much that on top of their already busy schedule I'm sure they have already been researching, learning, and making sure these children get the best of care possible within the state.</p> <p>This legislation was not born out of making sure that the children are actually getting better care for their transition. This legislation was born out of making it purposely more difficult on the providers so that the very few children that are impacted by this go through more hurdles to help a group with one of the highest suicide rates. At a time of great need for support and love they are hearing the whole state has to be</p>	<p>Thank you for your comment. No changes shall be made.</p>

	<p>involved in their care rather than the people who they know love and support them.</p> <p>While I understand how DHHS has their hands tied as to the fact they have to come up with how it will be handled on paper, I hope in theory the default is to trust the providers. The primary care provider who has known the kid from birth. The mental health care provider that I'm sure the child is already seeing anyway because when your outward body does not match what you know you are it is hard to manage. Help by a professional is needed. But the parents already know that. They have already chosen to help the kid work through this.</p> <p>I sincerely hope that with all these new "requirements" that DHHS will provide support to make sure they have the resources to deal with adding more to their already full plate.</p> <p>I truly believe the law is asinine, but I hope that you can provide a way forward that does not harm the emotional health of an already struggling group.</p>	
364. Noah Retzlaff	<p>Hi, I'm Noah Retzlaff, and a resident of [city], Nebraska and I'm asking you Nebraska DHHS CMO Dr. Timothy Tesmer to please rethink, revise, and abolish LB 574's restrictions on gender affirming care for minors. It sets insulting, unnecessary, and laborious roadblocks toward a trans child and their parents/co-guardian's access to puberty blockers and hormones.</p> <p>Forcing those who wish to merely live as themselves for six months before they can even start the process of acquiring gender affirming</p>	Please see comments 4, 14, and 74.

care is needless red tape for life saving medicine. However, it gets even more paternalistic and condescending from there. Because then patients are also mandated to undergo at least forty hours' worth of "therapeutic treatment" which I have to say is a slap in the face. As acting if the property of being trans will somehow have a chance of going away "naturally" or that gender dysphoria will just so happen to be something else is transphobic and more or less a similar reasoning accompanying the dangerous and discredited practice known as conversion therapy. Which itself has been banned by more than twenty states and has been condemned by President Joe Biden. Or that the medicinal consensus across multiple medical organizations such as the American Psychiatric Association is for timely access to gender affirming care not unfounded and cumbersome barriers. For a small example, having parents pick up medicine when such a restriction does not exist for any other medication I know of. Which could be abused by non-supportive guardians seeking to curtail access.

If that has not convinced you, then don't you think that patients being told that they may be wrong consistently during the course of "therapeutic treatment" to be an upsetting experience to undergo? Especially since the "therapeutic treatment" does not call for the affirmation of the patient but instead for practitioners to look for "alternatives" to their "condition." This insistence on checking and double checking if the patient is sure of

themselves is questionable and leads to patients doubting themselves and questioning their own experiences not unlike being gaslighted. So please remove this forty hour minimum, it's cruel and a superfluous obstruction for those who need it. And lastly on a minor note even after all these lengthy hoops, patients still have to check in for "therapeutic treatment" to monitor their mental health for an hour every ninety days. In the end ultimately what all this does to serve is enacting of strenuous and onerous hurdles toward a trans minor's acquisition of gender affirming care, care that I need to tell you DHHS CMO Dr Timothy Tesmer reduce rates of suicide and depression. And when such care is withheld, leads toward lower qualities of life (in part caused by permanent and unwanted bodily changes created by puberty that require expensive and for some extensive medical procedures to ameliorate later in life) or an early grave. The quickest, cheapest, and most effective answer is by ensuring that trans children will be able to acquire puberty blocks & hormones as soon as possible. So that they can undergo the puberty they want for themselves. Wouldn't you agree then that taken together these elements create a difficult and time-consuming process? Please rethink, revise, and abolish LB 574's rules and guidelines for gender affirming care toward trans minors DHHS CMO Dr Timothy Tesmer. And instead enact ones that major medical associations recommend, not the burdensome regulations currently slated for adoption.

<p>365. Olivia R. Checkalski, M.A.</p>	<p>I am writing to you to express my thorough opposition to LB 574. I am a social psychology Ph.D. student at the university of Nebraska-Lincoln. I work for the University as an educator and researcher where I try my very best to follow the lead of contemporary empirical research as well as the expertise of doctors and scientists. This is a crucial aspect of my training. For this reason, I find it appalling that our state lawmakers are evidently not doing the same. LB 574 proports to be in the interest of letting children grow, when in actuality, it will come at the cost of so many other people's growth. The young parents who will not be given a choice will not grow the same. Their lives forever altered by limitations on their ability to make decisions about their bodies. The Trans kids who won't survive to adulthood without the healthcare they deserve will not grow old. These people need your compassion not your judgment and restriction. Your personal opinions about abortion and about Trans people should govern what you do with your body, not what others do with theirs. While I wish you agreed, I know you do not. So, I will address some of the details of LB 574 as a person with a\ background in psychological research.</p> <p>The head of the psychology department at UNL, Dr. David DiLillo offers the following expertise as a licensed clinical psychologist in Nebraska: <i>Dictating 40 hours of therapy is completely arbitrary. Where does this number come from?</i></p>	<p>Thank you for your comments regarding the abortion limitations in LB 574. Please see comments 4, and 74.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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*The standards of care developed by experts in the care of gender nonconforming individuals do not dictate a certain number of hours of therapy. Like any concern brought by patients, the treating professional and patient are the ones to determine how much therapy is needed—based on an individualized treatment plan, not some arbitrary number of hours. Further, many therapy sessions are 45-50 minutes, so this is not even 40 sessions, but well beyond that. Dictating a certain number of therapy hours is an equity issue: 40 hours represents a great deal of expense for many individuals and their families, again based on an arbitrary number. It is a barrier to keep individuals from getting the medical care they need when therapy is dictated as a prerequisite. Therapy is expensive for many people, and in the state of Nebraska we have far more individuals seeking care than providers available to see them. These regulations are meant to create unreasonable barriers for individuals who need gender-affirming medical services. I would like to know of any other medical service that requires someone to complete 40 hours of psychotherapy before they can be considered for medical treatment. Another problem is the language in LB 574 referring to therapy in terms such as "clinically neutral" and "not gender-affirming or in a conversion context." This language is unnecessary. Licensed mental health providers are already aware of and regulated by licensure that governs ethical standards of care, such as not imposing one's values on others or not engaging in "conversion therapy" (which is*

*illegal in most states as an abusive means of trying to "convert" gay people and make them straight). This language appears intended to mislead the public by suggesting that mental health professionals try to convince children and adolescents to change their sexual identities. That is insulting and offensive. Again, I would like to know of any other situation in which what is discussed in therapy is so specifically regulated by the state. This language is an example of a scare tactic used to keep voters in line with certain political ideologies of the current party in power in this state. Please know that one of the primary functions of psychotherapy for a youth with Gender Dysphoria is to provide them with affirmation of the difficulties they are experiencing when faced with living in a society in which they are subject to numerous stressors and discrimination due to their minority status. They also need affirmation of how difficult it is to be invalidated and limited in their ability to live authentically.*

Likewise, I would like to address the implication of LB 574 that gender affirming care is something children need to be protected from. In actuality psychological literature provides a wealth of evidence to the contrary. Indeed, LB 574 is not protecting children or letting them grow, but rather is getting in the way of children receiving evidence-based and potentially **lifesaving** care. I am so deeply disheartened by the lack of empathy evidenced in LB 574. The willingness to stake Trans Children's lives on opinions rather than evidence. Plenty of

	<p>cisgender people (young and old) utilize medical interventions that help them feel more like themselves. Imagine if you were required to spend thousands of dollars on therapy just to access care that you and your medical provider have deemed necessary?</p> <p>On a more personal note, my classroom at UNL is full of Trans and non-binary students who are impacted by LB 574, because in the state of Nebraska 19 is the age of majority. They deserve to be treated as autonomous human beings capable of making informed decisions about their healthcare with the guidance of their physicians. They deserve to have their state create laws that keep them safe not ones that serve as political maneuvers to further marginalize them and turn public opinion against them. It has been painful to share this legislation with students and watch them feel betrayed by the people that should represent them and act in their best interest. Outside of work, I cannot imagine my life without the many Trans and non-binary people who fill it with so much joy and light. I have seen the darkness this and other laws targeting them have brought. They too deserve better than this. One thing about the queer community is that we share in the grief and restrictions put on one another. The reverberations of these restrictions placed on Trans kids are felt by the Trans and non-binary adults who have been so graciously sharing their stories and voices with you in hopes of getting you to see them and to care.</p>	
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	<p>Likewise, the restrictions on abortions have not only taken choices away from people capable of pregnancy but also functioned to remind them that the trajectory of their lives are at the disposal of lawmakers--mostly cisgender men who will never have to make that kind of decision about a pregnancy. People who will never have to drop out of school to have a baby. People who will never have to spend nine months of their lives limited in what they can eat or drink, what medications they can be on, and how they can move. People who will never have their bodies swell and ache for months before being torn apart or sliced open in order to bring a child into the world. While this can be a beautiful experience for someone who has made an autonomous decision to do it, I will not mince words about the seriousness of this process, and how horrendous it could be, for someone who is forced to maintain a pregnancy against their will. As someone who has the potential to become pregnant, I certainly hope I will never be in the position to have my state bet my life on that of a fetus. I hope my life can matter to you too.</p>	
<p>366. Patricia Petersen</p>	<p>This testimony is concerning Dr. Tesmer, newly appointed Chief Medical Officer for Nebraska HHS. My eldest daughter had SERIOUS sore throats, leading to many cases of strep throat as a child. As her physician Dr. Tesmer told me that she would likely "grow out of it" and discouraged removing her tonsils. I followed his medical advice. She continued suffering through throat</p>	<p>Please see comment 3.</p>

infections until she had them removed at the age of 22. What he DID NOT tell me is that recovery from a tonsillectomy as an adult is HORRENDOUS! She laid on my couch for 10 days suffering. My younger daughter also had sore throats often, she is 4 years younger than her sister. We got the same advice from Dr. Tesmer for her throat infections. 20 years later, and I am now sitting in a surgery center waiting room for her tonsillectomy/adenoidectomy to be finished, and expect to have the same recovery path with her. NEVER did this respected physician even MENTION that recovery from these procedures could be so very difficult as an adult. Being given all the information about waiting vs. childhood surgery may have helped us make a different decision but we were not allowed that opportunity. Now this ENT is in charge of making decisions for medical care for transgender children despite not having a degree in psychology, endocrinology or any other specialty that would be more appropriate for transgender children. Hundreds of Physicians across the state signed a letter in opposition to LB574, many of them with a much better understanding of trans youth and their needs. These same Physicians are now explaining that it will basically be impossible for them to offer medical care for these young patients without breaking the law this ENT helped craft. This bill is an invasion of the trust and decision making between parents, their child, and their chosen medical providers. Shame on the State of Nebraska.

<p>367. Nebraska Medical Association</p>	<p>The Nebraska Medical Association appreciates the opportunity to comment on the proposed regulations related to the provision of nonsurgical gender-affirming care to minors. The Nebraska Medical Association (NMA) represents approximately 3,000 physicians, residents, and medical students in Nebraska. Advocating for physicians, patients, and the health of all Nebraskans is central to the NMA’s mission, and it is with that mission in mind that we provide these comments on the proposed regulations.</p> <p>First, the NMA would like to thank the Chief Medical Officer and DHHS for the changes which were made to the proposed therapy requirements between the emergency regulations and the proposed permanent regulations. The requirement in the emergency regulations that the therapeutic treatment be “not in a gender affirming or conversion context” created confusion among patients, physicians, and other practitioners. The requirement of the proposed permanent regulations that the therapy be “clinically objective and non-biased” is a clearer standard.</p> <p>While NMA appreciates the clarification regarding neutral therapy, our physician members have expressed concerns that some of the other proposed requirements may impose barriers to care that are not consistent with the needs of every patient. The requirement of 40 therapeutic hours, not exceeding two hours per</p>	<p>Please see comments 4, and 47.</p>
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	<p>week, creates a minimum time of at least five months before a minor patient could receive puberty blockers or hormone therapy. For some patients, this may be an appropriate guideline. However, the needs of patients are individual and vary greatly from one patient to the next. While our physician members support thorough evaluation, and counseling for transgender and gender diverse youth, a hard requirement of 40 hours is not evidence-based and may arbitrarily create a barrier to care for some patients. This is especially true given the shortage of mental health practitioners in Nebraska. Given that LB574 requires the regulations to set a minimum number of therapeutic hours prior to pharmacological intervention, it would be helpful for the regulations to also provide an exception to the minimum therapy hour requirement for puberty blockers when the patient is currently undergoing therapy and the treating practitioner certifies that the patient's wellbeing would be harmed by a delay in commencing the use of puberty blocking treatment.</p> <p>Likewise, the proposed requirement that injectable medications must be administered in the prescribing practitioner's office or in the office of the patient's primary care provider may be a significant barrier for many patients. For example, testosterone is generally a once-per-week or once-every-two-weeks injection. For a patient who may live some distance from their physician, such a requirement would require</p>	
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	<p>hours of travel each year and increase the cost of care. With proper medical instruction, injectable medications are commonly and safely administered at home to manage a number of conditions, including diabetes, infertility, hormone deficiency, and others. Current standards of care include regular clinical evaluations and laboratory monitoring for patients treated with hormone therapy, meaning physicians will carefully and routinely monitor minor patients initiating hormone therapy regardless of a requirement that injectable medications be administered in their clinic, but such a requirement may be a real barrier to care.</p> <p>Thank you for the opportunity to comment on this proposal. If NMA can be of further assistance, please contact Paul Henderson, Vice President of Advocacy, and In-house Counsel, at <a href="mailto:paulh@nebmed.org">paulh@nebmed.org</a>.</p>	
368. Paula Wilson	<p>No puberty pausing healthcare decisions are made without parental/custodial consent in partnership with a physician. The LGTA quite literally takes away parents' rights. To my knowledge, no parents of children experiencing gender dysphoria were consulted when coming up with these regulations. Please correct me if I'm wrong. Gender dysphoria affects .5% of the adolescent population. NE legislators spent the majority of our 2023 session fighting for healthcare to be taken away from, or at least</p>	<p>Please see comments 3, 4, and 74.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>made largely inaccessible for, less than .5% of our state's population.</p> <p>Puberty pausers have 40 years' worth of data and medical study and are overwhelmingly accepted as a safe and effective treatment for those experiencing gender dysphoria. It has been approved by all major medical bodies for use in the treatment of adolescent gender dysphoria. It is not logical or in line with best medical practices to deny this care.</p> <p>This is outside the scope of the puberty pausing conversation, but I think it's important to note that the percentage of regret after gender-affirmation surgery is 1%. The percentage of regret for a woman getting a hysterectomy is 20%, a man getting a vasectomy is 6%, and breast augmentation is 8%. It is not the government's place to make any of these decisions for people. Since the Roe decision has been overturned, we have official data which shows where doctors are choosing to practice medicine. Overwhelmingly ER doctors, OBGYNs, and family practice doctors are choosing to work in states where their job is not being disrupted by government interference. We want to attract and retain medical talent in our state, and prevent brain drain? A great place to start would be stop telling them how to practice.</p> <p>Researchers found a 60% decrease in moderate and severe depression and 73% decrease in suicidality among transgender and non-binary (TNB) youth who received puberty blockers or gender affirming hormones over a 12-month period. TNB youth who present to medical care</p>	
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	<p>later in adolescence tend to have more adverse mental health outcomes compared with those who access earlier.</p> <p>The LTGA requires 40 hours of therapy from a “clinically neutral” provider, and a one-week waiting period after approval before treatment can begin. <b>The 40-hour requirement did not come from any recommended medical community. The term “clinically neutral” is also not a recognized medical term and makes the enforcement of such language incredibly subjective. These items need to be removed from the policy as they are not medically applicable and only causes further confusion.</b></p> <p>You are playing in a space that is not yours. Since it has not been made public who came up with these regulations, we can only assume they were created by politicians and not medical professionals.</p> <p>The government should not be regulating our healthcare. It is not their area of expertise, and it is a blatant infringement of our rights. The war being waged on TNB, and women’s bodily autonomy is a deeply physical and emotional issue, with complexities that should be handled by the individual, their close loved ones, and their trusted healthcare professional(s). End of story. Imagine feeling wrong in your body. Imagine going through puberty in a gender with which you don’t identify. Imagine, on top of that, being constantly targeted and harmed by adults with power when</p>	
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	you try to live your life in a way that feels true to you. Just leave them alone. They have enough to deal with 😊	
369. Penny Patras	<p>Hello, my name is Penny Patras, and I live at [Address]. I am submitting a written comment in regard to the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time— not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children.</p>	Please see comment 5.
370. Quentin Harouff	I am writing to express my deep concerns and opposition to the restrictions outlined in LB 574.	Thank you for your comments regarding the abortion limitations contained in LB 574.



	<p>As a lifelong Nebraska resident, and someone closely connected to the transgender community, the potential impact of such legislation raises alarm for the future health and wellbeing of members of my family and close personal friends. Firstly, LB 574 not only targets transgender youth but also imposes a restrictive abortion ban. This ban, effective 12 weeks from a patient's last period (technically a 10-week ban), lacks consideration for real-world situations. It fails to acknowledge the existing barriers to abortion care in Nebraska, including waiting periods, mandatory ultrasounds, and biased counseling. This restriction could force many Nebraskans, facing tragic news about fetal anomalies and viability, to either seek care out of state or endure unwanted pregnancies against their will. The provisions targeting transgender individuals in LB 574, despite efforts to portray them as restrictions, essentially amount to a de facto sweeping ban. The legislation empowers Nebraska's Chief Medical Officer, appointed by Governor Jim Pillen, with the authority to dictate access to essential treatments for transgender youth. This situation is worrisome as it introduces the potential for significant restrictions, echoing concerns raised due to Pillen's previous campaign commitments supporting policies that negatively impact the transgender community. The prospect of government intervention in healthcare decisions, particularly those affecting trans youth, raises valid apprehensions about the</p>	<p>Please see comments 3, and 74.</p>
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	<p>autonomy traditionally afforded to parents, children, and their healthcare providers in making these crucial choices.</p> <p>The health consequences of both the transgender youth medical bans and the abortion ban are severe, as noted by major medical organizations opposing such measures. Denying care to trans youth can contribute to depression, eating disorders, self-harm, and suicide attempts, according to the American Medical Association and the American Academy of Pediatrics. Similarly, the opposition to the abortion ban by representatives of the American College of Obstetricians and Gynecologists, Nebraska Medical Association, and Nebraska Nurses Association emphasizes how such bans harm maternal care.</p> <p>It's crucial to recognize that this bill, with its dual focus on transgender healthcare and abortion, is not in the best interest of Nebraskans. The growing opposition includes trans youth, their families, medical experts, mental health professionals, and even business leaders. The Omaha Chamber of Commerce and major employers like Union Pacific and Omaha Steaks have voiced concerns, stating that LB 574 negatively impacts recruitment, retention, and overall business environment.</p> <p>I appreciate your attention to this matter and urge DHHS to consider the implications of LB 574.</p>	
371. Rachel Oxley	My name is Rachel Oxley, and I am a clinical social worker who provides mental health therapy for the LGBTQ population here in Lincoln.	Please see comment 74.  Further clarification regarding therapy

	<p>The following is an excerpt taken from the clinical guide “The Gender Affirmative Model: An Interdisciplinary Approach to Supporting Transgender and Gender Expansive Children”. It was published by the American Psychological Association and co-authored by Colt Keo-Meier and Diane Ehresnsaft, the founders of the model. “The Gender Affirmative Model defines gender health as follows: the opportunity for a child to live in the gender that feels most real and/or comfortable for the child and the ability for children to express gender without experiencing restriction, criticism, or ostracism. In the model, the role of the mental health professional is a facilitator in helping a child discover and live in their authentic gender with adequate social supports. We as mental health professionals are their translators—striving to understand what they are telling us about their gender in words, actions, feelings, thoughts, and relationships.”</p> <p>If you consider this language taken directly from the model, it is by its very nature, neutral. The qualified and affirming clinician is not persuading or deciding gender for the youth or their parents, including what their gender means or <i>is</i>. The model is a neutral and safe channel whereby youth can explore what gender identity and expression mean to them.</p> <p>Mental health providers will be oversaturated with time and cases to accommodate these unclear and restrictive rules. We have and will</p>	<p>requirements is addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>continue to see allied and competent providers step back from serving trans youth due to liability. This means cisgender youth and adults with acute, chronic, and critical needs (ex: combat veterans, families, and youth with acute stressors in need of resources) will experience lower access to mental health support. You're not just cutting off trans kids, you're reducing access for everyone. This does have a ripple effect, whether intended or unintended.</p> <p>In March 2023, the Williams Institute conducted a nationwide study in response to current legislative efforts to restrict or eliminate access to gender affirmative care for youth. This study estimated that up to 453,900 trans/gender expansive youth will experience restricted access to the healthcare they need, which includes mental health therapy. According to this research, this means about 1,200 youth in Nebraska. These are not merely numbers, they are children. Please use this information to consider the unintended consequences of this lawmaking for these youth. Not for YOU or for me, but for the youth, what does this <i>actually</i> look like? Does this mean significant mental health impairment, an increase in hospitalizations, a compromised education due to low attendance, attempted and completed suicides, loss of social support?</p> <p>The evidence-base for this model and its practice is validated and already exists. LB 574 and these corresponding regulations are protecting trans</p>	
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	<p>youth from an imagined threat, not a real one. These exhaustive efforts to protect youth are ultimately harming them. This work is our privilege, our honor, and our duty. Please let us do this work without unclear, harmful, and unnecessary regulation. You have so much power in this role, please take this information and use it for good.</p>	
<p>372. Lincoln Friends Meeting</p>	<p>Lincoln Monthly Meeting of the Religious Society of Friends (Quakers) celebrates the presence of transgender people in our midst. These members enrich our community and deepen our worship. We believe that there is that of God in everyone and everyone has gifts to bring to the world. Whenever anyone is excluded, God's ability to work in our midst is diminished.</p> <p>We commit ourselves to support the civil and human rights of all transgender people. We also commit to enlarging our understanding of their experience. No one should face discrimination in employment, housing, health care, or otherwise, or have their dignity assaulted and their human rights curtailed because of their gender identity.</p> <p>We are particularly concerned about recently enacted legislation in our state limiting rights to appropriate medical care for trans people under 19. The rights of medical care providers, trans people under</p>	<p>Please see comment 4.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>19, and parents of these young people to make appropriate medical care decisions must be respected.</p> <p>Difficulties in medically sound and humane treatment under the regulations are generally problems with the law itself. A problem that runs through the regulations is a "one size fits all" approach to standards that would better be left to the professional judgement of the therapist. For example, the requirement for every child to undergo a minimum of 40 hours of therapy may be appropriate for some children and not for others. Other parts of the standards are difficult or impossible to measure with any certainty. For example, the requirement that therapy be "clinically neutral." That vague requirement makes fair enforcement difficult or impossible.</p> <p>Early Quakers in the 1600's in England were often jailed for holding minority views such as our conviction that the ability to discern truth is not affected by one's gender or social class. Because of this history, we are particularly sensitive to the overreach of state power, unfortunately demonstrated, we believe, in this statute and its regulations.</p>	
373. Rena Adams	If this is being read by a person, thank you for your time. This year has been so difficult that I	Please see comment 3.

don't often speak up for myself anymore just because of the vitriol it attracts. To be given the opportunity to be heard is a cherished gift that I hope reaches someone.

My name is Rena Adams, I'm 36 years old, and have lived in [city] my entire life. I am a trans woman and have early onset Parkinson's Disease. As a teenager I had made attempts to transition but was dissuaded by methods outlined by recent DHHS policy. I live today authentically and joyful albeit with a tremor; I hope to give the same youth I once was the chance to live happily.

Below is testimony I gave in February this year during the hearing for LB574. There's a lot of pain still held from these memories but if it can help even one kid going through the same struggles it is my duty to share:

"Dear Sen Hansen,

I want to say thank you for the hard work put in on Feb 8th regarding the testimonies on LB574 the Let Them Grow Act. My name is Rena Adams, I live in [city] NE in district 6 and I was one of the 80+ in opposition still hopeful to testify as the day came to an end. I'm 35, a lifelong Nebraska citizen, have a decade long career at Boys town, and I am a trans woman. You've probably heard this a lot from our community, but I also knew as a kid that I was trans.

I wanted to share my testimony as it reflects on the sincerity of the invited proponent speaker Dr Jennifer Bauwens of the Family Research Council. The Family Research Council is the

	<p>lobbying wing of Focus on the Family and who's President Tony Perkins is on record agreeing that hurricanes and other natural disasters are sent by God as punishment for U.S. legislation advocating for LGBT rights. Sen Kathleen Kauth appeared on Mr. Perkins' radio show the Washington Watch on Feb 3rd to promote support for LB574, to me it is deeply concerning to see legislation being advocated for by the people and organizations that despise the trans and LGBT communities the most.</p> <p>During the Q&amp;A with Dr Jennifer Bauwens Senator Walz asked her what other barriers and treatment is available to kids suffering gender dysphoria and I can testify to the full extent the neglect organizations like the Family Research Council and Focus on the Family give to trans and LGBT youth. I was put through the types of treatment Dr Bauwens listed as a child.</p> <p>In her introduction of LB574 Senator Kauth mentioned a concern of a growing "social contagion" of transgender issues affecting youth in Nebraska. I am living testament that is not how this works. Since childhood I was heavily isolated; my parents decided to homeschool me K-12 for religious and political reasons; Our curriculum was curated by Focus on the Family. When I was 7 during my bedtime prayers, I asked God to let me wake up as a girl; I had no language of what being transgender was or that there were others like me. According to my parents and the textbooks I was raised on, being transgender did not exist.</p>	
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	<p>That feeling of distraught continued into my adolescence and at the age of 17 I attempted to come out to my parents as their daughter. I wanted to be put on puberty blockers to prevent more facial hair from growing in. I had hopes that I could attend my friends' prom wearing a dress, to have an experience I'd longed for since childhood.</p> <p>Instead, I was told that these thoughts were a sin against God and was scheduled to meet with a Christian councilor trained by Focus on the Family. Any attempts I tried to explain what gender dysphoria was met with the same explanation that God doesn't make mistakes. I didn't want to feel like a mistake, I'm not a mistake. I remember this councilor putting a hand on my leg and asking what made me feel sexy. I was there because I had wanted to wear a dress to prom.</p> <p>I was eventually caught painting my nails a few weeks later and given the ultimatum to repent and stop attempting to be myself or be kicked out of my home in order to save my two younger brothers from being influenced by Satan. I didn't want to lose my home or my family. They were all I had.</p> <p>I thought about dying a lot after that, I learned to suppress so much of myself that I didn't feel like I was alive. I wasn't living. I'd continue floating through life in that mindset until feeling comfortable with therapy again as an adult.</p> <p>LB574 goes into great detail to show what kind of care is to be prohibited to transgender youth</p>	
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	<p>in Nebraska. What’s missing from the bill is what, if any, care is permissible. To the Family Research Council and Dr Jennifer Bauwens there is none. There will never be a Focus on the Family approved transgender person because to them we are mistakes.</p> <p>If you have any questions, I’m available here, my phone number is (redacted) and I would happily, drive to Blair to discuss further if it meant saving a trans youth in Nebraska from having to live what I went through.</p>	
374. Mr. & Mrs. Gary R. Liebig	<p>My husband and I are strongly in favor of this law. In addition to my being a long-time elementary teacher, my husband and I are parents and grandparents. To allow minors to undergo these life-changing procedures is simply unconscionable. The idea that one can actually change one's gender is not supported by any science or research. Transgenderism is based solely on feelings. Mature adults know that feelings can and do change at any time for many reasons. To allow minors or uninformed parents/guardians to make these unalterable decisions is not protecting those among the most vulnerable in society. We encourage you to support this commonsense law.</p>	<p>Thank you for your comments. No changes will be made.</p>
375. Robert and Joan Ertz	<p>Please allow LB 574 to remain on the books. Children are being harmed by things that are being done to them now, the confusion that is "pushed" on them by the media, social sites, the general culture these days. Changes made to children's bodies can be detrimental to their physical and emotional health as they get older.</p>	<p>Thank you for your comments. No changes will be made.</p>

	Let them decide for themselves when they are of age; don't prejudice them when they are younger to make a decision they aren't really capable of making at a younger age.	
376. Lillia Cherkasskiy	Hello. My name is Dr. Cherkasskiy, C-H-E-R-K-A-S-S-K-I-Y. And I'm a primary care physician in Nebraska. I believe that Nebraska should take the lead from medical experts in gender care and follow their recommendations to provide transgender youth with appropriate evidence-based care without requiring them to jump through arbitrary hoops to access care. Thank you very much.	Please see comment 3.
377. Murphy Cavanaugh	Hello. My name is Murphy Cavanaugh, M-U-R-P-H-Y, C-A-V-A-N-A-U-G-H. I'm here to testify in my own personal capacity, but I'm a current third-year law student at Nebraska Law. I'm also the secretary and treasurer of Outlaw, our LGBTQA+ organization for advocacy and support. I've been following this bill and now administrative code for a while. And, first, I just wanted to thank all of the state senators and representatives who have voted no on this and have tried their best to not make this into law. And especially Senator Machaela Cavanaugh and Senator Hunt, I wish I could live up to that Cavanaugh name myself. I also want to thank and acknowledge all of the trans people and children and parents of trans people of Nebraska for testifying and sharing their stories. I know it's not easy. And we see you, and we hear you. I could go on and on about all the legal aspects about this law and	Thank you for your comments. No changes will be made.

	<p>administrative code that I despise and the clear intimates at play here, but I have done that already. And so, I'm just going to take this time to tell you to listen to the trans people, trans children, and parents of trans children today, and the queer people who tell you their stories and experiences. And then also listen to the doctors and the people who -- and parents who live this life every day and actually work in this field and understand the realities and aspects of what accessing gender-affirming care looks like, especially for children, not the people who chose to put this forth because they want to score some political points. Actually, take the time to listen to and acknowledge and edit what you're going to do based on what everyone experiences. So, thank you so much for your time today.</p>	
<p>378. Ryan J Salem</p>	<p>My name is Ryan Salem (he/him). I was born and raised in Nebraska. My wife and I currently live in [city], where I am a public-school teacher and coach and raise a family. I am speaking to you in opposition to the medical guidelines for gender affirming care as currently proposed. My testimony is my own.</p> <p>The current guidelines are too invasive into the lives of Nebraskans. My wife and I provide guidance along with our children's physicians for all of their medical care. No child goes to the dentist or receives medicine for a sore throat without their parent or guardian's guidance. Why do parents of transgender youth also have to comply with government oversight for their</p>	<p>Please see comments 3, 4, and 74.</p>

	<p>children's medical care?  Moreover, 40 hours of gender counseling before receiving gender affirming care is huge intrusion on the lives of transgender kids and families. The psychological evaluation needed to make a thoughtful team based medical plan (physician, psychologist, parents, child) should not include nearly a year's worth of therapy appointments. Please reduce these needless hours of gender counselling sessions. The financial cost and unnecessary use of psychologist's time is wasteful.</p> <p>Finally, without access to gender affirming care the rates of self-harm and suicide for transgender kids is astronomical. 80% of transgender youth have thought about suicide while the suicide rate for trans kids is four times higher than their peers. Without a reasonable path to gender affirming care trans kids are at-risk and your department has the power to make the medical guidelines in Nebraska both safe and accessible beyond what has been recommended. Please make this care more easily accessible to trans kids and their families in Nebraska.</p>	
379. Rowan Salem (he/they)	<p>My name is Rowan Salem (he/they). I live in [Address] and I am 12 years old. I was assigned female at birth, but I am not a girl; I'm a transgender boy.</p> <p>When I started testosterone 2 months ago, it made me so happy. I finally felt like I was growing into the boy I was meant to be. I was lucky</p>	Please see comments 3, and 74.

	<p>enough to get grandfathered in and will not be affected by this bill.</p> <p>But let's not talk about me, let's talk about my siblings. My trans siblings. These guidelines will kill us. Gender affirming care saves lives, and it saved mine. And honestly, I don't think the senators who are in support care about the lives that will be lost due to this law. I think they are perfectly content putting my siblings through conversion therapy and withholding life-saving medication. Forty one percent of trans youth seriously considered suicide in 2022, while fourteen percent attempted suicide. Out of all the trans youth who attempted suicide, twenty eight percent of which were threatened with or subjected to conversion therapy.</p> <p>Any doctor can tell you that there have been safe and effective standards of care in place for over 20 years. Why on earth would the state of Nebraska know better than medical professionals?</p> <p>Now, you might be thinking, this isn't taking away care, it's just guidelines. Firstly, this isn't just guidelines, this is a waiting game. This is to tire us out, and to make us stop pursuing care. And secondly, even if we don't give up, even if we do have a therapy session every week for 10 months, we will probably kill ourselves before we receive care. There is no other way to say this, no nice way to put it; these guidelines will kill us.</p> <p>I strongly urge you to revise these guidelines to be more consistent with current empirically supported standards of care.</p>	
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	<p>And to my fellow trans folks: I love you. I'm sorry that some people can't see that you are worth loving. Thanks for being you.</p>	
<p>380. Sam Nichols</p>	<p>I would like to take a moment to address the newfound narrative that gender transition is a new phenomenon, one that requires new regulations.</p> <p>Not only is this view inaccurate, embarrassing, and offensive, it creates a dangerous narrative in which further administrative barriers are needed to “address” the “transgender issue”. Standards of care for treating individuals with gender dysphoria, adults, adolescents, and children, exist and are updated regularly from international organizations composed of educated psychologists who have dedicated their lives to treating gender divergent patients. Additional guidance from the State of Nebraska is reckless and unnecessary.</p> <p>Digressing from that, I respect the decision not to restrict puberty-delaying treatments entirely. But I see a troubling pattern of systematically eliminating the pathways to acceptance and transition. The message to the trans community, with youth at the forefront, is clear; the acceptable way to be trans in Nebraska is to not be trans at all.</p> <p>Seek therapy, but not with a therapist who is educated about your situation and could make you feel validated. Live as your chosen gender, but not at school, where you spend the majority</p>	<p>Please see comments 3, and 74.</p>

	<p>of your time. Stay out of bathrooms. Hold your name on your tongue and swallow your incongruencies; you'll feel different when you're older.</p> <p>I could wax poetic about gender affirming care saving my life all day. I could argue that Nebraska youth deserve the chance to live fully and authentically as themselves. I could join in the chorus of activists taking aim at the class discrimination, lack of providers, and the absurdity of neutral care.</p> <p>But to do that would be bowing to the idea that the goal of these regulations is to minimize harm and maximize the potential of our struggling youth. Would be to assume that you are ignorant of these barriers. I refuse to play that game. The goal of these regulations is to prevent young people from accessing gender transition, and they do that, cleverly, by guiding blindfolded trans youth into the labyrinth with no lifeline and assuring them that help is just on the other side. Job well done.</p>	
381. Sami Edens	<p>My name is Sami Edens, and I am a Nebraska resident who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth. I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and</p>	Please see comment 3.



	<p>those impacted by these laws and make the decision NOT to further restrict access to this care.</p>	
<p>382. Sara Domanski</p>	<p>My name is Sara Domanski, and I am a Nebraska resident submitting comment on the proposed regulation following the passage of LB 574. I am a trans woman who transitioned at the age of 37. The only regret I have in my transition is that I was unable to transition earlier in my life, prior to the onset of puberty. I struggled with depression and suicidal ideation for much of my life until I was able to transition. Having to go through a puberty that did not match my internal sense of self was nearly life-ending for me. Now, seeing these youth have access to this healthcare and seeing them come alive as themselves is amazing. These kids deserve the right to this care without the overreach of politicians into their lives and their healthcare decisions. They, their parents, and their doctors should be making these decisions. Gender-affirming care for youth saves lives. This is a fact. And it is a fact agreed with by all major and reputable medical organizations. WPATH already sets the standards of care for transition. There is no need for further regulation or restriction. There are indeed a very small number of people who detransition. They deserve compassion and support. However, many of these people did so because they did not have a supportive environment and many also re-transition afterward. Even so, the regret rate for</p>	<p>Please see comment 3.</p>

	<p>transition is less than that of many common surgical procedures.</p> <p>Please listen to these kids, their families, and their medical professionals. They are the experts on their own care. And their decisions are already being guided by the standards of care indicated by WPATH. There is no need for further regulation.</p>	
383. Sara Mortensen	<p>My name is Sara, and I am a Nebraska resident who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth. This issue is important to me because I have many friends, family, and loved ones and who are gender-diverse and who need affirmative care to survive and thrive. I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws and make the decision NOT to further restrict access to this care.</p>	Please see comment 3.
384. Sara Odom Lee	<p>Now that Let Them Grow is law, as a parent of a trans child, I ask that all efforts be made to follow the guidance from professionals in the fields of both medicine and mental health. My child is older, so this bill will not have a great effect on their life in terms of their access to medicine, but it does take a toll mentally. It lets them know that Nebraska thinks they are strange, wrong, and unwelcome. They are currently studying at a Nebraska university with a scholarship awarded</p>	Please see comments 3, and 74.

for both their intelligence and potential (a Mensa member since age 6) as well as their course of study in a STEM field. How can Nebraska on one hand highly value their mind and on the other reject the person as a whole because the mind didn't come in the expected body? My child loves this state and has never known another home. Will we force them, and others like them, to safer places? Will we lose all we have invested in them with ill-informed policies? By now, I'm sure you've heard all the statistics on suicide for trans kids. Those numbers fall to the level of their non-trans peers when their needs are taken seriously: when they are affirmed and valued, meaning that those high numbers are driven by the way they are treated by society in general and how hopeless they may feel about their situation. Providing trans youth with the care, consideration, and love they need helps them to grow into adults. It saves their lives—the true purpose of medicine. I am doing my part at home. I ask that Nebraska do its best as well, for my child and all the others. Another part of this equation is how it plays into sports. Puberty blockers give young people extra time to make big decisions without harm. They also in many cases can be the answer to the difficult questions being asked about trans athletes, particularly the concerns that an athlete who has undergone testosterone driven puberty may someday compete in the women's category of a particular sport. Allowing trans youth to access puberty blockers before that has happened should be part of that solution.

	<p>I understand that for good or ill, we are now faced with what to do with this law. I ask that all efforts be made to follow the guidance from medical and mental health professionals as well as the trans community. The medications involved have been proven safe for treating a variety of non-trans related conditions. Denying those treatments to someone just because they are trans is cruel and discriminatory and is harmful to the mental health of the entire community regardless of age.</p> <p>Thank you for your time and consideration.</p>	
<p>385. Sarah Maresh, J.D. Program Director, Health Care Access Program Nebraska Appleseed</p>	<p>Nebraska Appleseed provides the following comments regarding the regulations at Title 181, Chapter 8 of the Nebraska Administrative Code - <i>Nonsurgical Pharmaceutical Gender Altering Treatments</i> from the Chief Medical Officer, Nebraska Department of Health and Human Services.</p> <p>Nebraska Appleseed is a nonprofit legal advocacy organization that fights for justice and opportunity for all Nebraskans. One of our core priorities is working to ensure that all Nebraskans have equitable access to quality, affordable health care. Because the restrictions in these regulations needlessly restrict Nebraskans' access to health care services and will have negative impacts on Nebraskans and their health, Nebraska Appleseed opposes the restrictions in these regulations.</p> <p>Nebraskans should be able to access the health care they need in their own communities from</p>	<p>Please see comments 3, 4, and 47.</p>

	<p>medical professionals without interference. Health care decisions should be made by Nebraskans and their families with support from their medical providers. Instead, these regulations impose an array of complex requirements for Nebraskans, their families, and their providers to try to understand and meet. The requirements in these regulations present access issues from a variety of different perspectives. For example, the 40-hour therapy requirement may not meet patients' needs and can be expensive, time consuming, and could significantly delay access to needed care. Other requirements, like the requirement to wait seven days after giving informed consent to access medications or the requirement to have injectable medications administered at certain provider offices, needlessly impose requirements that add additional barriers to care. These requirements may even cause some Nebraskans to leave the state for care. Tellingly, health professionals across Nebraska have already expressed concerns about the impact of these regulations.<sup>1</sup> Restrictions on gender affirming care are also legally suspect under various laws. Communities that have been continuously marginalized, including members of the LGBTQ+ community, low-income families, and those without health care coverage, already disproportionately face barriers to care for a multitude of reasons.<sup>2</sup> These regulations create unnecessary barriers that will further exasperate health disparities and inequities.</p>	
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	<p>Nebraska Appleseed is committed to ensuring that all Nebraskans have equitable access to health care services, and therefore, opposes the restrictions in these regulations. We appreciate the opportunity to provide comments. Thank you for your consideration.</p>	
<p>386. Sarah Miller, ARPN, CPNP-PC</p>	<p>I would like to call upon DHHS to reconsider the regulatory requirements outlined in LB574. I have been a Pediatric Nurse Practitioner for over 16 years. I have had the privilege to serve and walk alongside countless youth and their families where the youth desire to be the gender identification they feel in their hearts. The opportunity to listen and help consider the inward truths that youth feel is an unprecedented privilege. Youth who have been able to live and lean into their heart's knowledge of the gender they desire have self-worth and are relaxed and confident in their manner of presenting themselves and interacting with others. In a world where gun violence, social media, and where youth and adults hide behind words via text/social media or other means, the youth of Nebraska deserve more. Are there regulations about how youth feel regarding the daily weather in their area of Nebraska? Are there regulations for how youth seek to find their trade/job/career choices? The response is no. The feelings and/or seeking for a life's work is on a continuum for Nebraskans. Like the weather or jobs, gender identification is on a continuum. Why would/are Nebraska politicians seek to prey</p>	<p>Please see comments 4, and 47.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>upon the inner understandings of their being for Nebraskans.</p> <p>As the Constitution of the United State reads – “We hold these truths to be self-evident, that all people are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.--That to secure these rights, Governments are instituted among People, deriving their just powers from the consent of the governed, --That whenever any Form of Government becomes destructive of these ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its foundation on such principles and organizing its powers in such form, as to them shall seem most likely to affect their Safety and Happiness. Prudence, indeed, will dictate that Governments long established should not be changed for light and transient causes; and accordingly, all experience hath shewn, that humankind are more disposed to suffer, while evils are sufferable, than to right themselves by abolishing the forms to which they are accustomed.”</p> <p>Like the words of the Constitution, why would we as Americans, Nebraskans, or humans prevent youth and/or their families for advocating and living into what they know to be true inwardly?</p> <p>1) Regarding the current regulations of 40 hours of therapy, I would respectfully request to remove this regulation. Mental health services across the nation and especially Nebraska</p>	
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are insufficient. In addition, the youth and families I serve do not have the means (monetarily) nor the time (financially) to be able to support their youth. Why would we as the leaders of our youth prevent them from getting services they desire? The regulation of requiring 40 hours of therapy solely focused on gender identification is not realistic. Like the weather or job choice, gender identification is an individual choice. Youth, as their brains develop, are feeling/seeing what they are able distinguish as their gender identification. The current regulation of 40 hours of therapy is an unnecessary hoop. The mean to get to a therapist and continuation of therapy for what a youth desires is unattainable for most of my patients. We do not have the therapist means to get 40 hours and 40 hours is a tall ask for youth who already know what their gender identity is and are waiting for what hoops to jump through to live the life they desire as Nebraskans. In addition, evidence-based practice guidelines do not support this sort of therapy as a standard of care. This is not evidence based for Nebraskan families. I request that this be removed.

2) The requirement for all gender affirming injections to be given in the provider's office is not evidence based. Pulling a youth from class every week for testosterone or estrogen injections is disruptive and offers no clinical benefit. Our goal as primary health care clinicians is to work to have all youth achieve to their highest potential and graduate. I have been working in the field of School Based care for over



	<p>14 years and the push to attend class and graduate has never been so important as it has been post-Covid-19- pandemic.</p> <p>3) Having puberty blockers be administered only in the prescriber's office also does not recognize the reality that almost all insurers mandate the use of a specialty pharmacy for many meds besides blockers. The near-universal "clear bag" policy of most clinics for improved patient safety is another barrier which would likely amount to a de facto ban on this medically necessary care. This requirement hits rural and underserved families even harder. It needs to be updated to permit high quality care to be feasible for families across Nebraska.</p> <p>4) All proper and good faith therapy is clinically neutral. DHHS needs to be explicit in prohibiting things like "gender exploratory therapy," which is just another name for the antiqueer practice of conversion that has been denounced by all reputable professional medical and behavioral health institutions and societies. The "clinically neutral" clause is unnecessary and disrespectful to Nebraska mental health professionals, and it should be removed.</p> <p>Thank you for the opportunity to express my thoughts as a clinician to strives to serve the entire continuum of youth who seek services with me.</p>	
<p>387. Senator Dave Murman, District 38</p>	<p>The proposed rule for nonsurgical pharmaceutical gender-altering treatments presents a number of concerns in regard to childhood safety and the obtaining of minor</p>	<p>Please see comment 5.</p>

consent. While informing minor patients and their parents of the various harms associated with puberty blockers and cross-sex hormones is necessary, I ask you to reconsider in this case if the benefits could ever truly outweigh the risks. The risks of permanent infertility, cardiovascular disease, osteoporosis, and negative impact on brain development

[1]

are significant and ultimately may pose such a great risk to the patient that it is questionable to allow minors to consent to these procedures at all.

Furthermore, the proposed rule raises great concerns when it comes to gaining consent to treatment. Under current Nebraska law, minors cannot consent to sexual activity, cannot get a tattoo, cannot consume alcohol or tobacco, or sign a lease. These laws are in place for good reason- the brains of minors are still growing and lack the judgement and experience to properly make decisions that could impact them for the rest of their lives. The administering of puberty blockers and cross-sex hormones should be no different. One study found that only “about 2.5 to 20 percent of childhood cases of gender identity disorder are the initial manifestation of irreversible transsexualism”.

[2]

In short, children are not prepared to consent to life altering procedures and the research tells us that the majority of children’s feelings of gender identity disorder may not even persist into their adulthood. Ultimately, our children are

	<p>our most vulnerable and deserve our love and care- especially those in a mentally and emotionally vulnerable state. However, the current DHHS proposed rule does not meet the right standards in this case. It casts a variety of risks upon our children both physical and mental but also allows children to consent to life-altering treatments that in many cases they will come to regret. I ask that DHHS not pursue this rule, but instead go back to the drawing board and create a rule that prioritizes treatment not transition.</p> <p>[1] Clayton A. (2023). Gender-Affirming Treatment of Gender Dysphoria in Youth: A Perfect Storm Environment for the Placebo Effect-The Implications for Research and Clinical Practice. <i>Archives of sexual behavior</i>, 52(2), 483–494. <a href="https://doi.org/10.1007/s10508-022-02472-8">https://doi.org/10.1007/s10508-022-02472-8</a></p> <p>[2] Korte, A., Goecker, D., Krude, H., Lehmkuhl, U., Grüters-Kieslich, A., &amp; Beier, K. M. (2008). Gender Identity Disorders in Childhood and Adolescence. <i>Deutsches Arzteblatt Online</i>, 105(48). <a href="https://doi.org/10.3238/arztebl.2008.0834">https://doi.org/10.3238/arztebl.2008.0834</a></p>	
388. Shannon Haines, MD, FAAP	<p>Thank you for taking comments into consideration regarding interim regulations related to LB 574.</p> <p>I am writing as a parent of a trans adolescent, but I am also a board-certified pediatrician who has extra training in LGBTQ+ healthcare. Thus, I have a rare perspective on the effects of LB 574 and greater insight into the domino effect of the</p>	<p>Please see comments 4, and 74.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>proposed interim rules.</p> <p>Despite my training and knowledge, it was still a huge adjustment for our family when my son came out as trans three years ago, and we waited about two months while I watched to make sure his identity was consistent before moving forward with any gender care decisions. After speaking with friends and patients' families, this is the norm in Nebraska. After waiting two months, I began searching for therapists, knowing this would be an important part of his journey. We waited over a month to be seen by a psychologist associated with his pediatrician's office in the Children's Nebraska system. We started discussing his anxiety. After a couple of sessions, when he trusted her, we brought up wanting to discuss the topic of gender and seek a letter affirming his trans status. The psychologist declined to discuss this topic. <i>Despite my connections and knowledge of the system in Omaha, it took over 6 months to get my child in with a therapist who was willing to evaluate his gender identity.</i> His new therapist also evaluated his anxiety, which was slowly improving after he had started attending school using his preferred pronouns and name. She also evaluated my son for any other psychiatric disorders. Then, she evaluated his gender identity. She also evaluated our family functioning. <i>It did not take anywhere near 40 hours for the therapist to thoroughly complete the above.</i> My child is now an extremely successful high school senior who holds leadership positions in multiple extracurricular activities in addition to taking AP</p>	
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	<p>and college-level classes.</p> <p>Though I have other concerns about the proposed rules, I will only address the specific and excessive therapy requirement:</p> <ol style="list-style-type: none"><li>1. Completing superfluous hours of therapy is a drain on resources. It will cost Nebraska families, Medicaid, and insurance companies thousands of dollars in excessive healthcare expenses, lost wages, and lost time. 40 hours of therapy plus commute is likely equivalent to two weeks of missed work for the parents and school for the children; this requirement would be a major cost to families and to society. I have chosen to further my medical training, so I do not make “doctor money” at this point. Though we have good insurance, this process has been extremely expensive; therapy sessions cost anywhere from \$40-\$100 after insurance. Most families don’t have \$4,000 to contribute to healthcare expenses, and medical care should not be limited to the rich who have the resources to pay. Requiring excessive therapy sessions will also inflate the cost of mental health that Medicaid is responsible for in Nebraska.</li><li>2. Though I support therapy being a part of transgender health care, physicians and patient families should be able to decide what is best on an individual basis. Making children who are at high risk of depression and suicide wait 6+ months to</li></ol>	
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	<p>see a therapist before being given life-saving treatment is risky and cruel.</p> <ol style="list-style-type: none"> <li>3. Not being able to be evaluated by the medical home psychologist is a major barrier to care and will be a huge issue for Nebraska families.</li> <li>4. While many gender-diverse kids may need continuing therapy due to the stressors they face, treating "being transgender" as a mental illness that requires continued mental health therapy is discriminatory.</li> </ol> <p>I hope you continue to listen to physicians and experts on this topic to best serve the families of Nebraska.</p>	
389. Shannon Hicks	<p>Hello, my name is Shannon Hicks, and I live at [Address]. I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular</p>	Please see comment 5.

	<p>disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children</p>	
390. Sharon Williamson	<p>Health decisions should be between patients and medical experts. Gender affirming care is a subject very few of us know much about— after all it does not include many people. According to UCLA Williams Institute about 0.6% of people ages 13 or older identify as transgender. All gender affirming care decisions need to be made by the people who are experts in the field.</p>	Please see comment 3.
391. Sheri Shuler	<p>I write to provide written comments prior to the public hearing, as I am unable to attend due to work commitments tomorrow. I am the parent of a 17-year-old son who is grandfathered, and thus has been able to receive the hormone treatments he needs (and that he began in Aug 2022). In looking at the regulations, we believe he would have met every one of them, except for the 7 day</p>	<p>Please see comments 3, and 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them</p>

	<p>waiting period, and I consider that regulation to be silly but not as onerous as many. There are some provisions that would cause significant hardships for many children and families:</p> <ol style="list-style-type: none"><li>1. The requirement of 40 hours of gender-identity focused contact hours. Even if a child were to receive an hour a week of such therapy, this would take 10 months. Because it often takes months to get a child in to see a therapist, and weekly appointments are not always available, this means a delay of at least a year and probably much longer. And this presumes a family has good health insurance and the money to pay for therapy and copays, which is often not the case. Since the timing of puberty blockers and hormones is time sensitive and related to the onset of puberty, a child would really have to have figured themselves out at a very young age AND parents would have to be totally supportive and on board from the start for any child to be able to get all these hours in.</li><li>2. The definition of the therapy hours having to be clinically neutral. While I have found all therapists to be clinically neutral, I've also found them to be supportive and affirming. All of these seem to be professional expectations and standards. What's more, not all therapists are trained to explore gender-identity with patients. What sort of therapist is going to seek this training and then not be affirming? What would it take to certify a therapist as delivering non affirming and neutral care?</li><li>3. The definition of therapy hours having to be gender-identity focused. Does this mean that the</li></ol>	<p>Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>therapy is only for the purpose of discerning gender-identity? Can other conditions exist? Can a child be working on anxiety or OCD or depression or ADHD or an eating disorder AND gender-identity? What if in a particular session, the focus is more on coping with the depression, for example? Does that not, then, count? What if a child has been in therapy for anxiety and depression for 6 months and then it comes to light that some of the reason for the anxiety and depression is gender-identity? Do those previous 6 months count, or does the clock start over? What if the anxiety and depression is being caused by government overreach and persecution of transgender children, would learning coping strategies for that count?</p> <p>It seems to me that these regulations are written by people who do not understand mental health and how it relates to gender-identity, who are not familiar with professional standards of mental health professionals and are unaware of the lack of access to services that many people face (especially children).</p> <p>4. Finally, the provision that the child has to have been living primarily as the preferred gender for at least six months is difficult to define. What is meant by “living” as a gender? Using a name and pronoun of the preferred gender in every setting? What if the child attends Catholic school, where these things are prohibited. Or what if the child’s parents are not on board at first? Does it mean clothing, hairstyles, etc.? What if the child does not have</p>	
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	<p>access to the clothing they would need? What if the child prefers to be more gender fluid? What if the child worries for their safety in public? This is particularly an issue when it comes to public bathroom use when children may have to choose between safety and being true to themselves. Also, many children go through several style changes during adolescence, regardless of gender-identity. Who will determine whether the child meets this criteria? The regulations as proposed will make it impossible for some children to get the life saving medication they need to treat gender dysphoria. I ask that you set the bar much lower than 40 hours, to 12 or 16, and drop the nonsensical “clinically neutral” and “nonaffirming” language and the requirement that all therapy hours be solely gender-identity focused. I also urge you to clarify that a child needs to have expressed a desire to alter their gender for 6 months, not “living as” that gender for 6 months. Transgender kids have a hard enough time getting by in this world without their medical care being so difficult to access. The medical professionals who treat these children follow their own professional standards, and it makes no sense to subject this particular type of treatment to difficult regulations that are created by people who do not have the proper expertise. Requiring that doctors follow the WPATH standards would make much more sense.</p>	
392. Sophia Mason	According to the study published in the National Library of Medicine titled “Suicidality	Please see comment 74.

	<p>Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors”, 40% of transgender people have attempted suicide. Many of these attempts have been made by transgender youth. This is due to the constant ostracization, harassment, and fear that the transgender community is constantly subjected to. LB574 is only going to make those numbers worse.</p> <p>You don’t need to understand someone to respect them. We are all just trying to live our lives.</p> <p>Transgender people deserve access to gender affirming healthcare so that they are able to live in a way that feels authentic to them.</p> <p>Please do not support LB574. Please listen to the needs of all Nebraskans.</p>	
393. Sophia Seger-Pera	<p>I am writing to comment on the proposed regulations regarding gender-affirming care for transgender minors in our state. Overall, I believe the regulations are reasonable, but I have a few concerns. For one, 40 hours of therapy is a lot of time to determine whether someone is trans or not. I understand wanting to make sure the patient consistently identifies as a particular gender over time before prescribing medications, but 40 contact hours for therapy could make this care inaccessible to people who aren't able to afford that many therapy sessions. I also wonder if gender affirming therapeutic care counts towards these 40 hours, or would that be considered to be "merely affirming the patient's beliefs"? If gender-affirming therapy is</p>	<p>Please see comments 4, and 47.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-">https://dhhs.ne.gov/Documents/CMO-</a></p>

	<p>discounted, it could cause unnecessary distress in patients who see non-affirming therapists and feel like their experiences are not being taken seriously. Furthermore, is a 7-day waiting period necessary? If, after 40 hours of therapy and a thorough evaluation, a doctor deems puberty blockers or hormone replacement treatment to be necessary, what good does it do to make the patient wait another 7 days? Lastly, it seems to me that the requirement that injections for HRT drugs take place in doctor's offices could limit patient access, considering that the injections tend to be just a few weeks apart. Thank you for your kind consideration of these concerns for the well-being of transgender patients as you draft the final requirements.</p>	<p><a href="#">LetThemGrow-FAQ.pdf</a></p>
<p>394. Sophie Holtz</p>	<p>LB 574 unfairly discriminates against gender-nonconforming youth, and actively makes their lives harder. This bill limits trained medical providers in ways that force them to not provide care that they deem to be necessary. Bills such as LB 574 have already directly caused the suicides of LGBTQ+ individuals and contributed to their increased mental health struggles. The State of Nebraska is actively driving young people away through legislation such as this. This bill is a solution looking for a problem. Do the right thing even if it's not the politically popular thing to do. If you're not willing to do something because of political pressure, then</p>	<p>Please see comment 74.</p>

	<p>you are a coward and never should have been elected in the first place. This is coming from a third-year law student who is LGBTQ+ and is strongly considering leaving the state due to legislation such as this.</p>	
<p>395. SS - parent of a transgender child</p>	<p>I understand you are accepting comments in regard to LB 574, and I would like to share my experience with having a transgender child. I hope that you recognize that people are not taking their children to their pediatrician and getting care without much discernment, advice, and help from a mental health professional. Also, providers will not perform gender altering surgeries on minors; taking puberty blockers or hormones are life altering to a minor child, but are not physically harming their body. When you restrict care a transgender child can receive, it gravely affects their mental and physical health. As a parent of a transgender child, receiving affirming care is very critical to their mental and physical health.</p> <p>My child, born female, fully transitioned to male around age 24. People think that you can get care at the drop of a hat, but in reality, you can only receive care after you have been seen by a mental health professional. He was only able to transition after going through years of counseling. Throughout his childhood, he experienced a lot of anxiety, depression, self-harmed, and considered suicide. He was on a variety of medications for anxiety and depression. Throughout his teen and college years, things seemed to worsen. We took him to</p>	<p>Please see comment 74.</p>

	<p>numerous counselors, and it wasn't until he was in college and found a counselor on his own was he able to really get to the root of all his issues. Once all this came to light, looking back we were able to see some signs that we definitely missed (not knowing anyone in this same situation). After he had the top-surgery, it was like our old child returned - happy, full of smiles - finally able to live as their true authentic self.</p> <p>If your child was self-harming themselves and threatening to commit suicide, would you not want to do ANYTHING to figure out the cause and get them help? This is not an easy process for a family unit to experience and go through, but with a solid support system which includes family, friends, medical and mental health providers, you can come through this with your family still intact and a child that you love return to a mentally healthy state with support and love surrounding them.</p> <p>All parents want to do what is best for their child, please do not restrict the ability for parents to do what is best for their child. I hope that you listen to the medical and mental health providers that have and will testify that transgender children should receive the care they need.</p> <p>I understand you have the discretion to set guidelines that ensure transgender children receive the best possible care, and I deeply hope that you consider how restricting services affects a child's mental and physical health.</p>	
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	Thank you for taking the time to read this and consider allowing gender affirming care for the youth of Nebraska.	
396. Steph Miller	Please implement strong regulations of gender altering drugs on children. There's a lot of studies from other countries on the dangers of this. Thank you & God Bless	Please see comment 5.
397. Stephanie Miller	<p>Hello, my name is Stephanie Miller, and I live in [city] Nebraska.</p> <p>I am emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility.</p> <p>The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p>	Please see comment 5.

	<p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified.</p> <p>Please implement stronger regulations to protect children’s physical, mental, and emotional well-being. Thank you for your time and consideration.</p>	
398. Stephanie Domanski	<p>My name is Stephanie Domanski, and I am a Nebraska resident submitting comment on the proposed regulation following the passage of LB 574. All Nebraskans deserve the right to healthcare deemed necessary by their medical professional. The best way you can support kids and their families is to allow them the ability to make decisions on their healthcare with their trained healthcare professionals without adding additional hurdles.</p> <p>These kids deserve the right to this care without the overreach of politicians into their lives and their healthcare decisions. They, their parents, and their doctors should be making these decisions. Gender-affirming care for youth saves lives. This is a fact agreed with by all major and reputable medical organizations. WPATH already sets the standards of care for transition. Please listen to these kids, their families, and their medical professionals. They are the experts on their own care. And their decisions are already being guided by the standards of care indicated</p>	Please see comment 3.



	by WPATH. There is no need for further regulation or obstacles to care.	
399. Sue Greenwald M.D.	<p>Myself and other medical professionals testified at the legislature about the Let Them Grow act and provided documents. Please watch that testimony.</p> <p>When “SIECUS:Sex Ed for Social Change,” funded by Planned Parenthood and globalist billionaires, put out their National Sex Education Standards and promoted them as some kind of official new requirement for schools that promoted lessons in masturbation for 7-yr-olds and anal sex for 12-yr-olds, it took effort for experienced doctors and teachers to swim against the tide and expose the malfeasance. It is an advocacy group masquerading as scientific experts.</p> <p>WPATH is exactly the same. Funded by many of the same globalist billionaires, it is a non-profit invented to promote transgenderism. Their mission statement: “To promote evidence-based care, education, research, public policy, and respect in transgender health.” Education, public policy and respect are the words of activists, not scientists. The WPATH “Standards of Care and Ethical Guidelines” are just like the National Sex Ed Standards.</p> <p>They are an advocacy document masquerading as science. Using the WPATH guidelines to regulate transgender hormone treatment is equivalent to using Planned Parenthood to regulate abortions.</p> <p><a href="https://www.thestandardsc.org/jennifer-bilek/billionaires-funding-transgender-movement-forprofit/">https://www.thestandardsc.org/jennifer-bilek/billionaires-funding-transgender-movement-forprofit/</a></p>	Please see comment 5.

The Tavistock clinic in London was shut down after a judge ordered a retrospective study that revealed that 98% of all minors started on puberty blockers proceeded to take trans-sex hormones.

Whereas 80% roughly of minors who were not started on medications desisted. They further learned that 35% of the children who fully transitioned were autistic.

Myself and Dr. Derr testified to the legislature about the details of this and the “Dutch Study” (who’s funding cannot be determined). We put our testimony into an article with links to resources which you can read here:

[https://forwardnebraska.substack.com/p/puberty-blockers-are-not-reversible?utm\\_source=profile&utm\\_medium=reader2](https://forwardnebraska.substack.com/p/puberty-blockers-are-not-reversible?utm_source=profile&utm_medium=reader2)

Of note is that the guidelines requiring psychiatric support and family support were very stringent at both the Tavistock clinic and during the “Dutch Study.” The Tavistock results were still devastating, and the “Dutch Study” is still discredited.

<https://thefederalist.com/2023/02/01/the-whole-transgender-industry-is-founded-on-two-faultystudies/>

It has been estimated that 90% of the patients who are provided “puberty blockers” and trans-sex hormones based on WPATH guidelines would not be able to meet the Tavistock guidelines for medical treatment. Yet Tavistock was still shuttered in disgrace.

Many, many pediatricians are not supportive of the American Academy of Pediatrics guidelines

for "Gender Affirming Care." The guidelines were written by one gender specialist and there was no consensus sought nor given. AAP is captured by Pharma money. See my article here, and other articles that support my position.

[https://forwardnebraska.substack.com/p/it-started-with-obamacare?](https://forwardnebraska.substack.com/p/it-started-with-obamacare?utm_source=profile&utm_medium=reader2)

[utm\\_source=profile&utm\\_medium=reader2](https://freebeacon.com/coronavirus/the-hijacking-of-pediatric-medicine/)

<https://freebeacon.com/coronavirus/the-hijacking-of-pediatric-medicine/>

<https://spectator.org/it-finally-happened-a-detransitioner-is-suing-the-american-academy-of-pediatrics/>

The American Academy of Pediatrics cannot be relied upon for consensus guidelines.

During the debate on "Let them Grow" Dr. Derr, myself, and many other physicians and mental health professionals, provided research to the Senators. I will attach some of that research here.

In Summary, puberty blockers are not safe for minor children and almost inevitably lead them to

become life-long medical patients when the majority of them could be cured by progressing through

puberty. Tavistock is just one example of a European clinic which was found responsible for causing

harm to minors, a high percentage of whom were autistic. There is no safety profile for puberty blockers in healthy minors.

Cross-sex hormones will cause sterility and shorten the lives of the minors who embark on that path.

	<p>Even with intensive psychiatric care the harms were evident in the European models. Knowing that you are tasked with finding a “safe” medical transgender treatment for minors, it is an impossible task.</p> <p>I would advise looking at the most stringent of European models for psychiatric and family support, even with those safeguards, the lawsuits of de-transitioners will be the result.</p>	
400. Tami Hoffman	<p>My name is Tami Hoffman, and I am a Nebraska resident and I oppose further regulations on gender affirming care. The emergency regulations create undue financial and emotional burdens on already struggling youth and their families.</p> <p>The issue is important to me because it affects so many people I love and care about. There are so many important issues Nebraskans face this is a non-issue generated by a group of fear based people.</p> <p>I believe healthcare should be made between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws.</p>	Please see comment 3.
401. Taylor Givens-Dunn, Policy and Advocacy Manager, I Be Black Girl	<p>My name is Taylor Givens-Dunn, and I am the Policy and Advocacy Manager at I Be Black Girl. I Be Black Girl serves as a collective for Black women, femmes, and girls to actualize their full potential to authentically be, through autonomy, abundance and liberation. We are a reproductive justice organization that works are</p>	Please see comments 3, and 74.

	<p>the intersections of race and gender to create a more just Nebraska. Policy has historically been weaponized against Black communities, as a result, we are committed to building Black political power to address the harm and chart a new experience of legislation and regulations that centers Black women, femmes and girls. We adamantly oppose the proposed regulations creating additional barriers for gender affirming care for trans, nonbinary, and gender nonconforming Nebraskans.</p> <p>Gender-affirming care, including the use of hormones to delay puberty and to promote the development of secondary sex characteristics that are consistent with a child's gender identity, is recommended for transgender youth<sup>1</sup> by the American Academy of Pediatricians as well as the Endocrine Society and is viewed by the American Academy of Child and Adolescent Psychiatry (AACAP), the American Psychiatric Association (APA), and the American Medical Association (AMA) as evidence-based patient care.<sup>2</sup></p> <p>Research shows that gender-affirming care improves mental health and overall well-being for transgender people,<sup>3</sup> including youth. A 2020 study published in Pediatrics found that access to pubertal suppression treatment was associated with lower odds of lifetime suicidal ideation among transgender adults.<sup>4</sup> Similarly, a 2022 Pediatrics study conducted with youth</p>	
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who sought gender affirming care at a gender clinic reported lower odds of depression and suicidality among those who initiated puberty blockers or gender-affirming hormone therapy.<sup>5</sup> Research conducted by the Williams Institute noted that fewer transgender people who wanted and received gender-affirming medical care attempted suicide in the prior year compared to those who did not receive such care (6.5% vs. 8.9%, respectively).<sup>6</sup>

These outcomes are even more compounded at the intersection of race and gender. Despite overall rates of suicidality among young people trending downward for the past 30 years, Black young people have experienced an increase in suicide attempts,<sup>7</sup> with suicide rates among Black young people increasing 37% between 2018 and 2021.<sup>8</sup> Due to the already existing higher rates of suicide among transgender and nonbinary young people, even in comparison to their cisgender lesbian, gay, bisexual, queer, and questioning LGBTQ peers, the intersection of being both Black and transgender or nonbinary may make young people more susceptible to negative experiences and chronic stress stemming from their multiple marginalized social statuses.<sup>9</sup>

The mental health of Black transgender and nonbinary young people is a public health crisis that deserves immediate attention from

	<p>stakeholders across the board. Nebraska’s gender affirming care ban will cost trans youth their lives. Families, along with their trusted medical professionals, should decide what medical care and counseling is needed. Politicians shouldn't come into the equation. Like all health care, health care for trans youth is based on the needs of each particular person. Decisions about medical and mental health care for trans youth should be made by doctors and families based on established medical best practices that are rooted in science. This isn't just government overreach — it's unconstitutional. It violates families’ constitutional right to access health care free from discrimination.</p> <p>The result of regulations like these isn't fewer kids growing up trans, it's fewer trans kids growing up. Banning gender affirming care perpetuates healthcare inequities faced by the most vulnerable populations, and significantly diminishes Nebraskan’s quality of life. Every Nebraskan, regardless of race, gender identity, age, or culture, deserves to authentically be. A patient’s health should drive important medical decisions. The government deciding when they should be involved in any individual's healthcare decision is significant overreach and crosses the boundaries of Nebraskan’s right to autonomy and privacy. We urge the Department of Health and Human Services to reconsider the needs and wants of Nebraskan children and families before permanently adopting this gender affirming care</p>	
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	<p>ban. I Be Black Girl and community partners are more than willing to engage with solutions that do not put the lives of trans youth at risk.</p> <p><sup>1</sup> More specifically, the Endocrine Society recommends care for with a diagnosis of gender dysphoria – defined by the American Psychiatric Association in the Diagnostic Statistical Manual DSM-5-TR as “a marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months duration.” Wylie C. Hembree, Peggy T. Cohen-Kettenis, Louis Gooren, Sabine Hannema, Walter J. Meyer, M. Hassan Murad, Stephen M. Rosenthal, Joshua D. Safer, Vin Tangpricha &amp; Guy G. T’Sjoen, Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, 102 J. of Clinical Endocrinology &amp; Metabolism 3869-903 (2017); Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association. 2022.</p> <p><sup>2</sup> Am. Acad. of Child &amp; Adolescent Psychiatry, AACAP Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth. (Nov. 8, 2019) <a href="https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts_to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx">https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts_to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx</a>; Am. Psychiatric Assoc., Frontline Physicians Oppose Legislation That Interferes in</p>	
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	<p>or Criminalizes Patient Care. (Apr. 2, 2021) <a href="https://www.psychiatry.org/newsroom/news-releases/frontline-physicians-oppose-legislation-that-interferes-in-or-criminalizes-patientcare">https://www.psychiatry.org/newsroom/news-releases/frontline-physicians-oppose-legislation-that-interferes-in-or-criminalizes-patientcare</a>; Wylie C. Hembree, et. al., Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. 102 J. of Clinical Endocrinology &amp; Metabolism 3869-903 (2017); Jason Rafferty, et. al., Am. Acad. of Pediatrics Comm. on Psychosocial Aspects of Child &amp; Fam. Health, AAP Comm. On Adolescence, AAP Section On Lesbian, Gay, Bisexual, And Transgender Health And Wellness, Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents, 142 Pediatrics 1-14 (2018); Press Release, Am. Med. Assoc., AMA Reinforces Opposition to Restrictions on Transgender Medical Care, (June 15, 2021), <a href="https://www.ama-assn.org/press-center/pressreleases/ama-reinforces-opposition-restrictions-transgender-medical-care">https://www.ama-assn.org/press-center/pressreleases/ama-reinforces-opposition-restrictions-transgender-medical-care</a>.</p> <p><sup>3</sup> Cornell Univ. Pub. Pol’y Rsch. Portal, what does the scholarly research say about the effect of gender transition on transgender well-being? (last visited Mar. 10, 2023) <a href="https://whatwewknow.inequality.cornell.edu/topics/lgbt-equality/whatdoes-the-scholarly-research-say-about-the-well-being-of-transgender-people/">https://whatwewknow.inequality.cornell.edu/topics/lgbt-equality/whatdoes-the-scholarly-research-say-about-the-well-being-of-transgender-people/</a>.</p> <p><sup>4</sup> Jack L. Turban, Dana King, Jeremi M. Carswell</p>	
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	<p>&amp; Alex S. Keuroghlian, Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation, 145 Pediatrics 68-76. (2020).</p> <p><sup>5</sup> Diana M. Tordoff, Jonathon W. Wanta, Arin Collin, Cesalie Stepney, David J. Inwards-Breland &amp; Kym Ahrens, Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care, 5 JAMA Network Open e220978 (2022) <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423</a>.</p> <p><sup>6</sup> Jody L. Herman, Taylor N.T. Brown &amp; Ann P. Haas, The Williams Inst., Suicide Thoughts and Attempts Among Transgender Adults: Findings from the 2015 U.S. Transgender Survey (Sept. 2019), <a href="https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/">https://williamsinstitute.law.ucla.edu/publications/suicidality-transgender-adults/</a>.</p> <p><sup>7</sup> Lindsey, M. A., Sheftall, A. H., Xiao, Y., &amp; Joe, S. 2019. Trends of suicidal behaviors among high school students in the United States: 1991–2017. Pediatrics, 144(5) e20191187. <a href="https://doi.org/10.1542/peds.20191187">https://doi.org/10.1542/peds.20191187</a></p> <p><sup>8</sup> Stone D.M, Mack, K.A., Qualters. J. 2023. Notes from the field: Recent changes in suicide rates, by race and ethnicity and age group — United States, 2021. MMWR Morb Mortal Wkly Report, 72, 160–162. DOI <a href="http://dx.doi.org/10.15585/mmwr.mm7206a4">http://dx.doi.org/10.15585/mmwr.mm7206a4</a>.</p> <p><sup>9</sup> Bowleg, L., &amp; Bauer, G. 2016. Invited reflection: Quantifying intersectionality. Psychology of Women Quarterly, 40(3), 337-341.</p>	
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<p>402. Teresa McFayden</p>	<p>Hello, my name is Teresa McFayden, and I live in [city]. I am emailing you today to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code - Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time — not harmful drugs with potentially lifelong, irreversible consequences. Giving children puberty blockers and cross-sex hormones for the purpose of "changing their gender" violates the first duty of medicine: Do No Harm. There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state's priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences. Many studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics.</p> <p>Nebraska, please take better care of your state's children!</p>	<p>Please see comment 5.</p>
<p>403. Terry Kopish</p>	<p>Hello, my name is Terry Kopish, and I live at [address]. I am</p>	<p>Please see comment 5.</p>

	<p>emailing to submit a written comment regarding the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code – Nonsurgical Pharmaceutical Gender Altering Treatments. Children who are struggling to embrace their biological sex need love, support, and time—not harmful drugs with potentially lifelong, irreversible consequences.</p> <p>Giving children puberty blockers and cross-sex hormones for the purpose of “changing their gender” violates the first duty of medicine: Do No Harm.</p> <p>There are many serious risks to prescribing cross-sex hormones and puberty blockers to minors, including decreased growth spurts, increased risk of osteoporosis, cardiovascular disease, cerebrovascular disease, and infertility. The state’s priority should be on helping children receive the help they need to address underlying issues, not drugs with serious and potentially life-altering consequences.</p> <p>Studies show that upwards of 90 percent of children will outgrow gender dysphoria with time.</p> <p>The counseling requirements, informed patient consent, and waiting period can help ensure children receive help not harm, treatment not transition, and protection not politics, and they should be increased and intensified. As a retired school counselor, I noted over the years that emotional difficulties were due in great part to lack of a normal family support and interaction, and trauma from physical, sexual, emotional, and mental abuse and lack of appropriate support</p>	
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	<p>and resolution. Please implement stronger regulations to protect children’s physical, mental, and emotional well-being. Thank you for your time and consideration.</p>	
404. Tobi White	<p>My name is Tobi White. I live at [address]. I am a pastor and a mother of a transgender child.</p> <p>I am opposed to the arbitrary mandates placed on children seeking gender-affirming care. The requirement of 40 hours of therapy prior to accessing puberty pausing medication and hormone therapy puts undue financial and personal stress on many families. If one doesn’t have insurance or the therapist isn’t in network, the full financial cost of therapy could be \$7,000 or more. Are you going to help pay that? It’s not covered by Medicaid.</p> <p>Not to mention finding a therapist one feels comfortable with and is available. Many have to wait months to get on a list. Or miss out on school. My child misses 2 hours of school for every hour of therapy because that’s when the therapist is available, and it takes a half hour each way to get there. If the schedule doesn’t change, that’s 80 hours of school missed just to fulfill your mandate.</p> <p>The bill these mandates fall under is called “Let Them Grow.” But clearly, no one has considered that receiving gender-affirming care actually lowers the rate of depression by 65% and suicidal</p>	Please see comments 3, 4, and 74.

	<p>thoughts and actions by 73%.1 I want my child to live. I want them to live freely without government officials telling them who they are, what bathroom to use, which doctors they can see, what care they can receive. I want my child to live rather than hide in shame in a body that is not theirs.</p> <p>You say, "Let them grow." I say, gender-affirming care IS life-saving care. Stop putting hurdles where God, through science, has made a way.</p>	
<p>405. Tom Tiegs, LP #747</p>	<p>I am writing to express my opposition to all aspects of LB 574. I am a Clinical Psychologist licensed in the state of Nebraska. LB 574 was not conceived to protect youth. It was a political move with the goal of marginalizing vulnerable individuals and convincing the public that gender-affirming care is maltreatment of children who are gender nonbinary or transgender. In fact, no such problem exists. Children who experience Gender Dysphoria are not being maltreated but are being provided with medically necessary, evidence-based care that can save lives. The forms of gender-affirming care banned or severely restricted in LB 574 originate from rigorous, highly regulated standards upheld by the licensed medical and mental health professionals who provide them. Protection of youth is covered by the state licensure of the providers and universal standards of care, such as WPATH.</p>	<p>Please see comment 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

I will address specifically some of the harms this bill causes from my position as a clinical psychologist. Dictating 40 hours of therapy is completely arbitrary. Where does this number come from? The standards of care developed by experts in the care of gender-nonconforming individuals do not dictate a certain number of hours of therapy. Like any concern brought by patients, the treating professional and patient are the ones to determine how much therapy is needed—based on an individualized treatment plan, not some arbitrary number of hours. Further, many therapy sessions are 45-50 minutes, so this is not even 40 sessions, but well beyond that. Dictating a certain number of therapy hours is an equity issue: 40 hours represents a great deal of expense for many individuals and their families, again based on an arbitrary number. It is a barrier to keep individuals from getting the medical care they need when therapy is dictated as a prerequisite. Therapy is expensive for many people, and in the state of Nebraska we have far more individuals seeking care than providers available to see them. These regulations are meant to create unreasonable barriers for individuals who need gender-affirming medical services. I would like to know of any other medical service that requires someone to complete 40 hours of psychotherapy before they can be considered for medical treatment. Another problem is the language in LB 574 referring to therapy in terms such as "clinically neutral" and "not gender-affirming or in a conversion context." This language is

	<p>unnecessary.</p> <p>Licensed mental health providers are already aware of and regulated by licensure that governs ethical standards of care, such as not imposing one's values on others or not engaging in "conversion therapy" (which is illegal in most states as an abusive means of trying to "convert" gay people and make them straight). This language appears intended to mislead the public by suggesting that mental health professionals try to convince children and adolescents to change their sexual identities. That is insulting and offensive. Again, I would like to know of any other situation in which what is discussed in therapy is so specifically regulated by the state. This language is an example of a scare tactic used to keep voters in line with certain political ideologies of the current party in power in this state. Please know that one of the primary functions of psychotherapy for a youth with Gender Dysphoria is to provide them with affirmation of the difficulties they are experiencing when faced with living in a society in which they are subject to numerous stressors and discrimination due to their minority status. They also need affirmation of how difficult it is to be invalidated and limited in their ability to live authentically.</p> <p>In sum, LB 574 was unnecessary and part of a larger political agenda to limit the rights of vulnerable individuals to get the healthcare that they need. There are already checks and balances in place to protect youth who interface with treating professionals: state licensure,</p>	
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	<p>professional organization membership, specialized continuing education, and the WPATH Standards of Care. The treating medical and mental health professionals are not the ones that transgender youth need protection from.</p>	
<p>406. Trent Johnson</p>	<p>I am providing my feedback on this subject with the expectation that your department will review and consider all comments equally, as indicated in your department's statement. Your department expresses the desire to receive input from all stakeholders, including medical experts and individuals with lived experience, and I fall into the latter category.</p> <p>As someone with lived experience, I want to share our story and articulate my concerns regarding this legislation. To begin, I am a proud father of a brilliant, fun-loving, kindhearted, generous, brave, and well-adjusted 12-year-old daughter. Twelve years ago, when asked about my hopes for my child's gender, I emphasized that it didn't matter as long as they were healthy and happy.</p> <p>From a very early age, my child exhibited tendencies aligning with her female identity in her choices of friends, clothing, interests, expressions, and feelings. At the age of 4, she courageously expressed to my wife and me that her assigned gender did not align with her true feelings or identity. This moment was powerful, showcasing our daughter's trust in us and the courage it took to share such personal feelings. As parents, it was a transformative</p>	<p>Please see comment 3.</p>

	<p>moment, altering our envisioned experience of parenthood.</p> <p>In response, my wife and I, while not having all the answers, committed to seeking guidance from professionals to ensure the well-being of our child. Over the past 8 years, we have collaborated with doctors, therapists, and specialists to navigate this journey, always prioritizing our child's best interests and relying on qualified professionals for guidance.</p> <p>My concerns regarding the current legislation arise from the need for parents with lived experience to have the freedom to consult with qualified professionals for their child's care without interference, particularly from political entities. We, as parents who understand our child's needs better than lawmakers or external parties, request the freedom to make decisions without unnecessary interference or regulations. Denying this fundamental right infringes upon our role as parents and is constitutionally questionable. I urge you to empower trained professionals—doctors and therapists—in their medical capacity, minimizing bureaucratic steps influenced by political or personal beliefs.</p> <p>As a parent with lived experience, I assure you that the existing process involves numerous measures such as examinations, counseling sessions, doctor appointments, referrals, group therapy sessions, and specialized care. While I support these measures, I emphasize that</p>	
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	<p>they are sufficient, and any expansion would burden children and families without altering the individual's course.</p> <p>Although LB 574 has become law and must be implemented, I hope you consider all testimonies and the potential impact of this law and regulations on children and families. Please listen to the advice of experts and individuals with "lived experience," implementing a broader interpretation of the law. Thank you for taking the time to read and consider my comments.</p>	
407. Victoria Rosales	<p>My name is V. Rosales, and I am a Nebraska resident who opposes further restrictions on gender-affirming care. The proposed regulations create undue financial and emotional burdens on already struggling families and youth.</p> <p>This issue is important to me because I have a lot of folks that I love dearly who need gender affirming care. I believe that healthcare decisions should be between patients and their doctors, not lawmakers. I urge you to listen to healthcare professionals and those impacted by these laws and make the decision NOT to further restrict access to this care.</p>	Please see comment 3.
408. Violet Symens	<p>Gender affirming healthcare such as hormone replacement therapy or surgery are medically necessary for the health and safety of trans youth. Trans youth in Nebraska deserve the same healthcare and protection as their peers. I do</p>	Thank you for your comments. No changes will be made.

	<p>not feel safe or comfortable in a state that will allow children and teenagers to suffer because of prejudice against transgender people.</p>	
<p>409. Wendy Hamilton</p>	<p>Thank you for giving the public an opportunity to share feedback. For the record, <b>I opposed BOTH ISSUES OF LB574</b> - gender affirming care for trans youth and the 12-week abortion ban - however, my remarks in this email are focused on the restrictions of the adoption of Title 181, Chapter 8 of the Nebraska Administrative Code (NAC) – Nonsurgical Pharmaceutical Gender Altering Treatments.</p> <p>To be clear, I support regulations, policies, and evidence-based best-practices ESPECIALLY when they involve vulnerable populations like youth, more specifically trans youth. I understand that health care needs oversight so that standards are met, and ethical practices are followed. I still believe that medical providers and practitioners hold true to their sacred vow to <b>first do no harm</b>. I believe they want to grow and learn with their patients and provide compassionate, individualized care.</p> <p>To deny trans youth the ability and authority to make decisions for their own bodies, for their own futures, in partnership with their families and health care providers <b>in private</b>, is to deny them their fundamental human rights.</p> <p>My testimony to you is a series of questions: Why are you doing this to Nebraska's trans youth community? What purpose does it serve? Why do you think these unreasonable restrictions</p>	<p>Please see comment 3.</p>

	<p>protect them? Where is your research that these obstacles will "let them grow?" Why aren't you listening to the actual experts in these specialized areas of health care? Why aren't you listening to parents/guardians/loved ones of trans youth? <b>Why aren't you listening to the community?</b></p> <p>You must know by now that these restrictions do not make the LGBTQ community feel loyal or lovingly toward Nebraska. Not only do they feel unwanted and a strong desire to leave, many HAVE to leave for health care or fear of bullying. Surely you have heard the public response from the business sector. The staffing shortage of medical professionals from nurses to mental health care providers are becoming alarmingly dangerous. Camie Nitzel, licensed psychologist stated in an in the Nebraska Examiner, "The language as it currently stands leaves mental health providers in a personal and professional quandary for how to practice both legally and ethically in the State of Nebraska," National media refers to the regulations - YOUR regulations - as a "mess." <b><i>this Nebraska nice?</i></b> (<b><a href="#">'A mess': Nebraska gender-affirming care in disarray as new restrictions puzzle providers   The Hill</a></b>) <b>How are these restrictions benefitting anyone?</b></p> <p>If LB574 must stand, please reconsider these harmful, archaic obstacles to gender affirming care for youth. I truly hope messages like mine are taken into consideration.</p>	
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<p>410. Wesley Deuel</p>	<p>My name is Wesley Deuel, I am a transgender voter in the state of Nebraska. LB 574 is an abhorrent attack on transgender youth in Nebraska, a population already under societal scrutiny. The complete dismissal of marginalized children in this state aligns those in agreement with the harm and death of children. Not only is it imperative that transgender kids be supported, they must be given access to the care that will save their lives. Gender affirming care saved my life; I would not be alive without it. These children will suffer from the fate that I was lucky to avoid, simply because a group of cisgender adults chose to deny them safety. These restrictions must be lifted so that these kids can stay alive.</p>	<p>Please see comment 74.</p>
<p>411. William Stowell</p>	<p>I have been reading about children who have been subjected to the process of changing their gender identity only to regret the change. I have also read that parents who allow this to happen have varying degrees of mental issues. Allowing children to change their gender identity, a process that is irreversible as a child or minor is an egregious violation of their rights, privacy, self-image, and should NOT be allowed in any case whatsoever.</p> <p>Upon reaching adulthood, after professional review, they can do as THEY please. Until then parents, schools, guardians and all adults should not be allowed to make such permanent and drastic decisions for impressionable minors who may well regret it the rest of their lives.</p>	<p>Please see comment 5.</p>

412. Zachary Harris	<p>I'm writing this comment today to communicate the systemic ramifications regarding LB 574 and the impact it will have on Nebraska. I am sending you this message as a concerned citizen and a friend of people who will be affected by these restrictions. They're fearful and uncertain about what might happen. Some of them don't know if they have a future here anymore. In an environment where the existence of the LGBTQ community is constantly fearmongered about, even by Nebraska's administrative body and current leadership, we must keep a firm grip on our guiding principles for the health, safety, and well-being of the people. It is necessary to do so. The DHHS proposed restrictions, which include but are not limited to:</p> <ol style="list-style-type: none"><li>1. Forty hours of therapeutic treatment.</li><li>2. Injectable cross-sex hormones and puberty-blocking therapies must be administered in the prescriber's office by credentialed staff.</li><li>3. One therapeutic contact hour every 90 days while the patient is administered puberty-blocking drugs/cross-sex hormones.</li><li>4. 3 hours of Category 1 Continuing Competency Education for providers before prescribing cross-sex hormones or puberty-blocking drugs.</li><li>5. Requires individuals taking receipt of puberty-blocking drugs/cross-sex hormones to display valid user IDs, such as driver's license, operator's license, etc.</li></ol> <p>With these restrictions in mind, I do find it considerably odd that one argument proposed</p>	Please see comments 3, and 4.
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	<p>during the Unicameral debates was that the support for gender-affirming care was driven by “greed,” saying that “medicine is a business.” This is a reductionist point that ironically points out flaws in the medical system while exacerbating issues for those affected. The proposed restrictions draft continually notes that these mandatory sessions may require co-payments and out-of-pocket expenses and further gatekeep medical care. Not only that, but these proposals add unnecessary time investment to care. Since the maximum therapy session is two hours, it will take twenty weeks to complete these meetings and cannot be gender-affirming. How will the patients be seen over this length of time on a topic they cannot discuss? What’s even worse is that these proposals are inherently discriminatory. On the last page of the draft, point makes an exemption for treatments for precocious puberty, which is a condition found in cisgender children. Why are puberty blockers kept from transgender youth behind these arbitrary rules but are freely available to cisgender youth? None withholding a version of the Let Them Grow Act was ruled unconstitutional in Arkansas and overturned. The fact that these regulations are seriously being considered does damage to our civil society and makes it likely that people will not want to live in Nebraska. Limitations on care for trans youth are often followed by that for trans adults. Taking away their ability to use public</p>	
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	<p>restrooms that conform to their gender identity may be on this list for upcoming bills. Other states can be a good indicator for the future of Nebraska, and it is not a pleasant one. Florida's "Don't Say Gay" bill, which prevented school staff and teachers from talking about gender identity and sexual orientation, is currently being updated to include office environments, such as state jobs and nonprofits. We need to be relying on the medical community instead of politicians making decisions about these practices, especially if they view them as "Lucifer at its finest." When an environment becomes hostile to your existence and there is a choice to leave, then people will leave. Nebraska already has a severe problem with brain drain and losing talent, and bills like this only worsen our problems.</p> <p>I love Nebraska deeply. I was born and raised here, graduated from Northwest High School, and decided to go to college at UNO. But we must face reality. I love the Husker team and I've been a fan of them all my life. I grew up watching them under the leadership of Tom Osborne and still love them to this day. However, wishing for their success does not win them championships. Trans people are a medical reality. Restricting access to their care will not improve their lives or that of society. We must face reality. I don't want people to flee the lives they've created because of politics preventing them from receiving care or needing it for a family member. Since the bill has already passed, the best thing is to mitigate its effects.</p>	
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	<p>The arbitrary restrictions need to be dropped or heavily reduced, and the affirmative model maintained. I hope you make the right choice. Thank you for reading.</p>	
<p>413. OutNebraska Executive Director: Abbi Swatsworth</p>	<p>Thank you for the opportunity to offer comments during the consideration of statewide regulations regarding access to gender affirming care for Nebraska youth and their families.</p> <p>OutNebraska continues to fight for full equality for all transgender people in our state.</p> <p>This equality cannot be realized if the state insists on creating barriers to medically-sound healthcare options. For youth and their families here today, we see your frustration and hear your concerns. We are honored to lift up your voices.</p> <p>We have stated all-along that these decisions belong with individual families and their healthcare providers, and that care should be accessible following current best practices.</p> <p>The regulations as proposed do not follow best practices. We have three major areas of concern specific to the guidelines and one major concern regarding implementation.</p> <ol style="list-style-type: none"> <li>1) The proposed regulation of 40 hours of mental health care will create a significant financial burden for families. As currently written, these</li> </ol>	<p>Please see comments 3, 4, 47, and 64.</p>

	<p>regulations do not take into account the reality of insurance authorization and payments for mental health care. Furthermore, they do not allow for care to be individualized to best fit the needs of each person.</p> <p>2) The proposed regulations requiring injectable medications be administered by the prescribing provider unnecessarily treats this medication as different from other injectable medications. This creates financial burdens for families who will be expected to pay for the ongoing administration of medication. Additionally, it creates significant difficulties for medical practices in the practical scheduling and logistics of medication administration and negates healthcare access through qualified telehealth.</p> <p>3) The proposed regulations requiring medications to be explicitly labeled for treatment of gender nonconformity or gender dysphoria violates the privacy of transgender youth and their families. This creates potentially unsafe situations for youth and families who are already marginalized.</p> <p>Overarching all these concerns is the reality that there is no way to implement these</p>	
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	<p>requirements across the state in an equitable way.</p> <p>Given the significant shortage of mental health, medical providers, and pharmacists outside of Nebraska's metro areas, let alone providers willing to seek training to provide gender affirming healthcare, these regulations essentially put this care entirely out of reach for families living in greater Nebraska.</p> <p>The regulations proposed by Dr. Tesmer, and his colleagues do not provide a reasonable path for patients or providers. We urge the committee to reconsider these regulations and seek to more closely align with current best practices.</p>	
<p>414. Amy K. Arndt DNP APRN FNP #110573</p>	<p>My name is Amy Arndt, I am a nurse practitioner licensed in the state of Nebraska. I have over 20 years of experience in primary care and over 10 years of experience providing gender- affirming care to all ages.</p> <p>I am a co-owner of a small business in Lincoln, Hart &amp; Arndt Family Health. I am speaking today regarding my feedback regarding gender- affirming hormone therapy injections being required in the clinic of prescribing provider. I do not believe this requirement is in the best interest of the patient.</p> <p>1. Topical testosterone is 3-4 x a more</p>	<p>Please see comment 47.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>expensive than injectable testosterone, thus those without insurance or underinsured patients will be unfairly affected.</p> <ol style="list-style-type: none"><li>2. My patients are not all Lincoln based due to the lack of access to gender affirming care in Nebraska. Some of my patients come from Western Nebraska or other long distances thus making weekly injections in the clinic inaccessible.</li><li>3. My patients and parents should not be missing school or work related to medically necessary care.</li><li>4. I follow the guidelines for gender affirming care (WPATH and Endocrine society), thus lab results would clue me in to supra-therapeutic dosing if that is the concern. Although I have not found this to be a common problem in transgender or gender diverse youth.</li><li>5. Parents and guardians are partners in healthcare; they are able to be trained to give injections of medication to youth in the home setting (similar to other conditions Type 1 diabetes).</li><li>6. It is costly to the parent, health care system and the clinic to</li></ol>	
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	<p>have to provide injections in the prescribing office weekly for long periods of time.</p> <p>I would ask that you reconsider the stipulation for in office injections of injectable medications and treat it like all other medically necessary medication that can be administered by a trained parent in the home.</p>	
<p>415. PFLAG Lincoln Becky Boesen</p>	<p>Good morning, Representatives of the Department of Health and Human Services. Thank you for the opportunity to share my perspective on LB 574. My name is Becky Boesen, my pronouns are she/her, and I am the President of PFLAG Lincoln, a local chapter of one of the biggest national civil rights organizations in America today. Our mission? To create a just, caring and affirming world for all LGBTQA+ people and those who love them. PFLAG Lincoln has been in existence for over 40 years, so I stand, or rather, sit here today, on the shoulders of giants. Pioneers. Those who came before us, who understood the need for support, advocacy, education, and protection of our beloved LGBTQA+ community. At PFLAG, we lead with love and conviction of the heart. It is with love and conviction I come before you today to ask you to amend LB 574.</p> <p>Recently, I had the opportunity to lobby on behalf of LGBTQA+ individuals and for access</p>	<p>Please see comments 3, and 74.</p>

	<p>to gender affirming care on Capitol Hill in Washington D.C. When my colleagues and I met with senators and representatives who we understood to be in opposition of gender affirming care, we did not lash out or wreak havoc on the Hill. Instead, we presented ourselves as who we truly are as Nebraskans. As people who love and care about our communities and children. As neighbors who bake another neighbor a pie after a knee replacement, regardless of how they vote. As hardworking, salt-of-earth people who care about our places and the future of our state. Our requests were simple, and ones that we hoped would appeal to our lawmakers as human beings. That is, simply, to be kinder to LGBTQA+ individuals living in our state. To dismiss harmful rhetoric and propaganda that would paint our trans community as some sort of fringe group. And finally, to let families and medical professionals make family and medical decisions as the people best qualified to do so.</p> <p>Doctors are obligated to apply the Hippocratic Oath in their practice. It seems that there are members of the Nebraska Unicameral who would also do well to adopt this oath, but regardless, few if none of our legislators are qualified to make medical decisions for Nebraska families, other than their own.</p> <p>Last week I met local parents who have a trans</p>	
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	<p>daughter who also happens to be a teenager. These parents shared that they come from a conservative, religious background. This transition was unexpected by them both. Their entire world has been rocked. However, <i>they are her parents</i>. They have made the decision to love, support and advocate for their child. In an effort to be supportive, I asked what their principal need or concern was at this time. Their response? It wasn't "How will we tell our friends" or "What will grandma think at Thanksgiving". Their priority concern is for their child's access to proper healthcare and support, as multiple statistics show that rates of suicidal ideation and self-harm rise significantly for trans teens who are denied gender affirming care.</p> <p>LB 574, as it currently stands, raises significant concerns for Nebraskans who value life, freedom, individual autonomy and the doctor-patient relationship. Additionally, the potential consequences of this bill on marginalized communities, particularly trans youth, cannot be ignored. We must be mindful of how such legislation may disproportionately affect vulnerable populations, hindering their access to healthcare and exacerbating existing health disparities.</p> <p>I implore the committee to consider the long-term implications of LB 574 and its potential</p>	
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	<p>impact on LGBTQA+ Nebraskans and those who love them. Instead of creating barriers, let us focus on policies that enhance the doctor-patient partnership, uphold the principles of privacy, and ensure that all Nebraskans, regardless of background, have access to quality healthcare.</p> <p>In conclusion, I respectfully urge the committee to reconsider the current language of LB 574 and work towards a more balanced and patient-centered, equitable, and ultimately, loving approach. Let us strive for legislation that empowers individuals, respects their rights, and maintains the integrity of the healthcare system in Nebraska.</p> <p>Thank you for your time and consideration .</p>	
416. Bill McCamley	<p>If you are truly a Christian, LOVE THY NEIGHBOR NO EXCEPTIONS</p> <p>If you are truly a conservative, do not lightly substitute government rule for personal freedom. Unique, critical and complicated decisions should be made by patients, family and their personal physicians, not the government and its bureaucracy enforcing from afar rules that apply to all decisions without regard for unusual extenuating circumstances.</p> <p>Suppose someone in your family was experiencing any one of a thousand different things that can and do happen. Would you want</p>	Please see comment 3.

	<p>some faceless government employee interfering in very painful personal decisions? Would that person have the same information and values that you have? Would you like to be bound by a decision you cannot influence? With few overriding exceptions, families in these situations should have the right to make these important decisions for themselves. There are very few times when any member of the government, including the Unicameral, should substitute their judgment for the judgment of those intimately affected by the decision.</p> <p>That has been the case. It works well. Don't change it.</p>	
417. Cambria Beirow	<p>Good morning and thank y'all for allowing me the opportunity to speak today. My name is Cambria Beirow-1 am a professional mental health therapist here in Lincoln, Nebraska. I have a dual bachelor's degree in psychology and English from the University of Nebraska- Lincoln, and a master's in professional Mental Health Counseling from Lewis &amp; Clark Graduate School of Education and Counseling. I'm here today to make my testimony in opposition to the proposed regulations.</p> <p>I currently work at Hope Spoke here in Lincoln. I cannot give out detailed data regarding the demographics of my clients, but what I can comfortably say is that a majority of my clients are part of the transgender and gender-diverse community. <b>Over half of them are minors who are incredibly fearful for their futures in the</b></p>	Please see comment 3.

**state of Nebraska.**

Many of them ask me weekly about what the future holds for them-- they ask me if their family doctors will stop being caring professionals for them. They ask me if they will have access to medical care and if they will have access to educational resources. They ask me how their peers and classmates and teachers and educators will treat them with the proposed regulations in mind. They ask me when they will be allowed to just exist as their authentic selves. They ask me if anyone can hear them, if they are invisible in the eyes of the State, if the adults and rule makers of Nebraska even care.

And I don't have any answers for them. I can reframe negative statements, I can teach them coping skills, I can develop emotion regulation, I can work with them on multiple levels to improve their mental health. But I cannot answer their questions.

So instead, I'm here. I'm here today to make my testimony in opposition to the proposed regulations.

The proposed regulations would negatively impact my work with my clients.

The regulations proposed require a cookie-cutter model for all therapeutic and medical care, without specifying the medical necessity of such care. In a layperson's terms, this means that physical and mental healthcare would operate under the State's definition of medical necessity, rather than operating from the foundation of each client and patient having different healthcare needs.

	<p>Clients would be expected to jump through multiple hoops, wasting time, financial resources, and labor, just because the State determined the treatment fits with the cookie-cutter model for care. The care might not even benefit them, or worse, actively harm them! Clients and providers would be overworking themselves by the State's determination, despite it being much more efficient to provide personalized care to each individual person. ADDITIONALLY, If the State gets to determine or redefine medical necessity, it can lead to further State-sanctioned regulation of medical care. What is stopping the State from determining or redefining what Nebraskans truly need?</p> <p>It is obvious for me to see that each one of my client's needs to be treated as their own unique case. I cannot provide a blanket treatment option that helps everyone-I need to adjust and tune each aspect of therapeutic care to the person I am working with. I can't utilize the same exact therapeutic interventions for every single client and diagnosis in my office-it would be ineffective and unethical to do so. If a cookie-cutter model is adopted through the proposed regulations, I would not be providing the correct care for my clients.</p> <p>It is a requirement of my career, as a mental health professional, to follow the American Counseling Association's Ethical and Professional Standards. It is important to note that the proposed regulations are <b>unethical</b> by the standards that I am required to follow. I cannot provide the correct ethical care for my clients</p>	
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	<p>with the proposed regulations. I simply cannot. The vague language utilized in the regulations put myself and other providers at risk of violating their codes of ethics for being in opposition to their professional standards of practice. Without detailed language outlining expectations, therapists and doctors and other providers working with transgender and gender-diverse youth will have concerns about practicing ethically; professionally, and legally under these regulations.</p> <p>It would be wildly unethical for me to follow the proposed regulations with my clients. I would be <b><u>actively harming my own clients</u></b> in session. It would be a massive violation of the AC/is Ethical and Professional Standards, it would be against the United States Department of Health and Human Services' recognition of gender-affirming care as the best practice, and it would be in direct opposition to the World Professional Association for Transgender Healthcare (WPATH)'s guidelines.</p> <p>Before I wrap up today, I have some final facts that are important to note: The proposed regulations are not clinically informed.</p>	
418. Carole Gushard	<p>My name is Carole Gushard.C-A-R-O-L-E. Last name, G-U-S-H-A-R-D. I'm an active voter in Speaker Arch's district. I originally listened to discussions about healthcare this legislature felt they needed to regulate. I did not originally consider speaking as I needed to consider the</p>	<p>Please see comments 3, 4, and 47.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>subject after discussions with trans persons. I strongly believe healthcare is a private decision between a medical professional and a patient and/or minor's parent or guardian. I have reached this decision based on past practice of medical care being decided by a few for the many. In the past, if you needed a hysterectomy, a panel of physicians reviewed the case to decide if it was justified. Most of the deciders were men, mainly because women weren't allowed to be doctors. If a person was pregnant, male doctors decided if one was to carry the fetus to full-term or delivery. I use these examples because I am a woman, and these issues are familiar and personal to me. I wonder if men had menstrual cramps or experienced childbirth how they would feel about being denied hysterectomies or being forced to carry a fetus to full-term in all cases. I would never as a woman dictate universal care for any group or withholding of treatment to a group of patients, especially if that care or treatment was limited to only trans female and male patients and their bodies. Non-trans people are making decisions for trans persons about their care and treatment. Would you want persons who do not know your circumstances deciding what care and treatment you could have? If you were going to impact lives -- I'm sorry. If you are going to impact through laws the lives of trans people, I would recommend your consideration into the views and experiences of trans people in all their expressions and the professional advice of physicians who provide gender-affirming care to trans for people --</p>	<p>Injectable medications are addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>persons. Regarding the suggestive guidelines, I agree there is a value in living in one's preferred gender. I would defer to medical professions as to how long that needs to be. In my experience with therapy, to work through personal issues, I found the therapist to be clinically objective and non-biased. As all therapy is confidential, how is the therapist to be evaluated? How was 40 hours of therapy as a requirement determined? What is the current standard practice as defined by medical professionals? How will trans persons in rural areas where fewer therapists and physicians than those in urban areas who treat patients seeking gender-affirming care be affected? Why would patients not be allowed to give themselves injections with proper training? Diabetic patients routinely do this. How would the potential exodus of therapists and physicians who treat trans persons affect their availability to the general population? I had a couple more. And I'll leave my written statements.</p>	
419. Charlie Yale	<p><i>The following letter was signed by more than 400 young people, educators, healthcare providers, and parents in Nebraska</i></p> <p>The people of Nebraska unequivocally reject the pretenses laid out in LB574, and the proposed regulations that only hinder transgender youth and their access to essential healthcare.</p> <p>The implementation LB574 betrays the overwhelming majority of scientific evidence supporting the use of Hormone Replacement</p>	Please see comments 3, and 74.

Therapy (**HRT**) for transgender youth. The political regulation of services provided by healthcare institutions only serves to burden providers and the patients they serve.

Gender-affirming care creates no outsized health risk for transgender youth. What gender-affirming care *does* do is lower the risk of suicide for transgender youth. Janet Lee in the Annual Review of Medicine in early 2023 noted that "numerous studies ... demonstrate the clearly beneficial-even lifesaving-mental health impact of gender-affirming medical care." Strictly regulating access to gender-affirming healthcare disregards its lifesaving mental health impact for transgender youth.

In March and April of this year, hundreds of Nebraska students chose to walk out of school in support of transgender youth. Our message was simple then, and our message remains simple now: transgender youth deserve respect and dignity. We deserve access to healthcare aligning with the well-established, evidence-based standards of care. Governor Pillen: you represent the entire state. Please listen to the voices of transgender youth when they tell you that this legislation will harm them beyond your comprehension.

We stand strong in our support for transgender youth. We will continue to fight until every single individual in Nebraska can live their lives with their entire right to healthcare.



<p>420. Christian Vihstadt</p>	<p>My name is Christian Vihstadt, C-H-R-I-S-T-I-A-N V-I-H-S-T-A-D-T. I am a resident of LO 31 in [city], represented by Senator Kathleen Kauth, so I like to think I have more at stake in this conversation. I testify today in opposition to the proposed rules released per the Let Them Grow Act passed this year.</p> <p>I adamantly opposed the passage of LB 574 this spring in both its original and amended forms on the grounds of bodily autonomy and the fact that those deciding the law have no background in gender-affirming care and treatment. I oppose the proposed rules on the same grounds.</p> <p>I do acknowledge that Dr. Timothy Tesmer has a medical background, but that background is in ear, nose, and throat care. I attended the Legislative committee hearing for LB 575 (the pending Sports and Spaces Act) and reviewed testimony from the hearing on LB 574, and the testimony from professionals in gender-affirming care was all against the restriction of this care.</p> <p>On the bodily autonomy piece- it is incredibly important to me that everybody in Nebraska can make their own informed choices about their bodies. The proposed guidelines certainly pose new barriers to this care that, in my opinion, don't actually</p>	<p>Please see comments 3, and 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>make treatment safer, but rather just make care more difficult. One requirement for the use of puberty-blocking drugs (Section 3) is that "the patient has at least six consecutive months of living primarily as the preferred gender." First, how would a medical professional determine this? Why would this be a requirement when puberty blockers are used to give a person more time to make sense of their gender?</p> <p>The fiscal impact statement of the proposed guidelines points out yet another barrier to care that the guidelines would pose- the required 40 hours of therapeutic treatment will require out-of-pocket expenses for many of those receiving this care.</p> <p>It seems to me that the goal of these rules is not to make these treatments safer for those considering them, but to restrict these treatments solely to diminish the number of people that can access them. I wholeheartedly object to these proposed rules and hope that they are not passed in their current state.</p>	
421. Cindy Maxwell-Ostdiek	My name is Cindy Maxwell-Ostdiek (C-I-N-D-Y M-A-X-W-E-L-L-hyphen- O-S-T-D-I-E-K), and I am a resident of Nebraska who opposes further restrictions on gender-affirming care. The proposed regulations create arbitrary time	Please see comment 3.

	<p>constraints and increasing emotional and financial burdens on already struggling families and youth in our state.</p> <p>This issue is important to me because I am a person of conscience and stand with my neighbors in supporting Nebraska's transgender youth and their families. Over 100 Nebraska businesses and nonprofits opposed the gender-affirming care ban for transgender youth, and submitted a letter signed by Omaha Steaks, Together Omaha, and others. In fact, Union Pacific and more than 300 major corporations such as Amazon, Cargill, Kellogg, Google, and USBank signed on to the Human Rights Campaign's letter to state Senators and Governor Pillen listing business opposition to "anti-LGBTQ state legislation".</p> <p>I believe healthcare decisions should be between patients and their doctors, not lawmakers. These decisions are made with parental consent in the case of healthcare for transgender youth. LB574 and these proposed regulations ignore parents' rights and do not follow the standard of care. It is also important to point out the major, credible healthcare associations that opposed this law during the Legislative Session either through direct testimony or via a letter submitted to the Legislature and signed by more than 1,200 Nebraska medical professionals. They include:</p> <ul style="list-style-type: none"><li>Nebraska Chapter of the American Academy of Pediatrics</li><li>Nebraska Medical Association</li><li>Nebraska Chapter of the National Association of Social Workers</li><li>Nebraska Nurses Association</li><li>Nebraska Psychological Association</li></ul>	
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During Dr. Tesmar's [sic] Chief Medical Officer confirmation hearing on May 25, 2023, in the Nebraska Legislature Health and Human Services Committee, only one proponent testified in favor of the doctor. Five people testified in opposition, including me, and two testified in neutral capacity. Chairperson Hanson listed that comments submitted for the record included 4 proponents, 82 opponents, and 7 in the neutral capacity. As for Dr. Tesmar, [sic] he claimed that he would work with healthcare experts to come up with the regulations, but the process and exactly which trusted experts were consulted is not transparent.

As the October 1 deadline for the implementation of LB574 neared, I spoke with many Nebraskans who were terrified for their family members' health. Again, it was down to the wire, and they were waiting with fear to learn the details of the regulations that would impact their child's health! That the temporary regulations were not announced until the day the law was to go into effect seemed unnecessarily rushed and was callous and cruel.

The temporary regulations do not follow standard of care, and it is unclear where Dr. Tesmar [sic] and the Department of Health and Human Services are finding these recommendations. It is unfortunate that the Chief Medical Officer and this Department within the Nebraska state government are not relying on trusted experts in this field. Please listen to healthcare professionals and those impacted by

	<p>these laws and make the decision not to further restrict access to this care.</p> <p>Thank you for your consideration</p>	
422. Dana Maaske	<p>My name is Dana Maaske, and I am the parent of a trans child. I am here today in opposition of the restrictions placed on access to gender affirming care for trans children in Nebraska as outlined in Title 181, Chapter 8. I can't express how much I don't want to be here today. The last time I stood in line to give testimony it was in opposition of LB574. My husband and I waited for 8 hours only to be denied our right to speak by Senator Ben Hansen. I avoided writing this testimony until late this morning, because I have so little space left in my emotional reserves after what the introduction, fight against, and unfortunate passing of LB574 has put my family and I through this year. I am in therapy myself now after the toll it took trying to reason with so many horrible senators this spring that supported this bill and taking the verbal abuse from their supporters when myself and other parents of trans kids went to the Capitol daily to share the story of our families with lawmakers. I told them of our nearly 16-year-old son who is trans and how having access to gender affirming care saved his life. I told them how it would hurt him immensely to no longer receive this care, and so many of them supported this bill anyway. Even people like Tom Brandt, who lied to my face and told me he didn't support the bill. Even people like Jana Hughes, who was shaken and crying after hearing our stories and telling us how bad she felt for us but</p>	<p>Thank you for your comments. No changes will be made.</p>

didn't dare vote against her party. And people like Christy Armendariz, who told me I was unprofessional and aggressive for crying and being upset about her blind support for the bill- which she later told the press she didn't even know what she was voting on. That's a lie. She knew.

I feel forced into this position of standing up for trans kids and their families in Nebraska because so few of my so-called representatives in the legislature have done so. Without the few senators that stood up for our parental rights and our sons right to healthcare access in Nebraska, most notably: Michaela Cavanaugh, Megan Hunt, Jen Day, Danielle Conrad, John Fredrickson, and George Dungan; we would have had to move out of state to seek care for him. Because despite our many privileges in life, being able to afford the time and monetary resources to travel back and forth out of state regularly to get care is not among them. We know several families that have had to move out of state for this reason and it has been devastating for them. They are incredibly homesick, but at least they know their children are safe from this type of Christo fascist legislation plaguing our state and others across country; threatening their parental rights and healthcare access for their trans children. Sadly, trans kids and their families in Nebraska do not know this safety. Every day they live in fear of how these restrictions imposed by DHHS and future legislation will bar their child's access to care. And for what? So, state senate

republicans and McDonnell can play into whatever prejudice du jour their hateful base has responded to in marketing test groups? Because that's the real driving force behind this hate in our legislature, garnering votes and campaign contributions through gross misinformation , not protecting kids.

We are just one family, there are hundreds more like ours in this state that are hurting because of this bill. Our son had already been receiving care, so he has been grandfathered in for some aspects, but not all. We will still have to travel out of state for surgery he was already on course to receive and would have otherwise been able to get here at home in Nebraska if it weren't for the passage of LB574. Because of the relentless work of the handful of senators against this bill that I've mentioned previously, we were able to stay in our home of 17 years; the house our son was born in and that we have raised all of our children in. However, this was after months of what felt like helplessly watching negotiations with terrorists, from behind a screen or the balcony looking down, depending on whatever energy I could muster for the day, because I couldn't bring myself to look away when our future was being debated largely by people that couldn't have cared less about what happened to us. And that is how I hope all the supporters of this bill will be remembered in history- as the terrorizers of trans children and their families that they truly are.

	<p>The future of knowing if/when/or where we could get continued, lifesaving, gender affirming care for our son has been traumatic for all of us. How many more kids and families have to be hurt before the Nebraska lawmakers in support of LB574 give up the ghost? Will Chief Medical Officer of DHHS Dr. Timothy Tesmer, appointed one month after the introduction of this bill by Governor Jim Pillen., change or revise the restrictions placed on trans kids that were not as fortunate as ours to be grandfathered in to make their lives easier? Fat chance. But I still have hope. And that is something that no hate-filled supporters of LB574 can ever take away from me. You want to know how people become radicalized? Come for their children. I will never forget the harm republicans in this state and McDonnell have caused and will continue to inflict upon trans kids and their families, including ours. I hope DHHS will take this into consideration, but I know they won't. I have lost all faith in any facade of democracy I once thought existed.</p>	
423. Dawn Darling	<p>My name is Dawn Darling (she/he). I am a Licensed Independent Clinical Social Worker in Kearney, and my business is Sunrise Therapy Services. I have been working with transgender clients for nine years. I am a member in good standing of the World Professional Association of Transgender Health (WPATH) and have earned my WPATH GEi certification, which included over 20 hours of training, over 10 hours of mentorship, over five hours of listening to</p>	<p>Please see comments 4, and 74.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.</p>



	<p>transgender experiences, and passing an exam on the WPATH Standards of Care.</p> <p>Furthermore, I provide local presentations and trainings on transgender issues and facilitate Chameleons, an informal transgender support_group.</p> <p>I have completed extensive training to be qualified to help clients in their gender journeys and make educated professional decisions about what is appropriate for each individual client, just like I do with all my clients regardless of what issues they begin therapy for. The passing of LB574 has completely ignored and invalidated my professional experience and expertise. It is a slap in the face by lawmakers; politicians with a conservative agenda who believe they know better than I do about how to do my job. They have no training or experience working with this population of people, yet they feel they have the authority and right to supersede the work I do with gender diverse minors, their parents, and their doctors.</p> <p>I have significant concerns about the LBS?4 proposed regulations. I will only comment on section 004 regarding contact hours of therapeutic treatment, as that is my area of expertise.</p> <p>First, not everyone can afford or attend therapy. Some insurance plans either don't cover behavioral health at all or they have a very high deductible or copay, making attending therapy</p>	<p><a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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on a weekly or twice a week basis unaffordable for many families. In addition, some families live in very rural parts of Nebraska and the nearest qualified therapist may be located fifty or more miles away. If they have unreliable transportation, or if the weather is bad like it is several months out of the year in Nebraska, they will not be able to attend appointments at all or on a regular basis. Luckily, many providers now do telehealth, but some families may also be disqualified from utilizing this service if they don't have internet, a working computer or phone, and/or a private place to meet. Because of these barriers, meeting this criteria is unattainable for some families.

Second, not everyone needs therapy. Being transgender is not a mental illness. It is not in the DSM-5 and, therefore, it should not be treated as a mental illness. What is in the DSM-5 is gender dysphoria, which is the marked incongruence between one's sex assigned at birth and their gender identity causing clinically significant distress. The medical diagnosis for this in the ICD-11 is gender incongruence. The treatment for this is a social and medical transition. It is my job as the therapist to help gender diverse people process and clarify their gender identity, help them with their social transition if needed, make referrals to medical providers if needed, and help them cope with their gender dysphoria along the way. I have been seeing transgender and gender diverse clients for nine years, and I can assure you that this process looks different for every

person. Not every person, not even minors, need 40 hours of therapy to confirm they have a gender other than that which was assigned at birth or to begin medical treatment.

In addition, ever since COVID, it has been very difficult for people to find a therapist with openings on a weekly basis, let alone twice per week. In Kearney, if you call around, more often than not you will be told that the therapist's schedule is full and you will be put on a waiting list, further delaying life-saving treatment. I am not currently taking new clients because my schedule is so full, and it has been like that for at least a year. Having the requirement that every gender-diverse minor attend therapy for 40 hours prior to medical interventions is likely going to deny treatment from some minors who desperately need it while forcing other minors who don't need the full 40 hours to take up therapy sessions another minor would highly benefit from. In addition, the 40-hour requirement means trans minors will have to meet with a therapist once a week for nine to 12 months before even beginning the process with a medical provider, which is ridiculous. I promise this will cause increased clinically significant distress for our gender diverse youth because history and research has proven it to be true.

As a matter of logistics, the 40-hour requirement does not even coincide with how therapists count sessions. Insurance companies only pay in 45- and 55-minute sessions and strongly frown at clinicians doing 55-minute sessions, so almost all

of mine are 45 minutes. This complicates the 40-hour requirement. I strongly urge you to consider changing the wording to "sessions" rather than "hours". I would also suggest that you consider changing the requirement to a range of sessions rather than 40 for every minor.

I am equally concerned about the requirement that the 40 therapeutic hours have to be gender-identity-focused but the therapist has to remain "clinically objective and non-biased, not merely affirming the client's beliefs". As a gender therapist who follows the WPATH standards of care, I already take this stance. I do not try to convince anyone to be or not be any particular gender. I work with every client to better understand themselves and their goals. I am not attempting to coerce anyone into transitioning, and I completely support the direction they want to go, including using the name and pronouns they choose as well as supporting them "changing their mind" about their gender identity. My concern is that this would be considered affirming therapy in the eyes of these regulations. I believe to my core that if I were to use a minor's legal name or pronouns assigned at birth and they want me to use a different name or pronouns for them, the clinically neutral thing to do is to use the name and pronouns they want me to use. Demanding to use their legal name against their wishes is conversion therapy.

Finally, the six-month social transition requirement is archaic and harmful. Those of us

	<p>who have actual training to provide therapy for gender diverse people have moved away from it because people's lived experiences prove that it is not always best practice. It may not be as big a deal for our prepubescent minors, but as soon as they begin the potentially wrong puberty, they are at much higher risk of being harassed and bullied trying to live as their identified gender without medical treatment causing them to look more typically like that gender. And any time a minor is harassed and bullied, they are also at higher risk of suicide and self-harm. The WPATH researchers and providers have already made these conclusions which is why we have a recently updated version of the standard of care. These are the standards that should be being followed. The therapeutic requirements created for LB574 are modeled after a new and veiled form of conversion therapy called Gender Exploratory Therapy created by Lisa Marchiano who's leaked emails prove that her goal is to ban transgender care nationwide. As a reminder, all major psychological and medical organizations already advise that the best practice for treating gender diverse minors and adults is gender affirming treatment. It is my hope and desire that Nebraska will go to WPATH, the experts in the field, read the research, and amend the regulations that they have created so the gender diverse minors of Nebraska can receive the best possible care. Please see the link to the WPATH SOC-8 recommendations provided.</p> <p>WPATH Standards of Care version 8; Adolescent</p>	
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chapter 6 pp. S43-S66 and Children chapter 7 pp. S67-S79

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

The World Professional Association for Transgender Health (WPATH) is an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, public policy, and respect in transgender health. One of the main functions of WPATH is to promote the highest standards of health care for TGD people through the Standards of Care (SOC). The SOC was initially developed in 1979 and the last version (SOC-7) was published in 2012. In view of the increasing scientific evidence, WPATH commissioned a new version of the Standards of Care, the SOC-8.

The SOC-8 is based on the best available science and expert professional consensus in transgender health. International professionals and stakeholders were selected to serve on the SOC-8 committee.

Page S48: Statements of Recommendations for health care professionals working with gender diverse adolescents.

Page S69: Statements of Recommendations for health care professionals working with gender diverse children.

Page S254-S258: Appendix's of gender-affirming medical treatment

<p>424. Rev. Debra McKnight Urban Abbey United Methodist Church</p>	<p>As a United Methodist Pastor serving in the Omaha area since 2007, I have relationships with many individuals and families that would be heartbroken by this bill. This care has not only been established by research in the fields of medicine, psychology and education but it saves lives.</p> <p>People have used Christianity to oppose Gender Affirming healthcare and to maintain narrow gendered boxes. But this does not represent the Biblical narrative as much as it represents fear and a desire to control the bodies of others.</p> <p>Joseph's coat of many colors is a princess dress - we just don't like to translate it the same way we do for King David's Daughter, Tamar. Our Creation stories are filled with spectrums, there is light and dark but there is also sunrise, dusk, noon, midnight and there is even one hour we call the magic hour. Light and dark exist in gradients, in a spectrum. There is water and land but there are also marshes, beaches, bogs, deserts and wetlands between the height of the mountain and the depth of the ocean. The same spectrum exists within male and female. The earliest Christians welcomed a sexual minority of their day, the Ethiopian Eunuch. Our faith can inspire us to do the work of love in a diverse world. Our faith does not oppose Gender Affirming healthcare, but rather urges us to work that all may have life and have it abundantly.</p> <p>My church is full of parents that are fierce and loving advocates for their children who do not fit into gendered boxes. I want to share the story of</p>	<p>Please see comment 74.</p>
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one Urban Abbey family. It is an honor to be trusted with their words, but I am grieved that our violent and hostile culture would make them feel unsafe testifying.

*"You will hear today from medical experts how, and why gender affirming care is necessary, needed, and safe. We ask that you listen to these medical professionals and trust their expertise. Instead, our testimony will focus on our family's story.*

*Our child was in kindergarten when they told us they wanted to die. They explained calmly, and in detail how they would do it and the true reason for why they wanted to do it. Our kind, wise, gentle child was telling us they would rather die than continue to live as the gender they were assigned at birth. Can you imagine as a parent having to listen to your child tell you they wanted to die? It's a soul crushing pain.*

*In that moment we had a very simple choice presented to us. We could choose to visit their tombstone or help them transition into the person they were always meant to be.*

*It's really simple the choice this committee has to make, you can choose to help keep children like ours alive or force them into an early grave. No matter what else is shared today, we humbly ask that you keep this message at the center of the decision. Our hope and prayer in sharing our story is that it might cause one person on this*



	<i>committee or in this room to change their perspective and oppose LB 574."</i>	
425. Fiona Bryant	<p>My name is Fiona Bryant and I'm a high school student and constituent in District 9 in [city]. I'm also a member of the LGBTQ+ community although I'm not trans. In this position of being a queer high school student, I'm surrounded by and friends with those most affected by LB574- trans youth. I see how accessing gender-affirming care with the input of their <u>parents and doctors</u> improves their lives. Watching a friend begin receiving gender-affirming care is watching a friend grow more comfortable, more confident, more happy in themself.</p> <p>You're the Chief Medical Officer; your job is to represent Nebraskans. To do so, you must recognize the humanity in each constituent. <u>Stop</u> treating the healthcare, the lives, the happiness of trans people as a political football. Your <u>job</u> is to represent Nebraskans.</p> <p>Acknowledging and respecting the humanity of each Nebraskan is integral to that. Supporting unnecessarily harsh, vague regulations to LB574 directly undermines that recognition of humanity. Supporting unnecessarily harsh, vague regulations to LB574 directly opposes what doctors, patients, and parents want and advise. These regulations have dire consequences: when trans youth are barred from access to gender-affirming care, susceptibility to bullying and poor mental health occurs. Being <u>barred</u> from living as your true self, being barred from following advice from your doctor, these directly harm trans youth</p>	Please see comment 74.

	<p>in Nebraska.</p> <p>The Trevor Project already reported that <u>58%</u> of trans or nonbinary youth in Nebraska seriously considered suicide in 2022. <u>And this was before the passing of LB574!</u> The inhumane, vague, discriminatory regulations being proposed <u>will</u> undoubtedly and unfortunately contribute to this mental health crisis in Nebraska.</p> <p>Recognize the humanity of trans youth and their right to care that <u>affirms</u> them.</p> <p>Otherwise, you must contend with the fact that the deaths of trans youth fostered by disgusting, limiting legislation will be on your hands.</p>	
426. Harlan R. Musil	<p>My Name is Harlan Musil. I have lived in Nebraska for 62 years. I am an advocate for trans persons and a member of PFLAG. I have trans friends who are afraid to leave their homes, go to work or go out into the community because of LB574. There is violence against trans and the LGBTQIA+ that is often not reported because there is zero protections or recourse.</p> <p>Grandparents, parents, children and singles are struggling and afraid since LB574 was passed.</p> <p>The most recent data reports that the number of trans youths who get gender affirming care each year in the entire USA is around 1300, 480 of which are receiving surgery. There are over 230,000 plastic surgeries performed on all youth groups each year in the USA, less than 500 being trans surgeries. The issue of trans youth medical care is irrelevant because it does not apply to all</p>	Please see comments 3, and 74.

	<p>youths medical procedures and treatment. Gender affirming healthcare is recommended and approved by the American Pediatrics Association and other physician groups. Trans affirming care is necessary and the data shows that it saves lives and prevents trans youths from committing suicide. There are also situations when a medication or surgery must be done to prevent life threatening health issues and death. Restricting trans healthcare is not an option.</p> <p>Scared trans persons are experiencing emotional stress and poor physical health issues due to LB574. Rather than protecting trans youths, LB574 has made them a target. Trans persons in Nebraska are currently being threatened, harassed, assaulted, vandalized and refused support services. LB574 isn't just impacting trans youths, it's affecting entire families, friends and businesses. I personally know several families who have decided to leave Nebraska and are taking their skills &amp; tax dollars with them. Others are leaving Nebraska because they recognize these restrictions reduce opportunities, growth potential and quality of life. The social and economic loss for Nebraska is estimated to be in the high millions and impacts all businesses statewide. Nebraska is now labeled as a place of stagnation, inequality and hate.</p> <p>Many people are confused by both gender identifications and the LGBTQIA+ community; therefore, laws which impact and restrict trans persons also negatively affect everyone who is</p>	
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	<p>LGBTQIA+. My family believes the false information about LGBTQIA+ persons and my relationship with them is now very difficult. Religious beliefs and politics should not be used to implement any healthcare over scientific medical or psychological research and practices.</p> <p>For these reasons LB574 should not be implemented.</p>	
<p>427. Heather Rhea District 27</p>	<p>1. Heather Rhea</p> <p>I grew up in Nebraska and have lived in [city] for over 17 years. My 18-year-old daughter is transgender. She socially transitioned several years ago and will meet the grandfather clause for LB574. Our family has been opposed to LB574 since the beginning, as the purpose is to prevent or deter trans or non-binary persons from receiving lifesaving, or life enhancing medical care. These regulations continue to make receiving medical care more difficult and provide more barriers for trans youth and their families, just for being transgender. The legislature and state government have no business coming between families like mine and the medical care professionals who have been taking great care of gender non-conforming Nebraskans for decades. My daughter is a successful, engaged teen. She is a National Merit Semifinalist and is working toward her International Baccalaureate diploma at [high school]. Trans young people have the</p>	<p>Please see comments 3, 14, 47, 64, and 215.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

right to medical care that allows them to be fully present and engage in a full life, like my daughter has. In large part this is because of the medical care she has been able to receive.

Aside from the financial limitations of many Nebraskans will not be able to overcome to meet the therapy hour requirements, it is clear that these regulations have specifically been designed to make gender affirming care more difficult for gender nonconforming youth, and further alienate the LGBTQ community. I would like to discuss a few of these barriers with you today.

No other prescription my child has ever had has been forced to carry my name with the label. I am not ashamed or embarrassed in any way, shape or form to have my name there. However, if it is the requirement to protect children, it should not be limited to trans and non-binary children. Why is it not a requirement for another minor who has the same prescription? Or for prescriptions known to be more dangerous? Making separate rules based on gender identity is discrimination.

Like many Nebraska parents, I want to raise an independent, responsible person. It is not uncommon to have kids in their teens start learning to do things for themselves, like pick up their own prescriptions. I do not think a seventeen-year-old in Nebraska being disallowed from picking up their puberty blocker or hormone therapy prescription is helpful in anyway, particularly when their teen counterparts are still allowed to pick up their prescriptions, ranging from birth control pills to Adderall. Additionally,

this becomes problematic for teens who are going across the state for college, as 17- and 18-year-olds often do. This is an attempt to both put up another barrier to make gender affirming care more difficult in application and continue the narrative that gender nonconforming teens need to be treated differently, cannot be trusted as much as their cisgendered counterparts, and should have extra rules applied to them, based solely on their gender identity.

Trans youth prescribed an injectable medication will have further difficulties, as the convenience and lower costs of mail order prescriptions will not be allowed. Since they will have to go to a doctor's office parent in tow, even if the patient is old enough to drive themselves. In most instances the practitioner office cannot use a medication provided from an outside source, raising the price for trans families.

Nebraska is a very rural state, and having to travel monthly, bimonthly or quarterly into a gender care specialist, or even primary care physician, requires additional time, sometimes lengthy travel times, increased cost for fuel, food, and in some cases lodging. It could require missed time for work and school. These are undue costs reserved only for families of trans youth. A child the same age, can be receiving the same medication and not have the same requirements if they are not trans or non-binary. Separate rules based on gender identity is discrimination.

As the parent of a kind, funny, brilliant trans teen

	<p>who has been through the standard of care for gender healthcare before LB574, I am heartbroken and terrified for the families that come after us. The standard of care Nebraskan mental and physical healthcare providers served my family well, and also should not be subject to different rules to provide the best care for all of their patients. This legislation and these regulations make being a gender nonconforming youth even harder for both the child and their families, not only from the logistical barriers proposed here, but also the perpetuation of the idea that trans folks need to be treated differently, that something is wrong with them, which could not be further from the truth. I am scared for what comes next in this "othering" of trans and nonbinary folks if making separate rules continues. I implore you to stop this narrative and do the right thing by eliminating different rules made specifically to target trans and non-binary people.</p>	
<p>428. Hunter Smith</p>	<p>Systematic persecution against the transgender community in America is at one of its highest levels in recent history. Every day, members of the community in Nebraska live in fear as the government is aggressively stripping their rights away. The tactics of misinformation and fearmongering against the community have extended against gender-affirming care, a medical practice that is vital to the health, safety, and well-being of transgender youth across Nebraska.</p>	<p>Please see comment 74.</p>

	<p>No transgender child should be forced to live in silence without gender-affirming care or live under a gender identity they don't wish to be. According to the ACLU of Nebraska, denying care for transgender youth contributes to mental health issues such as eating disorders, depression, self-harm, and suicide.</p> <p>I lend my voice in opposing LB 574 and supporting a future, both in Nebraska and abroad, where transgender youth and adults can live freely and happily in public without fear and systemic barriers against the lives they wish to live.</p>	
429.Jeff Cole	<p>Nebraska's DHHS should follow established medical and mental health guidelines for the treatment of children.</p> <p>I am the father of a transgender teenager. For the health of my child, I depend on an expert team of physicians and therapists. Gender affirming care keeps my child alive and thriving.</p> <p>As we raised our child, we never imagined a need to testify before legislators or administrators to plea for the right to keep access to my child's life-saving healthcare.</p> <p>Before accessing gender affirming care for our child, we had a child that fell ill with ailments that our pediatrician couldn't diagnose. My child</p>	Please see comment 3.



	<p>experienced emotional pain that surfaced as routine bouts of crying, yelling, and extreme anger. As a teenager, the mental and physical pain continued. Because of what we now know was gender dysphoria, depression overtook everything. Instead of meeting with friends, participating in school activities, or being a part of family gatherings, he spent days in his bed. This went on for years. No combination, or amount of anxiety and depression medications or physical and behavioral therapy alleviated the hurt.</p> <p>The hurt led to our child experiencing thoughts of suicide. We worried every time our child was out of our sight. We would pray each morning that my child would still be alive when we entered his bedroom.</p> <p>Gender affirming care changed everything for my child. He is light years away from where he was before; in his bed for days, depressed with thoughts of suicide, unable to engage in the world. Thanks to the care he received from medical and mental health professionals, he is now living independently, employed as an electrician's apprentice, and caring for his dog that he loves. He goes out with friends; he has earned two black belts in martial arts and is in a serious relationship.</p> <p>The list of medical and mental health organizations that support gender affirming care for youth is large and includes the mainstream organizations that the state of Nebraska refers to</p>	
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	<p>in its guidelines for medical and mental health care.</p> <p>American Academy of Child and Adolescent Psychiatry American Academy of Family Physicians  American Academy of Nursing American Academy of Pediatrics  American Academy of Physician Assistants  American College Health Association  American College of Obstetricians and Gynecologists American College of Physicians  American Counseling Association American Medical Association American Medical Student Association American Nurses Association  American Psychiatric Association American Psychological Association American Public Health Association American Society of Plastic Surgeons  Endocrine Society  Federation of Pediatric Organizations National Association of Social Workers Pediatric Endocrine Society  Society for Adolescent Health and Medicine and Nebraska Medical Association Nebraska Psychological Association  Nebraska Chapter of the American Academy of Pediatrics Nebraska Chapter of the National Association of Social Workers Nebraska Nurses Association</p> <p>Nebraska's DHHS should follow these medical and mental health professional guidelines for the treatment of children. Guidelines of care should be developed by medical and mental health</p>	
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	<p>professionals and not by legislatures with little or no medical or mental health backgrounds.</p> <p>Parents are in the best position to make medical decisions for our kids. Parents ought to be allowed to choose the best care based on the advice from professional medical and mental health professions. We know our children more completely than any other person, including politicians. Just as parents have a right to oversee their children's educations, parents also have the right to choose appropriate medical care based on established guidelines of care for their children and not from a legislature-approved menu of therapies. Transgender care is medical and mental healthcare.</p> <p>Families with transgender children need your help, not a new obstacle to maneuver around in order to keep our children well.</p> <p>Parents are in the best position to make medical judgments for our children. We know our children more completely than any other person, including politicians. Just as parents have a right to oversee their children's educations, parents also have the right to choose appropriate medical care for their children. Transgender care is physical and mental healthcare.</p> <p>My son will be 19 in December, because of this law, these rules, and the rhetoric and the culture of intolerance that has followed we are seriously considering leaving Nebraska. Nebraska is not the</p>	
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	<p>Good Life for everyone. Governor Pillen stated that my love and care for my child is "... absolutely Lucifer at its finest." He is not talking about healthcare. These DHHS guidelines ought to be about healthcare, they ought to follow the established and accepted guidelines of care. Transgender children are healthy and alive thanks to gender affirming care and that is why Nebraska's DHHS should follow established medical and mental health guidelines for the treatment of children.</p>	
<p>430. Jessie McGrath</p>	<p>I am a lawyer and a resident of Legislative District 31 and am represented by Sen. Kathleen Kauth the sponsor of the Let Them Grow Act. Earlier this year I testified against LB 574 and indicated that the legislative attacks across the country against gender affirming care are coordinated and being done in an organized fashion. The same individuals appeared and testified against this care all across the country. These coordinated attacks include the use of fringe medical professionals and organizations who oppose medical treatments for trans individuals because of religious dogma. One of the leading religious organizations opposing transgender healthcare is the Family Research Council who I believe was a driving force behind this legislation and probably these draft regulations. In June of 2015, the same month that I legally changed my name and gender, the FRC published a paper that argues that sex is an immutable biological reality, and</p>	<p>Please see comment 4.</p>

that transgender people should have no ability to receive medical treatment and no legal recognition of their gender. As a part of their efforts, they have spearheaded the legislative assault on trans healthcare across the country. A director from the FRC was an invited speaker at the hearing on LB 574 and Sen. Kauth was a guest multiple times on the head of FRC's video broadcasts. Working in conjunction with groups like the Alliance Defending Freedom and the American Principles Project they have waged war against trans health care.

We have seen what happens when these groups can affect policy - trans health care is severely restricted if not totally denied. No reputable medical organizations believe that requiring an arbitrary number of mandated non-affirming therapy sessions is beneficial to a trans child. These types of requirements come from fringe medical groups who are opposed to transition related care. Their goal is to deny trans kids medical treatment when they are young in the belief that trans kids need to just accept their biological reality and they will grow out of their gender dysphoria. This is not true.

So where exactly did these regulations come from? Who were the medical professional's that you consulted with to arrive at these regulations? It's clear that they did not come from doctors who actually treat trans kids.

These regulations are designed not to help trans kids but to force them to go through their natal puberty. These regulations are designed to frustrate and delay treatment that kids, their

	<p>parents and doctors all agree is medically necessary.</p> <p>So why was this bill introduced? It's because trans people trying to live their lives made Sen. Kauth uncomfortable and feel bad. Earlier this year Sen. Kauth publicly announced that she would refuse to acknowledge my legal gender and stated that it "doesn't matter what you cutoff, inject or insert - you're still a man."</p> <p>All I can say is that I fully intend to use my University of Nebraska legal education to protect the rights of trans youth and their parents to have access to appropriate and timely medical care without unnecessary legal restrictions from transphobic politicians and political appointees.</p>	
431. Jill Dibbern Manhart	<p>Thank you Dr. Tesmer and the Department of Health and Human Services for holding a hearing on the 574 regulations. I appreciate this opportunity to share my concerns with the proposed regulations.</p> <p>I am here as a mom of a transgender child. My husband and I have been following my son on this journey for a long time, listening carefully to him, seeking education and advice from medical professionals and therapists all the while supporting and caring for him as parents should. We have always been cautious, careful, and methodical along the journey wanting to give him the best care and support we could. The journey has been fairly smooth until this past legislative session when our rights as parents and the rights</p>	<p>Please see comments 3, and 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

of our team of medical professionals to make decisions for our son was stripped from us by our own government.

According to the World Professional Association of Transgender Health or WPATH, there is "no one-size- fits-all approach". They go on to say that providers need to work together to minimize harm to the patient. I would like to look at these regulations under the WPATH's term "minimizing harm". One of the biggest obstacles under these regulations is the "mandatory 40 hours of gender-identity-focused contact hours of treatment". This requirement is an excessive number of hours mandated and encroaches on the ethical guidelines that therapists follow in their practice with patients. I can think of no other diagnosis that one would receive that requires a patient to undergo a certain number of therapeutic hours before receiving medical treatment.

Also in most therapeutic relationships, therapists do not see their patients weekly which leaves this requirement to take upwards of at least 2 years to complete. For a young person in puberty, waiting 2 years to address any concerns or in worst case a crisis situation is unacceptable. Would you want to be told that you could not get a life-saving medication because you had not had enough therapeutic sessions to meet the government's requirement? This requirement truly does not "minimize harm".

These regulations insert government into the therapeutic relationship between a child, their family, and their therapist. What is supposed to be a collaborative relationship is now obstructed by an insertion of government within that triad. Mind you, this is the same government who has worked hard and continues to work hard to put as many obstructions in the road of their gender identity to stop them from existing in this world. And if a child is having a crisis where doctors decided medical interventions will be the best mediation to support them, what are the options for the parents and the providers? Why are we suddenly not trusting the healthcare providers and their expertise to support these children, yet we trust them to prescribe the exact same medications for children experiencing precocious puberty or any other diagnosis that uses these exact same interventions without 40 hours of therapy?

Let me be clear, I do believe that some therapeutic hours are important for trans youth, but that needs to be left to the professionals who have training and experience within this field. This requirement of 40 hours is costly and not equally accessible to all trans youth, not to mention the shortage of mental health care workers that we are experiencing leaving families to not even be able to start to meet these requirements.

Finally, no parent is rushing into gender affirming care. We are cautious, thoughtful, proceed with



	<p>care. We, of all people, want what is best for our children, to best support them. We are merely families trying to love and care for our children. We are asking for a world where our children are valued and at the least, can safely exist. A world that wishes to minimize harm done to them. Please allow us to work with our therapists and medical team to best support our children. Children's lives depend on you. Thank you.</p>	
<p>432. Julia A. Galvez Delgado M.D., M.B.I.</p>	<p>My name is Doctor Julia Galvez Delgado. J-U-L-1-A G-A-L-V-E-Z D-E-L-G-A-D-O</p> <p>Ladies and gentlemen, esteemed colleagues, and honored guests,</p> <p>I am truly humbled to address you today as a proud Nebraska resident and a triple board-certified physician specializing in anesthesiology, pediatric anesthesiology, and clinical informatics. It is a privilege to be part of this vibrant medical community that shares a steadfast commitment to delivering exceptional care, particularly to our youngest patients.</p> <p>On a personal level, as a transgender individual, I have experienced limited access to care due to perceived biases against me. We must work to remove barriers to access healthcare for all patients, especially those from marginalized communities such as gender-diverse children.</p>	<p>Please see comment 3.</p>

	<p>In reflecting on the values that guide my life, it is clear that we must all work together to remove barriers to healthcare access for every patient. In this pursuit, I staunchly oppose any efforts to further restrict access to gender-affirming care. Each individual deserves the right to compassionate and inclusive healthcare that aligns with their unique needs and identity.</p> <p>In our commitment to accessible and compassionate healthcare, it's crucial to prioritize patient-centered individualized care. I implore you to adopt the evidence-based guidelines from the World Professional Association for Transgender Health (WPATH), which are grounded in rigorous research and a comprehensive understanding of transgender health and move beyond a one-size-fits-all approach, encouraging a holistic understanding of each patient's physical, mental, and emotional well-being. I wholeheartedly recommend the adoption of evidence-based guidelines established by the World Professional Association for Transgender Health. By embracing these guidelines, we can ensure that our healthcare system is rooted in compassion, understanding, and a commitment to the well-being of all individuals.</p> <p>In closing, I stand before you not just as a physician but as a member of this remarkable community, urging us all to champion inclusivity and evidence-based practices in our shared pursuit of providing the highest standard of care</p>	
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	<p>for every patient. Together, let us forge a path toward a healthcare landscape that truly leaves no one behind.</p>	
<p>433. Julie Jones</p>	<p>Good morning. My name is Julie Jones, and I am here representing the Lincoln Monthly Meeting of Quakers. We celebrate the presence of transgender people in our midst. These members enrich our community and deepen our Worship. We believe that there is that of God in everyone and everyone has gifts to bring to the world. Whenever anyone is excluded, God's ability to work in our midst is diminished.</p> <p>We commit ourselves to support the civil and human rights of all transgender people. We also commit to enlarging our understanding of their experience. No one should face discrimination in employment, housing, health care, or have their dignity assaulted and their human rights curtailed because of their gender identity.</p> <p>We are particularly concerned about recent legislation in our state limiting rights to appropriate medical care for trans people under 19. The rights of medical care providers, trans people under 19, and parents of these young people to make appropriate medical care decisions must be respected.</p> <p>Difficulties in medically sound and humane treatment under the regulations are generally problems with the law itself.</p>	<p>Please see comment 3, and 4.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>One issue is the "one size fits all" approach to standards that would better be left to the professional judgement of the therapist. Other parts of the standards are difficult or impossible to measure with any certainty. For example, the requirement that therapy be "clinically neutral" is a vague requirement that makes fair enforcement difficult or impossible.</p> <p>Historically, Quakers were often jailed for holding views such as our conviction that the ability to discern truth is not affected by one's gender or social class. Because of this history, we are particularly sensitive to the overreach of state power, unfortunately demonstrated, we believe, in this statute and its regulations. Thank you.</p>	
434. Kyra Britt	<p>My name is Kyra Britt. I am 19 years old; I live in [city], NE, and I am earning my associate degree in Small Market Farming from Metropolitan Community College . I am testifying against the proposed regulations for LB574 because they would negatively impact many of my trans and nonbinary siblings throughout Nebraska.</p> <p>One of the biggest issues I see with many of these regulations is that they require out-of-pocket costs and excessive travel, which excludes low-income and spatially isolated families from accessing lifesaving care for their children. For example, paying for over 40 hours of therapy</p>	<p>Please see comments 4, 47, 74, and 215.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>would be a costly endeavor for anyone, but almost impossible for those without insurance. Will there be financial assistance offered to make sure trans and nonbinary youth in low-income families are not excluded from accessing this step toward receiving lifesaving care?</p> <p>Plus, the rule that all therapy sessions must be in person will deny access <i>to</i> therapy for patients who don't have reliable transportation or who live far away from their therapist. This adds immoderate travel costs and time away from responsibilities like work, school, and family, which only increase the unfair financial and emotional burdens for families seeking care for their child.</p> <p>Similarly arbitrary is the rule that all medication injections must take place at the doctor's office, which requires more travel expenses and time. Children with diabetes give themselves insulin injections daily, so I don't see why patients receiving gender-affirming care couldn't do the same if they or their parent or guardian got trained on how to do it</p> <p>Additionally, the arbitrary requirement of showing an ID at the pharmacy will require more out-of-pocket expenses that will delay some patients' lifesaving care.</p> <p>This brings me to another concern, which is the regulations that delay treatment for patients-- rules like the seven-day waiting period between</p>	
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patient consent to receive care and the administration of medication, or the two-hour-per-week limit on the 40 hours of pre-treatment therapy. These waste time for patients whose mental health is likely already declining. I agree that therapy is a necessary tool in helping all trans and nonbinary people, especially youth, improve their mental health and identify what they need to feel like themselves in their own bodies. But everyone is at a different point in their journey, and for many trans and nonbinary people who realize they need medical care to affirm their gender, it is a life-or-death situation. Those who need it most urgently don't have five months to keep moving through life experiencing unbearable discomfort in their own bodies. I think the amount of therapy required before receiving gender-affirming care should be decided on an individual basis between the patient, their therapist, and their other healthcare providers.

Overall, these regulations blatantly refuse access to lifesaving care to patients in low-income families, those who live far from medical and mental health care, and those without access to reliable transportation. They also further endanger trans and nonbinary youth of experiencing severe negative mental health outcomes like suicide, anxiety, and depression by delaying their access to lifesaving care. Please revise these regulations to better support trans and nonbinary youth in need of gender-affirming care. Thank you for your time.

<p>435. LaDonna K. Hart DNP, APRN- NP</p>	<p>Good morning, my name is LaDonna Hart DNP, APRN-NP. I am a nurse practitioner licensed in the State of Nebraska. I have over 25 years of experience in primary care and over 10 years of experience providing gender affirming care. I am a co-owner of a family medical practice in Lincoln NE. Hart &amp; Arndt Family Health. I am speaking today in opposition to the proposed regulations as described in Title 181, Chapter 8. Many have spoken or will be speaking and writing regarding the barriers to equitable care of trans-youth. I have chosen to focus on section 012-Cross -Sex Hormone prescriptions. While I am not a pharmacist or a lawyer, I am representing my understanding of the law and how it applies to these circumstances.</p> <p>A. Prescriptions must identify the drugs being prescribed are for the treatment of gender nonconformity or gender dysphoria- it is not a requirement by law for any prescription written to have a diagnosis code attached to the prescription, insurance companies have required this for prior authorization of medications. This practice is also being requested for adults. This is delay of care, the flagging of pharmacy charts is now becoming common practice for trans- youth and adults. We do not require this on nearly all medications.</p> <p>B. Prescribed medications picked up from a</p>	<p>Please see comments 14, 47, and 64.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>pharmacy are required to be picked up by the patient's parent, legal guardian, or the patient if the patient is an emancipated minor; Please know we are not asking this of any other group or individual. Youth can pick up any medication non-controlled without parent present and without ID. Youth may pick up any controlled medication with a government issued ID. The law actually only requires a government issued ID for opiates. Large corporate pharmacies have requested scanned IDs on all controlled medications per their own protocol. However, as long as the youth has an ID, they can pick up prescribed controlled medications. This section discriminates against trans-youth and sets them apart and adds an undue burden that their peers do not experience. For example, I can write a prescription for a youth that has birth control pills with estrogen and trans-youth, with a flagged a pharmacy chart, cannot pick up the same script. Scripts are written having filled all the required criteria and signed consents requested in the other sections of these regulations.</p> <p>C. Injectable prescribed medications must be administered in the prescriber's office by staff who are properly credentialed to administer drugs by injection; Parents are partners and parents can make</p>	
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	<p>decisions for their youth, several medications are given at home by parents, such as insulin. This is costly in terms of time for patients and parents and an already burdened health care system. A very efficient office, from the arriving of a patient through the injection process is a 10–15-minute visit, but it's also the travel-the missed school, missed work for parents. This is a requirement that is not necessary. The required follow up for patients is every 90 days and youth are monitored regularly for overuse, side effects and for efficacy. I follow the evidence-based guidelines for gender affirming care (WPATH, Endocrine society), it has been my experience this has not be an issue or a problem. I would ask that you reconsider this requirement and allow for trained parents to inject medications at home.</p>	
436. Laura Holly	<p>My name is Laura Holly, and I live in district 46 of [city], Nebraska. I oppose the proposed LB 574 regulations. I have a loved one who is trans and was devastated when this bill passed. She was not able to transition until adulthood due lack of information, fear and stigma. She has told me that transitioning was one of the best things she has ever done for herself. As someone who has felt the pain that trans children feel, it breaks her heart to know that today's youth (knowingly and</p>	<p>Please see comments 4, and 47.</p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.</p>

forcefully) will not only have to battle through fear and stigma, but increased government red tape in order to meet medical needs. There is no reason to add new restrictions to trans care. More people are coming out as trans in recent decades, but that is only because society's view of trans people is generally more positive, and so more people feel safe admitting that they are trans. Being transgender is not contagious, and poses no threat to anyone who is not trans. It is not a social media phenomenon. My loved one knew she was a girl since she was four years old.

The required 40 hours of therapy before starting puberty blockers or cross sex hormones is a huge barrier. Based on my loved one's current cost for therapy, this comes out to \$1,400 with insurance. For someone without insurance, seeing the same provider for 40 hours would cost \$10,000! On top of that, youth are required to see a provider for one hour every 90 days while on puberty blockers or cross sex hormones, adding even more cost. In addition to that, there is a shortage of behavioral health providers in the state. Requiring all youth to receive this amount of therapy, even if they don't need it, will worsen the shortage and make mental health services even harder to access for all Nebraskans.

My loved one and I attended the hearings for LB574. Many medical professionals testified against this bill, and their expertise was not taken into consideration. I have read that many are concerned about how to provide care to trans

<https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf>

	<p>youth now without violating their own professional code of ethics. Specific examples include the direction that therapy "be clinically neutral and not in a gender affirming or conversion context", when gender affirming care has been shown to be the best therapy for trans people across the country and the world. Another is that injectable medications need to be administered in a doctor's office. With some initial training by the child and their family, this is not necessary. It will take medical providers' time away from others who need it. It will also burden families with unfair time and travel costs to get to the providers. This is even more true for rural families.</p> <p>When you need medical care, it is terrifying to know that your doctors are being prevented from giving the best care they know how to. That is what LB 574 is doing for trans kids. Imagine how it must feel for a child to hear that their healthcare needs don't line up with your beliefs, so they will be receiving substandard care. Further telling trans kids that what they feel on the inside is wrong or shameful, when that is absolutely the opposite of the message, we should be sending trans kids. Everyone is built differently; we need to respect individuals for their own needs.</p> <p>Restricting medicine from trans kids is abhorrent and will be viewed extraordinarily negatively in the future. The fact that the government is requiring healthcare providers to go against medical best practice is a failing of the</p>	
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	<p>government's role to protect its people. Please work with medical professionals and children and families who will be impacted by this bill to create new regulations that are consistent with science and ethics.</p>	
<p>437. Levi White</p>	<p>Last night I cried while watching an episode of Doctor Who. Ever since I was nine years old, I have spent evenings snuggled up on the couch with my father watching episode after episode about this time traveling alien. As a kid who started puberty at the slightly earlier end of the spectrum, I too felt alien. I knew that there was something wrong with my body, and not just the changes that we all go through. I, myself, felt like a two hearted creature simply blending in with humans. Eventually I found words to describe who I was. I was trans. But what does this have to do with me crying over Doctor Who? Or even LB 574 for that matter? Last night I cried over seeing a trans character. A human trans character. Not an alien or a monster, but a person. This transgender, nonbinary character saved the day simply for existing and taking care of their needs. I realized that, should I have seen this earlier, maybe, just maybe, I would have grown up proud of who I am, even in a society that wants to harm me. If I saw this as a kid, maybe I would have had the courage to ask for puberty blockers, a non-harmful hormone that stops the body from producing the puberty hormones that was banned because of LB574. Maybe, I would have grown up in a way that</p>	<p>Thank you for your comments. No changes will be made.</p>

	<p>made me feel that my body reflected my mind. Maybe, I would have had a happier childhood and not have started having suicidal thoughts starting in fifth grade. Maybe, if you had seen it too, then you would understand that trans people are human beings who deserve to be treated with as much love and respect as others. And maybe then I wouldn't have cried at this doctor who episode.</p>	
<p>438. Lori Ashmore</p>	<p>My name is Lori Ashmore and I have a 14-year-old transgender son. My son started his health care before these restrictions were put into effect. I am grateful that my son "let us in" when he did because I would be fearful of the situation we would be in if he had to have 40 hours of therapy before starting medical treatment.</p> <p>Financially, 40 hours of therapy would cost us \$5,224.40.</p> <p>Emotionally. The onset of puberty brought on anxiety and depression for my son. My son identified as a male from the start of elementary school. While he did not let us know, he did not struggle. Majority of kids go through years of internal therapy with themselves before sharing with other people. He was able to express himself outside the gender binary expressions with his hair, clothes, and activities. As puberty started, he started to withdraw from us as a family. We assumed this was typical teenage behavior. Finally, after 6 months, he sat down</p>	<p>Please see comments 4, 47, and 64.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>with us and "let us in" with his gender identity. That same night, having our chat, and him knowing we were there for him and would reach out to medical professionals, we had our kid back. We were able to get him into therapy within 4 weeks. Three months later, we were meeting with a doctor to discuss medical treatment. I can't imagine the mental state of my son if we had to wait for 40 hours of therapy, which amounts to a minimum of 10 months, before we could start medical intervention. Puberty blockers allowed us to pause the physical changes to his body that was causing anxiety and depression while we continued with more therapy.</p> <p>Medically. Therapy is needed, but to put a numerical number is not realistic. It is up to the medical professionals to use their knowledge to make the decision as to whether a child is ready to move forward with medical treatment. There is no "one size" fits all for the amount of therapy needed in gender affirming care.</p> <p>Why must the prescriptions have the child's diagnosis on the prescription label? No other prescriptions mandate the patient's medical diagnosis be on the label,</p> <p>Why must medications be administered in a doctor's office when the insurance requires medication to be filled by their mail-in pharmacy and is delivered to your home. Doctor offices don't take prescriptions that are not filled in their offices for safety and legal reasons. Diabetes and</p>	
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	<p>blood thinners are two examples that with proper training, folks are able to administer themselves.</p> <p>Thank you for your time.</p>	
439. Marilyn Asher	<p>My name is Marilyn Asher, MAR I LYN A S H E R, and I am the president of Nebraskans for Founders' Values, a 501-c3 organization that values the lives of children born and unborn. Our organizations was founded in 2013 and one of the five precepts upon which we focus our efforts is the protection of children in the State of Nebraska.</p> <p>I am the grandmother of 13 and I worked for 15 years for the Nebraska Department of Correctional Services, as a religious and volunteer coordinator at the Nebraska Correctional Youth Facility (NCYF) in Omaha. The incarcerated individuals with whom I worked were young male felons, ages 15 to 21, who had committed felonies and many of whom were destined to life in prison, if not an extended time there. In spite of the serious crimes these young men had committed, I got to know them on a personal level and witnessed firsthand the many emotional, spiritual and psychological battles that they fought on a daily basis.</p> <p>My job was to ensure their First Amendment rights to practice their religions, but also to provide pro-social events from volunteers in the community and I started the first mentor program in the Department of Corrections in 2012. Bringing volunteer mentors into the prison</p>	Please see comment 5.

to encourage these guys to look forward to the future was a very rewarding role for me. However, many of the inmates were not ready to meet with mentors or to be open to their suggestions. I think that if you spoke with the mental health staff in that same facility, they would agree that not everyone had come to a place where they could look forward to the future instead of regretting the past. I saw the mental health staff patiently work with those who were struggling in that area, and I also spent time encouraging those guys.

One inmate stands out in my mind as I testify today. His name was Aaron. Aaron was extremely handsome and had a lot of potential. He was not a "lifer" and would some someday be released to what I hoped was a more positive future. But almost every inmate who came into the prison had one or more tattoos, and after they arrived, they illegally obtained more in the middle of the night, away from the eyes of custody, and with primitive tools such as ball point pens, which produced some of the ugliest tattoos I have ever seen.

I remember speaking with Aaron and encouraging him about his future, but his mind was on the gang to which he belonged. One morning he came to the NCYF high school class with a huge #1 on his right cheek. My heart just sank, and I asked him why he had done that. He gave me a flippant answer and shortly thereafter, a #8 appeared on this left check, to denote that he was a member of the 18<sup>th</sup> Street Gang.

What a horrendous waste of potential, due to



	<p>short sighted follies of youth. Even though a grant to the prison sponsored a tattoo removal program, I seriously doubt that Aaron will ever be able to get those tattoos removed. So there go his chances to become a productive citizen, even if he gets out of prison.</p> <p>Making a decision to change one's sex during puberty is wildly more radical than what Aaron did to his face. I beg of you not to allow children under the age of 19 to alter their sexes with hormones that are irreversible. The damage will be much more than cosmetic!</p>	
440. Olivia Vore	<p>Hello, members of the DHHS committee. My name is Olivia Vore. I use they/them pronouns. I am a constituent of 83 county, I am here representing Doane University's People for the Rights of Individuals of Sexual Minorities (PRISM). I am here to bring attention to section 4 of LB574. This rule states, A patient who has not reached the age of majority must receive a minimum of 40 gender-identity-focused contact hours of therapeutic treatment prior to receiving prescribed medications. This rule is excessive in the cost it puts on Nebraskans, the time of patients seeking medical care, and the burden of finding mental health providers.</p> <p>The cost of 40 hours of counseling at no more than 2 hours a week is excessive. The average cost of a therapy session in Nebraska is \$140-\$160 for a 50-minute session- according to Nebraska therapist rates and insurance (<a href="https://Nebraska.therapis.com/rates-and-insurance/">https://Nebraska.therapis.com/rates-and-insurance/</a>)</p>	<p>Please see comments 4, 74, and 215.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

This cost a patient more than \$6,400 just to be prescribed gender affirming hormones. Even if patients are able to cover the cost, they would still have to spend 20 weeks in counseling before being prescribed hormones. We have seen time and time again that these patients do not have months to wait. PubMed reported in 2020 that "82% of transgender individuals have considered killing themselves and 40% have attempted suicide, with suicidality highest among transgender youth.". The longer these kids go untreated the more dangerous gender dysphoria becomes.

This rule would require patients to wait at least 20 weeks of counseling to be prescribed lifesaving gender affirming care. This rule also adds the burden of finding a mental health professional that can provide the weeks of counseling.

There is a mental health professional shortage in Nebraska. The University of Nebraska Medical Center found that eighty-eight of Nebraska's 93 counties are considered to have a shortage of behavioral health professionals - an issue that has been exacerbated by the pandemic. 29 of the 93 counties have zero behavioral health providers, Garfield County is one of these counties.

This would require patients the extra burden of travel if they are able to find an available provider at all.

There is also the issue that there is no specific gender-identity-focused care in Nebraska. Gender affirming care that is recognized by the APA as proper treatment for gender dysphoria in

	<p>Transgender people. There must be a definition of what the state means by gender-identity-focused care, it is vague and inaccessible for patients. The 40 weeks of counseling needs to be reduced or thrown out all together because of the added burden it puts on patients and Nebraskans.</p> <p>The rules set out for LB574 are excessive and need to be amended. Title 181 Chapter 8 Section 004 is excessive in the cost burden it puts on patients, the time it requires, and the burden it would place on already overworked mental health care professionals of Nebraska.</p>	
<p>441. Robin Burns</p>	<p>Dear Chief Medical Examiner and Members of the Nebraska Department of Health and Human Services:</p> <p>Thank you for the opportunity to provide written commentary regarding Title 181, Chapter 08, of the Nebraska Administrative Code, “Nonsurgical Pharmaceutical Gender Altering Treatments.” I come to you as a resident of [county name] County for nearly seven years, after having lived in six states other than Nebraska. I am a mother of one seven-year-old child who attends [school]. I am a cisgender woman with a master’s degree in education and a lifelong interest in human rights.</p> <p>I find several pieces of Title 181, Chapter 8, of the Nebraska Administrative Code to be alarming. In fact, I believe the entire regulation to be</p>	<p>Please see comment 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Further clarification regarding therapy requirements is addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>unnecessary, demeaning, and life-threatening to an already marginalized group of humans.</p> <p>Here are the particular items I find most troubling:</p> <ol style="list-style-type: none"> <li>I. <u>003.B.(i)</u>. “That gender nonconformity or gender dysphoria is driving the patient’s distress and no other mental or physical health conditions [ . . .]”</li> </ol> <p>This puts the responsibility for suffering onto the child, rather than accepting that societal conditions – like the contents of this act – are driving “distress.” Further, depression, anxiety, suicidal ideation can only be deepened and compounded by lack of access to adequate medical care.</p> <ol style="list-style-type: none"> <li>II. <u>004.B.</u> (regarding “40 gender-identity-focused contact hours of therapeutic treatment prior to receiving prescribed medications . . .”</li> </ol> <p>*A(ii) – Only 2 hours a week can be counted towards the 40? This means a minimum of 4-5 months between an initial assessment and the prescribing of meds. That’s <u>if</u> a family is able to find and get scheduled with a provider, is able to pay for care, and/or has adequate insurance.</p>	
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	<p>Imagine having to wait 4-5 months minimum to get antidepressants, antibiotics, or other medically necessary drugs. It is absurd.</p> <p>*B(i) – Who gets to determine that the therapeutic hours are “clinically objective and non-biased”? This very 181 NAC 8 <u>is</u> biased.</p> <p>*B(iii) – Re: “Not merely affirm the patient’s beliefs” I’m sorry, what? So, if medical recommendations and best practices align with a patient’s “beliefs”, they are not allowable for inclusion in the hours? This makes no sense.</p> <p>III. <u>011.A.</u> (regarding the requirement that prescribing practitioners must obtain 3 hours of Category 1 Continuing Competency Education ...)</p> <ul style="list-style-type: none"> <li>- Who conducts this training? What measures are in place to assess and ensure the quality and accuracy of the content being presented in the CCE’s?</li> <li>- If the American Medical Association already posits that gender-affirming care (including prescribed medications such as puberty blockers and HRT) is a best practice, why place the unnecessary and duplicative</li> </ul>	
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	<p style="text-align: center;">burden on providers?</p> <p>This legislation needs to be scrapped. It is onerous and based out of fearmongering. It seeks to harm the very children and families it purports to be shielding. It is not “Nebraska Nice,” medically sound, or in any way representative of a governmental stance that protects the rights and lives of constituents.</p> <p>Thank you for reading my comments.</p>	
<p>442. Rowan Jolkowski</p>	<p>Hello members of the DHHS rules committee, thank you for being here today. My name is Rowan Jolkowski, I use he/ they pronouns, I am a psychology major from Doane University and I am coming to you as a constituent of Douglas County and as the president of People for the Rights of Individuals of Sexual Minorities or Prism on my school campus. In Title 181, chapter 8, sub-section 009: Pharmacist Requirements and Title 181, chapter 8, sub-section 014 (A) I would like to propose a challenge to the rules. How do the aforementioned parts of the rules affect trans minors who visit the state for long periods from other states when their home state allows gender-affirming care?</p> <p>As written in, chapter 8, sub-section 009 (A) "Prescribed medications picked up from a pharmacy are required to be picked up by the patient's parent, legal guardian, or the patient if the patient is an emancipated minor;" does not leave room for any exceptions for trans minors</p>	<p>Thank you for your comments. Nebraska Revised Statutes §§ 71-7301 to 71-7307 require the Chief Medical Officer and the Department to promulgate regulations for nonsurgical pharmaceutical gender altering treatment. Please also see comment 14.</p>

who aren't from Nebraska. As written, when these rules are put in place, they would deny care to minors who are college students from out of state, to 18-year-old military personnel stationed in Nebraska, and to any minor who is a long-term visitor of the state. In Nebraska, there are many colleges where the age of attendance can be as young as 16 years of age. If a trans minor committed to a Nebraska college and had an HRT and/or hormone blocker prescription legally in their home state, the writing of this bill would prevent them from receiving their legally prescribed medication until they reached the age of 19 unless their parents or guardian picked it up for them. There are two big implications to this. First, it will deter people from attending college in Nebraska. If fewer people attend Nebraska Universities, the state will lose money. Second, in the case that these people do decide to come to Nebraska for higher education their first year(s) of college would be much more difficult than in most other situations. These rules would cause these individuals unnecessary harm. On top of moving to a new state, adjusting to the intensity of college-level classes, and trying to find people to connect with in their new home they also have to worry about how to get their prescriptions and the intense fear that comes with being forced to de-transition.

I propose an amendment to title 181, chapter 8, sub-section 009.01 EXEMPTIONS to include an exception for minors who are out-of-state long-term visitors, college students, and military personnel who have a legal prescription for HRT

	<p>and or hormone blockers in their home state. I also want to reiterate the importance of out of state college students and their effect on our Economy. If these rules don't change to make exceptions for these individuals, economically these rules will hurt all Nebraskans. In closing, this legislation actively works to harm a small minority of the Nebraskan population and is absorbing time from creating legislation that benefits a greater majority. You are acting to diminish the rights of a fraction of a fraction of the population rather than working to implement legislation that would make the lives of all Nebraskans better. I am extremely disappointed in our state's priorities. Thank you for your consideration.</p>	
<p>443. Stephanie Bondi, PhD Stand in For Nebraska, Community Organizing Leader</p>	<p>I am a parent, and my professional role is a faculty member. I have close personal relationships with trans and non-binary people. Additionally, I study creating learning environments so that diverse populations of students can be successful in college, including two-spirit, trans, and non-binary individuals. I have connected with many and read research studies bringing forward the empirical research on gender in society. So, I come here to speak in solidarity with people close to me and aware of the empirical research on gender in society. What I want to say today is that what has happened in Nebraska in the last several years is harmful to Nebraskans. I don't know if you ever felt like you were different and because of that difference there was something wrong with you. I</p>	<p>Please see comments 4, 74, and 215.</p>



have. No one was really clear with me that it was okay for me to be who I was. It sucks. I've spent decades trying to be the right person, the one who was approved by others. I don't want to reinforce those feelings that being different from those around you is somehow wrong. What are we, robots?

Here's the thing about people who tell me about their lived experiences and what the research says, people know who they are. Even in their 50-60s people can remember as a child having a sense of their gender. The problem is that in many parts of society we limit how we talk about gender to sex assigned at birth. The problem is that we try to make people fit into these boxes. Some kids aren't given the encouragement to explore who they are. We show images in school and media that reflect two genders. We allow kids and adults to ridicule people who don't fit into these two dominant forms of gender. What's confusing is why we hide something we know exists.

Two-spirit, trans and non-binary people exist. And y'all are fabulous.

There is plenty of research showing there are multiple genders. This is not opinion. Scholars in gender studies don't argue about the general idea there are more than two genders-there may be a few who disagree but overwhelmingly there is agreement. Mostly it's people who have not taken a deep exploration of gender who find gender diversity to be controversial. The research

is clear.  
First, gender affirming care saves lives. It cannot be denied by those who have reviewed the research that the biggest threats to trans and non-binary people is bullying, harassment, and violence-not gender affirming care. There are groups of people who feel entitled to regulate others' bodies and lives with the intent to erase them. This is not the Nebraska I dream of. Is this your Nebraska?  
Instead of regulating health care, our state leaders should be investing in education and accountability systems for those who harm others.  
Cisgender people must take care of their own feelings about their own gender. The state should not be creating regulations and paying for the care of cisgender people's feelings about gender. When it's my health at issue, I have the most at stake and I and my doctor make a plan to care for me. I direct the care for me. Gender is not contagious and need not be regulated for the safety of others. For my children, I work with the doctor and the child to care for them.  
I oppose all the regulations on gender affirming care. I urge you to listen to those who live the experience of seeking gender affirming care as it is their health care at stake.  
I am not a medical doctor. But I know as a parent what it's like to try to keep my kids safe and healthy. Every time one of them needs care, I got to think, when can I take this kid to the doctor? Which doctor will do what? How far away is the doctor and when can I get them back to school

	<p>and me back to work? What is covered by insurance? How long will we need to wait for an appointment?</p> <p>Does DHHS accept the responsibility for the health of these children if they create regulations that are hoops families have to jump through to get the care? First, I've got to get my kid to 40 hours of therapy. I tried to get my kid into therapy and needed to take them out of school to get to the therapist during the open appointment. The alternative was 8pm meaning they would be back home until 9:30pm. In rural Nebraska I'm sure there are fewer options. If there are no therapists close to me or Medicaid doesn't cover it, this regulation prevents children from getting their healthcare. Why is the state creating barriers for children to get healthcare? If some parents don't want this health care for their child and deem it too risky, they don't need to get it. Maybe these are logical regulations to some of you, but they are a barrier to health care for Nebraskans, not just crafted words on paper. I urge you to hold the weight of that reality-the lives of Nebraska families-- as you determine the regulations.</p>	
444. Taylor Bogus	<p>My name is Taylor Bogus. I'm from Lincoln, live at [address] with my husband and three young kids and have lived in Nebraska all my life. My 7-year-old son Roe is transgender. At age 4 Roe began expressing strong feelings of gender dysphoria. Roe's distress of course caused us a great amount of worry as his parents, and we tried to seek out</p>	<p>Thank you for your comments. No changes will be made.</p>

guidance from any mental health professionals who could help guide us. This was very difficult to find since there are such a small number of mental health professionals who specialize in this area, especially with kids as young as Roe. My husband and I were finally able to meet with a therapist with many years of experience working with gender diverse kids. This therapist listened to our experience and concerns and gave us the guidance that I've heard these mental health professionals consistently give to parents: to follow our child's lead and to pay close attention to whether our child's gender identity expression was consistent, persistent and insistent. As a mom looking for direct answers on how to help my child and as a type-A person who likes to be able to take immediate action to solve a problem, the lack of black or white answers was honestly difficult for me. When we asked about changing pronouns for instance, the therapist suggested that there may be no need to change Roe's pronouns until when or if he started expressing distress around this. It was clear to me that she was very aware that every child is different and there isn't a one-size fits all approach to handling gender identity and gender dysphoria. She advised us to follow Roe's lead and never even suggested to us that Roe was transgender: this was something she advised us to thoughtfully explore as his parents over a significant period of time.

Over the past few years of this difficult journey which has included a social transition of changing pronouns and Roe starting kindergarten as boy,

this has consistently been my experience with all the mental health professionals my husband and I and Roe have interacted with. These professionals provide knowledge and experience to help support us with the many challenges and questions we face but have never tried to label Roe or push us toward any specific action. Being the parent of a transgender young son is very difficult, especially during times like these where the legislature is attempting to make it even harder to get the life-saving resources he needs and rights he deserves. Since he's so young, it's especially important for his dad and I to advocate for him and support him when it comes to his mental health and to make sure he's fully supported by his school and family to be who he is. Receiving guidance from mental health professionals will continue to be a huge part of that. As Roe gets older and gets closer to puberty, these regulations make me very concerned about what this required therapy will look like. Over these past 3 years, Roe's dad and I have been doing whatever we can to make sure our son can live a happy, healthy, full life. We will continue to lean on knowledgeable mental health and healthcare professionals to help do this and based on my experience these professionals all follow APA supported and standardized best practices and treatments to help guide these kids through the many challenges they face. These regulations are clearly a case of a so-called solution being created for a problem that doesn't exist, and my hope is that these experts are able to continue doing their jobs to help provide this

	life-saving mental and physical care.	
445. Teddy Blaylock	<p>Let's imagine the perfect case scenario.</p> <p>We are going to make a lot of assumptions here like our transgender son has two parents who love him and that the parents have consistent housing, a steady income, ability to provide food and water with no issue. Let's throw money in savings too - why not?</p> <p>Let's also assume that one parent has insurance their employer, who incidentally pays for their employee's premium.</p> <p>We are going to assume that the parents of this trans child know of the Let Them Grow bill requirement for 40 hours of therapeutic intervention. We are going to assume that almost every therapist in Nebraska takes their insurance and are accepting client s. We are going to assume the therapist does not discriminate against the child or try to convince the child it is all in their head and "Everyone has thoughts like this. They'll pass."</p> <p>We are going to assume that once the minimum therapy hours have been completed that the child can easily get scheduled in for a consultation with a provider who is willing to prescribe hormone replacement therapy.</p> <p>We are even going to assume that they were able to schedule weekly with this provider then on to get their weekly injections completed in office. I did some calculations for you, so you don't have to. You can look at all the numbers on the</p>	Please see comments 4, 47, and 215.

insurance overview to see how I got those. In short, we can assume the cost would be between \$2000+ and \$5200+ for families to pay in copays under this regulation.

Forgive me for using the word assume a lot in that narrative. I had to make a lot of assumptions because there are a lot of assumptions in this proposed regulation.

You *assume* every family has equal access to healthcare.

You *assume* every family has enough money to afford spending thousands of dollars on copays every year.

You *assume* there are enough providers willing to prescribe gender-affirming care across Nebraska, especially in more rural areas.

You *assume* every family has the same access to transportation to get to and from a weekly doctor's appointment, especially if they have to travel from a rural part of Nebraska.

You *assume* a child younger than 15 has the ability to get one of the valid IDs listed in your document to start puberty blockers.

With all these assumptions, I can only conclude that you have tried to make eligibility to start hormone therapy or puberty blockers so incredibly difficult to achieve that trans youth will no longer seek out the care. If your end goal is to get young people and families to move out of Nebraska, you are succeeding.

Now, I got my degree in public health, and we were taught to always be looking 10 steps ahead. We were taught to utilize theories like the

	<p>Socio-Ecological Model which I'm sure you've heard of since you are working in the DHHS, when making any decision like what you are trying to do. Usually when trying to make a change, you promote health behaviors at an individual level.</p> <p>Instead, you skipped to the top - the public policy/societal layer.</p> <p>Have you read what change in the societal layer is supposed to look like? I got an excerpt for you from the CDC's website, so you don't have to: "Prevention strategies at this level include efforts to promote societal norms that protect against violence as well as efforts to strengthen household financial security, education and employment opportunities, and other policies that affect the structural determinants of health."</p> <p>Does your proposed regulation accomplish this, or just force trans kid to not get the healthcare they deserve?</p>	
446. Tiffany Weiss	<p>Chief Medical Officer Dr. Tesmer and members of the Department of Health and Human Services, my name is Tiffany Weiss (spelled T-I-F-F-A-N-Y W-E-I-S-S) and I am here to explain all the negative impacts the guidelines for the Let Them Grow Act have had on our family.</p> <p>I have two trans children, one who is already on cross hormones (and grandfathered in) and one who is on blockers but not on cross hormones.</p>	<p>Please see comments 4, 47, and 74.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-">https://dhhs.ne.gov/Documents/CMO-</a></p>



	<p>These guidelines are simply outrageous and take away many parental rights.</p> <p>First, according to the guidelines, a child has to be living as their new gender for six months before they can receive blockers or cross hormones. For many of these children, it is impossible to live out comfortably as the gender they identify as because they physically do not look like that gender before they start getting treatment. This can make a very male looking child have to go to school as a girl for months before they get the treatment that will help them pass as a girl.</p> <p>Second, a child has to have forty hours of therapy before they can even go on blockers. 40 hours of therapy equates to 45-minute sessions. Most insurances cover 45 minutes of therapy per session, so it would take 54 sessions to get the full 40 hours. In our area, all the therapists are full and have year long wait lists. This is not unique to my area. Therapy is hard to get, expensive, and not covered by all insurances. We are lucky that my daughter was able to get into a therapist every other week. At this rate, it will take 108 weeks, which is more than two years if she does not miss any sessions for illness or vacation. This seems incredibly ridiculous to me, as being trans is not a mental illness and as long as they have good family and community support, not all trans kids need years of therapy. Also, for a child who needs blockers, which just push "pause" on puberty, two years of therapy</p>	<p><a href="#">LetThemGrow-FAQ.pdf</a></p>
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	<p>may make them miss the window that blockers are effective. Without the blockers, their body will continue to mature as the gender they don't identify as, which can increase mental distress.</p> <p>Thirdly, the guideline of having to have a prescribing physician give cross hormone shots is asinine. I have been giving my son his shots at home for three years. It is not hard. Parents with kids with diabetes and other health conditions are allowed to do injections at home. So, parents can be trusted to give injections with proper training. Once my daughter goes off her blocker and onto cross hormones, I will have to take her weekly to the clinic to get her shot. This is especially difficult considering we live in [city] and see a specialist in Omaha for gender care. I cannot travel three hours one way for a shot once a week. She would miss an entire day of school once a week to get a shot. We are not the only ones who travel for gender affirming care. And as I said, I have already been giving my son his shot (as he is grandfathered in), but I would not be able to do the same for my daughter. This is just another barrier that families with gender diverse children have to overcome.</p> <p>The Let Them Grow Act Guidelines are not fair and not conducive to what trans children actually need. Thank you for your time.</p>	
447. Tori Cassidy Clinical Director of Heartland	My name is Tori Cassidy, and I am the Clinical Director of Heartland Family Service. Heartland	Please see comments 4, and 215.

<p>Family Service</p>	<p>opposed LB 574 and we are grateful that the Department of Health and Human Services is not going to implement a total ban on gender affirming care for minors. However, the rules that have been proposed are above and beyond anything that evidence-based practices would consider to be appropriate. There are several components that we want you to consider from a provider's standpoint: the prescriptive number of hours of therapy, accessibility to therapy, workforce shortage, and billing issues. We would go as far as to say that our state is trying to create evidence-based practices without any evidence.</p> <p><u>Number of Hours of Therapy:</u> Any behavioral health organization that serves clients must approach the person as an individual. Some people need 3 sessions of therapy, while others need 30. Some people need 6 weeks of intensive outpatient treatment for a substance use disorder, while others need six months of residential inpatient treatment. Some people see a therapist once a month for their clinical depression, while others go once a week. Requiring 40 hours of therapy sets a minor up for close to a year of weekly sessions before they are able to access the health care they need. At a time when providers are short-staffed, more so than we have seen in recent years, this seems irresponsible and overly prescriptive, for the government to attempt to mandate what seems an arbitrary and uninformed number of hours in therapy.</p> <p><u>Accessibility to Therapy:</u></p>	<p>Therapeutic hours are addressed in the Let Them Grow Act FAQ. <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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Again, providers are short-staffed and seeing a therapist once a week is not as feasible as it once was. Additionally, for people that live in rural areas, seeing a therapist will be difficult. If Medicaid is not going to adequately reimburse providers for the therapy sessions, some will not be able to afford to see them 40 times. This also requires caregivers to provide transportation, possibly take time off work, and try to maintain a weekly appointment to meet this requirement in the quickest way possible.

If police, fire, and rescue are being called to a situation that does not actually need emergency services, we risk that someone undergoing an actual emergency may not receive the first responders they need. Similarly, if providers must see some clients many more times than they actually need to be seen, then other clients will have a harder time accessing services for which they might be desperate. This requirement sets up a scenario where the wait times for therapy increase even more, as families try to meet this arbitrary number of sessions, delaying access to others in the community who may desperately need help.

Additionally, therapy can be very expensive. To require this number of hours puts a heavy financial burden on a family or care provider because regardless of actual therapeutic need, this requirement must be met if their child is to receive care.

Billing for Therapy

If we were mandated by law to see a client for a specific issue more times than deemed medically

necessary, our therapists would be committing fraud if they continue to bill after medical necessity has cleared. It is not in the Department of Health and Human Services' best interest to mandate that providers be left with no choice than to commit fraud or not serve individuals who are required to receive services in order to get what they need.

Has the state prepared for a possible increase in Medicaid billing to ensure that service providers will be reimbursed? As you are aware, the rates of reimbursement for Medicaid are currently putting all providers at a loss as they do not cover the full cost for care.

Workforce shortage

As I have already alluded, there is a massive and critical shortage of mental health providers across the country. In February of this year UNMC published an article walking through the current shortages on behavioral health professionals. This includes eighty-eight of Nebraska's 93 counties are considered to have a current shortage with 29 counties not having any behavioral health professionals at all. "One in five Nebraskans has a mental health or substance use disorder." To mandate this number of hours before a minor can receive their health care puts an incredible burden on a system that is already struggling. We fear that outside of a family's ability to pay for the required number of therapeutic hours, there will simply not be a therapist for the minors who are now required to fulfill this action prior to receiving the care they so desperately need.

	<p>For all these reasons, we urge the state to move forward with the rules previously in place prior to October 1<sup>st</sup>.</p>	
<p>448. Velma Lockman</p>	<p>I am here today to speak out against imposing medically unnecessary restrictions on healthcare for trans youth. As a trans woman who started transitioning in college and knows exactly what it's like to live with untreated gender dysphoria through childhood and adolescence, I felt a duty to speak out against LB 574 earlier this year, and I am now here to speak out against imposing unnecessary and burdensome regulations on healthcare for trans youth. I know what the reality is for trans kids who are denied the opportunity to medically transition. I knew that I did not want to be male when I was four years old, and that feeling only grew stronger when puberty hit. Contrary to the ideological platitudes of people with no sense of what it's like to have gender dysphoria, those feelings did not resolve themselves with puberty, as much as I hoped they might at the time. Instead, I became depressed and felt there was no hope for any future happiness. Had I had socially transitioned and started medically transitioning at an earlier point in my life, I would have been able to avoid a great deal of suffering, which is why healthcare bans and unnecessary regulations disgust me as much as they do. Asking someone to wait until adulthood to start living in a body they actually feel is their own is no small ask, and asking a trans child to jump through hoops that neither</p>	<p>Please see comments 3, and 74.</p>

they nor their therapist nor their doctor nor their parents think is necessary is beyond cruel. Being forced to live as the wrong gender for so long is brutal to the point of creating a high rate of suicidality. There's an enormous survivorship bias in looking at a trans person like myself who went through the development of unwanted sex characteristics and came through it alive and is doing relatively well now. I cannot bear the thought of a trans kid going through the kinds of things I went through as a minor, and it's unconscionable to me that anyone would consider *forcing* trans kids to go through that.

Consider what restricting gender-affirming care for anyone under 19 will mean. Imagine the psychological trauma unnecessary delays will inflict on trans girls unable to prevent their voices from deepening and on trans boys unable to prevent their chests from growing and the enormous tumult this will create in their social lives. Or they and their families will have to uproot their lives here and move to a part of the country that hasn't become obsessed with making their lives unnecessarily difficult. If you're wondering why Nebraska is having such a hard time retaining its youth, this law is a perfect example of why so many young people are leaving or strongly considering leaving. You have the ability to mitigate the harm caused by this law, and you should absolutely take that opportunity.

I find it curious that law did not empower you to

create regulations restricting cosmetic surgeries on minors, such as breast enhancement or rhinoplasty for a cisgender teenage girl, despite there being strong arguments for the negative influence of unrealistic beauty standards on youths. If you want to think about negative effects, consider the fact that the majority of people who get a nose job go on to regret it, whereas a very small percentage of trans youth go on to detransition. In fact, the majority of people who detransition do so due to harassment, discrimination, a lack of support, and economic hardship, not because they regret transitioning. Imposing unnecessary regulations does not come from a desire to protect children, but from a purely ideological disapproval of medically necessary treatment.

If you implement unnecessary and burdensome restrictions on trans healthcare for minors, there will be catastrophic consequences. About 40% of trans youth nationally experience suicidal ideation compared to about 15-20% of cisgender youth. The rate of suicidal ideation and attempts by transgender youth drop to levels that are approximately in line with their cisgender peers when they have support from their families and have the ability to socially and medically transition. Forcing a trans kid who should've already gotten through all the hard parts of coming out and socially transition to jump through unnecessary or even insurmountable hoops would be unparalleled cruelty, cruelty which you have the opportunity to prevent right



	<p>here and now by implementing regulations in line with best practices, rather than ideological motivations. Listen to trans kids, their parents, and their doctors, and leave their own decisions up to them. Let them grow into the adults they want to be.</p>	
<p>449. Wendy Smith</p>	<p>My name is Wendy Smith, and I live here at [Address]. Three minutes is not long enough to spell out all the ways these guidelines are negatively impacting my family, so I'll just discuss a few. I have two transgender children who are young adults, currently ages 17 and 20. The younger one is still directly impacted by these rules, despite the promise that people currently receiving appropriate trans healthcare could continue ongoing treatments. However, our insurance started denying coverage for medically necessary treatments back in July, even before these draft rules were put in place because they were anticipating what the rules might be. This means we've been paying tens of thousands of dollars out of pocket. That's not something that's financially sustainable and so we're having conversations about if we need to move out of Nebraska, a state where my great-great-grandparents moved here to farm in the 1800s. Another one of the requirements put forth in the proposed rules that impact us negatively is 40 hours of counseling prior to medical treatment. First of all, any counselor can tell you that hours are not the right measure for progress. Second, if you've tried to receive mental health care in</p>	<p>Please see comments 4, 47, and 74.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

Lincoln much less anywhere else in Nebraska, you'll find that it's a maze. It's a maze that takes practically a full -time job to navigate. You call places and call and call. You can call 20 places in one day and you won't reach a single person. If you're lucky, one of them will call you back within a week, only to tell you that they won't even add you to their waiting list because their waiting list is more than 2 years long. When you're seeking mental health care for your teenagers, two years is too long to wait for them or for anybody. Furthermore, any counselor will tell you that effective therapy has to be built on a foundation of trust. Trust can only be there when the person receiving therapy can be their authentic self. The language about "not merely affirm the patient's beliefs" in the regulations is just a euphemism for conversion therapy, a practice which is so harmful that it is banned most places. Had these rules been in place five years ago, I would almost certainly be standing here with both my children lost to suicide because they weren't in a place that they could have withstood 40 hours of conversion therapy centered on denying them the ability to be their authentic selves with a therapist. Requiring transgender people in Nebraska to undergo nearly a year of conversion therapy before receiving appropriate health care is a death sentence for Nebraskans like my children. The new rules also require injections to be administered in a doctor's office. This is a burdensome requirement with no basis in actual

	<p>health practices. Diabetic people do home injections all the time. Nearly two years ago, I was trained by a nurse in our endocrinologist office--which is in Omaha, as the closest place we could find a provider-- to inject one of my children with puberty blockers. I've been administering these injections for two years without incident, but now these rules will require me to take a half day off work to drive to Omaha to get these injections every time. That's not right. It doesn't make sense for any medical reason, but instead is an arbitrary rule meant to make it harder for transgender people to receive medically appropriate healthcare. Please remove the draft language requiring 40 hours of conversion therapy, doctor-administered injections, as well as the 7-day waiting period and requirement for parents with photo ID to be the only ones who can pick up medications.</p>	
<p>450. Nebraska Pharmacists Association          Marcia Mueting, PharmD, RP          CEO</p>	<p>On behalf of the Nebraska Pharmacists Association (NPA) members, I offer comments on the proposed changes to 181 NAC 8. The questions or comments are as follows:  <b>Sections 009 and 014 Pharmacist Requirements</b>          How does a pharmacist determine if someone is the patient's parent or if the patient is emancipated? We recommend including language that protects a pharmacist from liability if a person doesn't represent themselves accurately.  <b>Sections 009.01 and 014.01 Exemptions</b></p>	<p>Please also see comment 47.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>Is documentation by the pharmacist necessary when the prescriber has already done so?  We recommend striking: “The additional requirements of this subsection shall not apply if the pharmacist documents that the patient began receiving the prescribed medication before October 1, 2023, that the medication is not being prescribed for the treatment of gender nonconformity or gender dysphoria, or that the patient has reached the age of 19.”</p> <p><b>Sections 008 and 013</b></p> <p>Do these regulations require the pharmacy to dispense the drug to the patient, and then the patient must ensure the drug is stored correctly before transportation to the practitioner’s office?  Do these regulations allow the administering practitioner to obtain the medication to be delivered directly to the location of administration?</p> <p>Please do not hesitate to contact me if you have any questions. Thank you for the opportunity to comment.</p>	
451. Bailey Eddy	<p>My name is Bailey Eddy, and I am from [Address] Nebraska. I fully oppose the newly adopted Title 181 Chapter 08 of the NAC - Nonsurgical Pharmaceutical Gender Altering Treatments. There are multiple restrictions within the code that contradict best practices that keep trans children and teenagers safe, healthy, and most importantly alive. Below are my specific concerns.</p>	<p>Please see comments 4, 14, and 47.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.</p>

	<p>Section 004. Contact hours of therapeutic treatment. The requirement to have 40 hours of gender identity focused contact hours is far too high. With a four-hour initial assessment and a maximum of two hours per week following, it would take at least 18 weeks to before receiving a prescription for medications. Many trans children know for months or years that they are trans before even beginning to seek counseling or medical support in transition. To delay that process even more is inappropriate for an already sensitive process.</p> <p>Section 008. Puberty blocking drug prescriptions. The requirement for injectable prescribed medications must be administered by a healthcare provider is inconsistent and undue burden on patients. Our state already has a shortage of healthcare providers, especially in rural areas. Families and patients regularly manage injectable prescriptions of all kinds, and it is unnecessary to require a special restriction for gender affirming care. This requirement is not helpful to healthcare providers or to families and only serves to restrict access to care.</p> <p>Section 009. Pharmacist requirements. Prescribed medications are required to be picked up by a minor's guardian, which is not a restriction for other medications. Again, this requirement is not helpful to healthcare providers or to families and only serves to restrict access to care.</p> <p>Section 0010. Puberty blocking drugs waiting period. There is a theme of putting unnecessary</p>	<p><a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>
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	<p>and harmful restrictions in place that are not supported by medical institutions and are not best practices. There is no reason that a prescribing Healthcare provider's judgment to make the prescription in the first place should not suffice in deeming the prescription appropriate. Adding a waiting period is simply cruel and harmful to youth who already have to jump through so many hoops to obtain this treatment. I ask that all the restrictions recently introduced on gender affirming care be removed and that we allow healthcare providers to use their expertise and judgment to provide the care that transgender Nebraskans need and deserve.</p>	
<p>452. JohnCarl Denkovich, MPA  Founding Executive Director  Omaha For Us  LGBTQ+ Center</p>	<p>As Nebraska’s only LGBTQ+ focused community center, I am writing to advise the Nebraska Department of Health and Human Services of needed changes to the proposed adoption of Title 181, Chapter 8 of the Nebraska Administrative code.</p> <p>While we do not provide diagnosis nor direct access to hormone-based care, we do provide gender-affirming mental health counseling. All care in accordance with the industry standard for client informed consent and existing requirements for parent consent practices in the care of minors.</p> <p>Concerns are outlined as follows, and include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• <b>Financial Impact:</b> The State acknowledges disparate financial impact on the “regulated public” in accordance with prescribed timelines</li> </ul>	<p>Please see comments 4, and 47.</p>

	<p>for mental health counseling as a prerequisite for those under age 19 to receive gender-affirming hormone therapy. By virtue of these regulations, the State concedes medical necessity of hormone-related care for qualified minors, though an explicit ban on state-funded managed care plan coverage of such hormone therapy presents additional barriers to both access and effective treatment of transgender Medicaid recipients. This must be mitigated</p> <ul style="list-style-type: none"><li>• <b>Section 004, Subsection C:</b> While parental involvement is an important component of any minor’s care, this standard includes the false premise that “sufficient” parental/guardian involvement “ensure[s]” adequate support, creating an impossible standard for any provider to meet.</li><li>• <b>Section 008, Subsection D</b> is unduly burdensome to both provider and patient. According to this provision, patients are expected to source additional resources for office visit-related fees as well as the time and transportation to more frequently visit the office of a prescribing provider to monitor treatment which can be easily self-administered. With the chilling effect of this legislation and already limited access to competent gender-care providers, it would be unreasonable to expect in-office care for administration of such treatment.</li><li>• <b>Section 0010</b> enforces an arbitrary waiting period to receive medication despite approval by physician without any rationale or</li></ul>	
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	<p>evidence-based reasoning for enforcing such a period.</p> <p>It is crucial the above sections and subsections be addressed to prevent further barriers to affordable care for qualified transgender minors seeking medically based gender-affirming supports.</p>	
<p>453. Ross Manhart</p>	<p>It is very disappointing that the Chief Medical officer was not present at this public comment forum for the Title 181 regulations around transgender care in the state of Nebraska. This absence is very telling of how seriously this administration is taking this very sensitive and controversial subject.</p> <p>These regulations are discriminatory in nature, and as a concerned citizen and taxpayer, I find the sloppiness of the structure of this regulation to be shameful and an insult to any medical, pharmaceutical, and psychological standards. Additionally, the regulations, as they stand currently, are discriminatory against a marginalized group in our state and will be a target for a lawsuit. More taxpayer dollars will be spent on defending against the political bullying and poor legislation targeting a small portion of our population.</p> <p>More importantly, these regulations will create an undue financial burden on families, physicians, pharmacists, therapists and DHHS in an already strained system. One glaring example is that in no other medical situation does DHHS require 40 hours of therapeutic intervention prior to receiving nonsurgical pharmaceutical treatment.</p>	<p>Please see comments 4, 14, 47, and 64.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>



	<p>There is no evidence presented that justifies the need of 40 hours of therapy. Insurance companies will not pay for 40 hours of therapy, families without insurance or from low-income households will face the choice of taking on a financial burden or the health of their child. This financial burden will affect families in rural areas mostly, not only because of the cost, but also the time spent travelling and taking work off to attend 40 hours of mandatory therapy to even receive gender affirming care.</p> <p>This is contradictory for a state whose mission is to reduce regulatory burden and reduce big government.</p> <p>Processes have been established to provide gender affirming care in our country and have been functioning without issue for decades. These processes have been recognized and accepted by all major medical and psychological organizations nationally and in the state of Nebraska.</p> <p>If it is not possible to move forward without a regulation governing transgender healthcare, below are my suggested edits to Title 181 Chapter 8 regulations:</p> <p>8.003(A) – Strike this section – This is a decision that should be made by parents and their family physician.</p> <p>8.003(B)(iv). – Strike this section – therapy should not be mandated by the state to receive any medical treatment. This is in violation of medical and psychological standards.</p> <p>8.003(B)(viii) – Strike this item – What is the definition of “appropriate”? who will monitor and</p>	
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	<p>define what familial and social supports are “appropriate”?</p> <p>8.004 – CONTACT HOURS OF THERAPEUTIC TREATMENT - Strike this section AND REPLACE – this section is in violation of medical and psychological standards. This is cost prohibitive for families as noted above. No other medical procedure requires 40 hours of therapeutic treatment prior to administration of treatment. REPLACE WITH: <i>A patient who has not reached the age of majority must receive an amount of therapeutic treatment, gender-identity-focused or otherwise, as determined necessary by the family’s therapist and parent. If the family believes gender affirming care is necessary for the mental health of the minor, the therapist will consult with a physician specializing gender-affirming care prior to receiving prescribed medication, hormone treatments, or puberty blockers.</i></p> <p>8.006.03 – Strike this section – who monitors this? This is cost prohibitive for DHHS to monitor this.</p> <p>This information should only be shared between the family and clinicians. There is no evidence to show that any of this information is needed. Does the state need this information for cis gender children who have precocious puberty?</p> <p>8.008(A) – Strike this sentence – no other prescribed medications need to be identified for other medical needs.</p>	
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	<p>8.008(B) – Strike this sentence – If there is a prescription for other medical treatments, the patient’s parent does not need to be identified. This is discriminatory based on diagnoses.</p> <p>8.008(D) – Strike this sentence – this is discriminatory. Minor patients with diabetes or other conditions who use injectables do not need to have medications administered in front of medical staff.</p> <p>8.009(B) – Strike this sentence – this is an undue financial burden on a family to obtain identification. Pharmacists already provide medications to parents of minor with other identifiers, i.e., address, phone, zip code.</p> <p>8.009.01 – Strike this section – This is an unfunded mandate on the Pharmacist community. Who trains pharmacists on documentation for minors, how long is this training, and who monitors that this training is completed? If you have a physician who prescribes medications, puberty blockers, hormone treatments, this should be already vetted by the physician and should not be a concern of the Pharmacist.</p> <p>8.0010 – PUBERTY BLOCKING DRUGS WAITING PERIOD – Strike this section – why would you have to wait for life saving medications from a</p>	
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	<p>prescribing practitioner? This is a barrier where multiple barriers already exist. A person can visit with a psychiatrist for 15 minutes and get a prescription within an hour, e.g., depression, ADHD, etc. This is discriminatory against transgender youth and their parents.</p> <p>8.011(A) – Strike this section - This is an unfunded mandate from DHHS on prescribing practitioners to acquire this extra training and it would not be required for a prescribing practitioner if it was cisgender minor in need of hormones for non-gender issue treatment.</p> <p>8.011(B)(ii) – Strike this section – this is sloppy writing and does not make sense. It is vague and needs more clear definition</p> <p>8.011(B)(iii) – Strike this section – it is vague and is covered in section 8.011Biv.</p> <p>8.011(B)(v) – Strike this section – there is no evidence to show that 40 hours of therapy is needed, etc. (see reasons above)</p> <p>8.011(B)(vii) – Strike this section – this is vague discriminatory against transgender youth. What does suffering mean? What does harm mean?</p> <p>8.011(B)(viii) – This vague. What is the definition of “appropriate”? Will the State determine “appropriate” over the family?</p> <p>8.0011(C)(ii) – Strike this section – if a physician and therapist have determined that hormone</p>	
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	<p>treatment is necessary, there is no evidence that a waiting period is necessary.</p> <p>8.012(B) ADD to fourth line "...impact on fertility, sexual side effects (as deemed necessary by parents and age of minor) including, but not limited to..."</p> <p>8.013(A) Strike this sentence – no other prescribed medications need to be identified for other medical needs.</p> <p>8.013(B) Strike this sentence – If there is a prescription for other medical treatments, the patient's parent does not need to be identified. This is discriminatory based on diagnoses.</p> <p>8.013(C) Strike this sentence – this is an undue financial burden on a family to obtain identification. Pharmacists already provide medications to parents of minor with other identifiers, i.e., address, phone, zip code.</p> <p>8.013(D) Strike this sentence – this is discriminatory. Minor patients with diabetes or other conditions who use injectables do not need to have medications administered in front of medical staff.</p> <p>8.014 PHARMACIST REQUIREMENTS – Strike this entire section as this is already included in pharmacy standard practice and protocols. Who at DHHS will monitor this procedure at all the</p>	
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	<p>pharmacies in Nebraska. Will the State be hiring more employees to monitor this?</p> <p>8.014.01 – how will pharmacist be trained for this? Will the state pay for this? Who at DHHS will monitor this procedure at all the pharmacies in Nebraska. Will the State be hiring more employees to monitor this regulation?</p> <p>8.015 CROSS-SEC HORMONES WAITING PERIOD – Strike this section – why would you have to wait for life saving treatment from a prescribing practitioner? This is a barrier where multiple barriers already exist. A person can visit with a psychiatrist for 15 minutes and get a prescription within an hour, e.g., depression, ADHD, etc. This is discriminatory against transgender youth and their parents.</p> <p>8.016 – this section completely shows the very discriminatory nature of this regulation and the Let them Grow Act.</p> <p>8.017 – COMPLIANCE – Who at DHHS will monitor this procedure at all the pharmacies in Nebraska. Will the State be hiring more employees to monitor this regulation?</p>	
454. William Russell Barger	<p>Emergency Regulations have some issues. They meet some of the requirements of 2023 LB 574.</p> <p><u>I. _____ Regulations Needing Amendment</u></p> <p>Section 002</p>	Thank you for your comment on the Emergency Regulations. No changes will be made.

	<p>002.01 and 002.02 - Which people are considered "health care practitioners"? APRNs? Counselors? At a minimum, these people should be physician, physician's assistants or similar licensees with minimal accredited training in gender dysphoria diagnosis.</p> <p>002.03 - nonconformity being observed or treated ... Why "observed"? By the therapist? Change "observed" to "diagnosed". If nonconformity exists, it can be diagnosed.</p> <p>Section 003</p> <p>003(B)(vi) and 010(B)(vi) "... will experience harm" - What is the definition of "harm"? Feeling sad? Threatening suicide? This is so broad as to be meaningless. Need something like "imminent risk of physical harm or of documented threats of self-harm".</p> <p>004(A) - Is this tele-therapy or in-person? Shouldn't it require in-person therapy? This is one place where tele-health is not acceptable.</p> <p><u>II. Systemic Problems with Regulations</u></p> <p>The HHS regulations provide no baseline for safety in recommending the use of Gonadotropin Releasing Hormone Agonists. The regulations ignore the fact that there is no long-term safety data for the use of puberty blockers in this manner for children.</p>	
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	<p>The agency makes no explicit or implicit effort to determine if these agonists are safe. The regulations provide no mention of the absolute minimum disclosure standards so children and their guardians can provide <u>informed</u> consent. The regulations provide no provision for limited duration of prescription. The agency provides no indication they will have independent studies performed, or systematic review of the drug's safety via a pharmacology safety committee under the State Board of Health.</p> <p>The agency's regulations would lead most likely prescription recipients to reasonably conclude these agonists are safe for long-term use by children. Most citizens would conclude the agency would not provide the mechanisms for prognosis and prescription of agonists unless the agency possessed actual safety data for long-term agonist use on children. The agency's stamp of approval for agonists on children could rise to the level of gross negligence. The State of Nebraska has a concurrent duty to protect the health and safety of its citizens with the FDA. That duty is increased when it involves children.</p>	
455. Gab Rima	Hi. My name is Gab Rima. First name, G-A-B; last name, R-I-M-A. I am a life-long Nebraska resident, and I just am going to keep it super brief today. Gender-affirming care has been held to a standard of care for decades now. A standard of care has been created by medical professionals	Please see comments 3, 4, and 64.



	<p>who are experts in this field. I don't think that we need to reinvent the wheel here. I just ask that in creating the regulations that this committee is bound by law to create that we don't stray from that standard of care and that we don't create undue financial or emotional burden on these Nebraska families. I take issue with some of the proposed regulations, such as the way that medication would be labeled differently from other medications. That could put people at risk if their medication that they have to pick up says for gender dysphoria on it, that could make them feel unsafe in a pharmacy. I also think some of the other requirements, such as the 40 hours of therapy, can create an undue financial burden on these families. And also, mental healthcare is so difficult to access in Nebraska already. These decisions belong in doctor's offices. Not public hearings. I just hope that we'll follow the standard of care already established by experts and not place any unnecessary barriers in anyone's way. Thank you.</p>	
<p>456. William Manhart</p>	<p>My name is William Manhart, W-I-L-L-I-A-M, M-A-N-H-A-R-T. And I'm here as a parent of two transgender children. I just want to express my disappointment that the chief medical officer could not be at this -- at this hearing. And it goes without saying that these regulations are discriminatory in nature. And no other medical procedure that I can think of, that I am aware of, that would require a family to go through 40 hours, a mandatory number of 40 hours of</p>	<p>Please see comment 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>therapy, before getting any sort of medical, nonsurgical treatment. I am here as a parent, for myself. I am here for other parents who are experiencing the same situation in seeking healthcare for their children. I'm going to focus on the fiscal impact for the families. For myself and my family, I am looking at -- for 40 hours of therapeutic intervention that is required by these regulations, I am looking at a \$6,000 bill. This -- these regulations do not take into account persons who come from low-income families who may not be able to afford this, persons in rural areas who are not able to reach mental health professionals. There is no language in this -- in these regulations that indicate the access to tele-health for mental health services for the 40 - - mandatory 40 hours that are required to even get nonsurgical medical treatment for their children. In addition, you also have the hours that will have to be paid for therapy once you start the medical treatment. It doesn't take into account families that don't have insurance, the time and money it will take families to go to meet therapists for the mandatory 40 hours. If there is anything that can be changed in these regulations, besides the multitude of unnecessary language, it would be to change the mandatory hours for therapeutic intervention to access -- access nonsurgical, pharmaceutical treatment. Thank you.</p>	
457. Paramvijay Dhalla	Hi. Good morning, everyone. My name is Dr. Paramvijay Dhalla. I'm a family medicine resident	Please see comment 3.

in Nebraska. So, I wanted to share my thoughts regarding this. As a young physician in Nebraska, I would highly disagree with these kind of upcoming bigoted laws. As now, I have to choose where to practice, and I personally couldn't imagine in a state where these kind of bigoted and invasive laws are getting passed. This also raises a serious issue of violation of the basic human rights of autonomy. So, I personally am not comfortable with the prospect of raising my own family and settling where these kind of anti-autonomy laws and also invasive laws are being passed. So, imagine what would be the thought process of other physicians who are young and raise -- and they want to raise their families in. Nebraska already faces a shortage of primary care physicians like me. And laws and regulations, which do not allow doctors to practice the best care, have already driven away bright, young medical students and residents. I personally feel that the beauty of the United States is the democracy and the right of autonomy to make your own life however you want. I think we are at a time in this country where people are starting to realize the impact of these kind of discriminatory laws; and now when it's finally becoming impossible to revert them, and now people are realizing that this is not what they intended for their children. Like -- lastly, I would request Dr. Tesmer and DHHS to listen to the experts who have spent years of training to gain expertise and who are dealing with this on a day-to-day basis. Thank you so much.

458. Johnna Sisneros	<p>Hello. My name is Johnna Sisneros, spelled J-O-H-N-N-A, S, as in Sam, I-S-N-E-R-O-S. I'm a citizen of Nebraska, a graduate student in counseling psychology, and a childcare worker. And while I'm sure the points that I'm about to make have already been stated, I want to state my peace. I represent myself and that of my loved ones that may be harmed by the proposed regulations. The stringent nature of these regulations is not only morally repulsive but reflective of a deep ignorance that seems to be rampant among some lawmakers, particularly among those that align themselves with bills based on unfounded, ambiguous research. I would like to reiterate the fact of the matter, which is that legislators are not medical professionals. They are not doctors. They are not psychiatrists or psychologists, counselors or sociologists. They are not educated on the statistics that demonstrate risk for trans youth. They are not educated on the suicide rates and the harm that is being propagated by bogus bills made by people that have no business dictating the best medical and psychological practices in providing care to a person who is gender non-conforming. In the psychology field, there is a significant ethical emphasis on practicing within one's scope. A practitioner is barred from providing care to a client who has experiences, diagnoses, or goals of therapy that are outside of the scope of training and practice that the practitioner has received. The legislatures who have backed these regulations are practicing outside of their scope. They do not</p>	Please see comments 3, and 74.
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	<p>have the adequate information or education to be making laws that affect people's bodies, people's autonomy, or their agency. If the proposed regulation moves forward, the people responsible for it will have the blood on their hands of the children they claim to want to protect. The political climate of this country is already contentious at best, and people are afraid. I already have friends and loved ones that are planning to flee the state due to increasing trans-phobia and hate crimes that they are already experiencing without these proposed regulations. In the current socio-political climate, these regulations are a slippery slope towards intolerance and state-sanctioned bigotry. And if you are a lawmaker, take a moment to think about what it says about your positions when your constituents, the people who you claim to represent, why are they so afraid and what does that say about you? Thank you for your time.</p>	
<p>459. Kathleen Wiechman</p>	<p>My name is Kathleen Wiechman, K-A-T-H-L-E-E-N, Wiechman, W-I-E-C-H-M-A-N. I'm here today to show my support for trans youth in the State of Nebraska. In regard to LB-574, I consider it to be government overreach when our children's healthcare is decided by government officials who do not have any skin in the game. Prior to LB-574 it seemed the medical and mental healthcare community already had guidance and treatment in place. I'm trying to wrap my head around the financial cost to families who will be required to jump through all the hoops of LB-574.</p>	<p>Please see comment 3.</p>

	<p>And I think about the availability of mental health workers. Why are we trying to make life harder for our trans youth? Is LB-574 really worth it? Thank you.</p>	
<p>460. Grant Friedman</p>	<p>My name is Grant Friedman, G-R-A-N-T, F-R-I-E-D-M-A-N. And I'm with the ACLU of Nebraska. For over 50 years in Nebraska, the ACLU has worked with courts, legislative and communities to protect the constitutional rights and individual liberties of all people. Medically necessary care is a decision between patients, parents and providers. We have heard from families and providers across the state about the onerous burden this creates limiting provider's ability to practice medicine based on their own education, experience and medical ethics, and hindering the ability of youth and their families to receive the care that their doctors determine to be medically necessary. Medicine, like the law, is regulated by the individuals who provide such services. This works to ensure that the regulations provided do not prohibit people from obtaining services and that the regulations make sense in the landscape they are seeking to regulate. These regulations both inhibit access to medically necessary care and do not make sense in the healthcare landscape of Nebraska. By putting our politicians between trans youth and the care that they need, these regulations have told doctors that they cannot provide medicine in the way that they have been trained and have education in order to provide. This disregard for the well-</p>	<p>Please see comment 3.</p>

	<p>being and healthcare of trans youth by changing it into a political question. These regulations do not align with the current medical practices and hurt everyone in Nebraska, even those not receiving or providing medically necessary gender-affirming care. By limiting the ability of doctors to provide medicine based on their own experience and education, doctors are less likely to move to Nebraska or practice medicine here when the state can decide what they can and cannot do, despite their expertise and knowledge of the subject. These regulations do not make trans kids go away. I urge Dr. Tesmer and the DHHS committee to listen to the families and providers that have submitted testimony today in person and online, and make sure that the resulting regulations fit the needs of trans youth and Nebraska providers. Thank you.</p>	
<p>461. Abbey Lanzarin</p>	<p>My name is Abbey Lanzarin. That's A-B-B-E-Y, L-A-N-Z-A-R-I-N. I'm a third-year law student at Nebraska law, just down the street, and I strongly oppose LB-574. I stand here, or sit, before the people of Nebraska to state plainly that the hypocrisy of political parties and individuals who claim to value small government and individual freedoms and then put a policy such as this in place makes me sick. The decision of a trans child, alongside their parents and doctors, to seek gender-affirming care is just that. It is a decision belonging solely to the trans individual. Politicians often know little about politics, and they certainly know even less about medicine,</p>	<p>Please see comment 3.</p>

	<p>which is why we need to leave the issue of what trans youth do or do not do with their bodies out of our policies, especially dangerous policies like this one that threaten the lives of trans youth, and that is why I strongly oppose LB-574.</p>	
<p>462. Ryan Sallans</p>	<p>My name is Ryan Sallans. That's R-Y-A-N, S-A-L-L-A-N-S. And I will admit I had not planned my talk, but I am a special speaker, so it's good to be here. I realized around the globe as a gender subject matter expert. I've been doing work with transgender medicine as a specialty for the past Twenty years. I have served as faculty for federal magistrate judges. I've served as a trainer for human level executive leadership in our military, as the first person to address our negative courts for additional -- outside the lawyers. So, my topic of my understanding of this goes very deep, which is why it's extremely important for us to not let politics seep into healthcare and medical science and medical language. It's really important to be very conscious of how medical language works versus how we can try to trick and turn it and spin it to make it so it's not true. For example, saying that to be transsexual is a social contingent. Well, then -- As medical contagion is spread of belief, so I've just made you all transsexual because I am a transsexual man. I was born a science female. At age 25, in Lincoln, Nebraska, I began my transition to male back in 2005, and I've been guiding not only youth but our adults since then. It's extremely important to be very conscious again of medical</p>	<p>Please see comment 3.</p>



language and accuracy versus how we spin it to try to make it where we create fear and this idea of a bogeyman. Being transsexual, being transgender is not a disease. You cannot spread it as an illness. Gender is very personal and private for all of us. We all go through our own human growth and development which requires us to know more about who we are. Some of us learn very quickly at a very young age and takes very serious steps to announce it to the world, others of us it will take time, some of us may never even share it to the world because of fear of being judged. So, it's important for us to take a step back from this type of rhetoric and language, take a step back from politics. I'm actually appalled by both sides, democratic or the republican, this side, that politics for me, I've let it go, because it's not creating rationale and sane reasoning, it's creating pointing fingers and it's playground bullying that I do not agree with, and Nebraska deserves better. We are here to develop character, we're here to be able to support one another, we should be here as leaders, looking at policies to support human growth and development and our mental health and not to create policies that further exasperate our mental health and anxiety, further confuses what should be basic foundational education, because all of us are sexual beings and gender impacts us all. We should be here for one another and support our mental health, because I do not like seeing our kids suffering. I do not like seeing the suicide rates no matter what we look at when we talk about research. We should be

	<p>here as adults to guide and to listen and to talk to one another, because, as Nebraskans, we should do better and, as Nebraskans, we can most definitely do better in this work. And the education is there, the science is there, we just need open to listening to it and accept the community misconstrued words and changed language so that we continue to confuse one another and be mean to one another. I do not like that. Thank you very much.</p>	
<p>463. Robin McGee Burns</p>	<p>Hi, good afternoon. My name is Robin Burns, R-O-B-I-N, B-U-R-N-S. I'm coming as a resident of [county name] County for almost seven years, and as a mother, as somebody who has been interested in human rights my whole life and someone who has a background as an educator. There are a number of pieces of this article that I find very concerning. The whole article is very concerning, but, in particular, in Section 3.B.(i), this requirement that gender dysphoria be driving the patient's distress, not other mental or physical health conditions puts the focus for the distress on the individual rather than on things like this legislation, which perpetuates the distress, a culture of hostility which perpetuates distress, and I think divorcing an individual's distress from those conditions doesn't make sense to me. The piece about the requirement of 40 gender-identify-focused contact hours of therapeutic treatment in particular is onerous. Only two hours a week may count towards those 40. That's assuming that families are able to find a provider to administer these therapeutic</p>	<p>Please see comment 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

	<p>content hours and that they're able to get scheduled in with those providers, two hours each week, assuming that they're going to do all those things, it could be a minimum of four to five months before getting what could potentially be life-saving prescription medications. There's also a piece in here, Section B-3 under Chap -- or four, I don't know, 004, that these be clinically objective and unbiased and not really affirm the patient's beliefs. All right. Well, who gets to determine what's clinically objective and unbiased -- thank you, doesn't the, you know, medical association already ensure that? So, if these hours affirm a patient's belief and the necessity of access, does that mean those hours don't count? Like it's -- it's not well written, in addition to being hateful. And this requirement for providers to obtain three hours of continuing competency education places an unfair burden on providers who've already done all of the things that they need to do to be medical providers. Again, who is the -- where is the oversight, who's conducting this training, who is going to prevent somebody with a political agenda, like the people that drafted this legislation, from coming in and dictating to medical providers what is required of these CCEs. So, I think the whole thing needs to be scrapped. This isn't consistent with governmental stance that protects the rights and lives of constituents.</p>	
464. Sherry Jones	I'm Sherry Jones, S-H-E-R-R-Y, J-O-N-E-S. From the firsthand experience with children, having	Please see comment 5.

been an educator for 35 years, with 14 of these serving as an elementary school counselor, I can attest that children are not developmentally capable of making life-altering decisions, such as the taking of puberty blockers, hormones and having body-altering surgeries associated with trans gendering. Whether these children have been influenced by social media, their peers or truly have gender dysphoria, we should be providing them with counseling to help them deal with their inaccurate perceptions and their feelings. And to know, according to 11 published studies on children diagnosed with gender dysphoria, most will not have that desire as adults if they are not socially transitioned and if they are not given medical intervention such as puberty blockers. Nearly all will grow up to be adults who do not seek medical transitions. We should be helping children to embrace their God assignment of being either male or female. To do anything else in my opinion borders on child abuse. The risk of taking puberty blockers includes brittle bones, joint problems and an impaired memory, along with recent studies showing it affects their vision. In one particular study, nearly all of the kids that use puberty blockers went on to use processed hormones. Here are the risks of processed hormones to individuals from age 14 to adult, sterility if used after puberty blockers. For women, lower voice, weight gain, balding, possible cardiovascular disease, Type 2 diabetes, bone density loss, and increased risk of cancers, including breast, cervical, ovarian and uterine. For men, breast

	<p>growth, gallstones, weight gain, blood clots, sexual dysfunction, possible cardiovascular disease, Type 2 diabetes and breast cancer. And following the, quote, gender affirmation treatment, sex reassignment surgery often follows cross sex hormone treatment, which has a number of effects I won't go into. Emotional risk. They are nearly -- nearly five times more likely to attempt suicide and nearly 20 times more likely to commit suicide after surgery than the general population. We need to protect our children from greedy medical practitioners who are disregarding their oath to do no harm. We need to protect our children from pharmaceutical companies with dollar signs in their eyes. We need to protect our children from activists with a social agenda to advance. And, at last, an admonishment for us to consider, Isaiah 45.9, "What sorrow awaits those who argue with their Creator. Does a clay pot argue with his maker? Does the clay pot dispute with the one who shapes it saying, 'Stop, you're doing it wrong.'" Let's help children embrace the way they are fearfully and wonderfully made, either male or female. Thank you.</p>	
465. Leslie Dvorak	<p>Hello, my name is Leslie Dvorak, D-V-O-R-A-K. I'm here today to talk about transgender care in Nebraska. I am a nurse practitioner; I've been practicing for over 21 years. Some of the most rewarding experiences in patients I have had have been transgender youth and their family. It is just amazing how when a parent comes and</p>	<p>Please see comments 4, and 64.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

says thank you for giving me back my child. Having access to transgender care without having to go through many, many hoops, is very important to Nebraska. The new legislation wants to have our children have 40 hours of therapy beforehand. This is very hard for patients, for parents. It is very hard to find mental health providers who will see youth in Nebraska. There's over a six-month waiting list for some transgender patients to get therapy, and even for non-transgender patients who are adolescents for therapy. It's cost prohibitive. A lot of insurance does not cover this therapy. A lot of insurance -- a lot of therapists don't take insurance. Another prohibitive issue with the new proposed is that currently when a provider, such as myself, orders any medications for a patient, whether it be Tylenol, hormones, we do not have to put what that patient is getting those medications for. We are putting patients and their families at risk to face discrimination and violence by making us put down what they're getting their hormones for. It is very important that we listen to our transgender youth and to their parents, to their medical providers, and to their therapist who is the best person to make those medical decisions. It is that group of people together because they know this person the best. You right now do not require parents to go through therapy before they make decisions for their children. Those decisions as a mother -- I have six children, I was given the opportunity to decide, do I want to circumcise my one-day-old infant, which is a permanent surgery procedure involving their

	<p>reproductive organs which is not modifiable. Thank you.</p>	
<p>466. Erin Feichtinger</p>	<p>E-R-I-N, F-E-I-C-H-T-I-N-G-E-R, policy director for the Women's Fund of Omaha. The Women's Fund of Omaha joins their voices with the majority of families, medical professionals, and business and community leaders who initially opposed LB-574, and by extension the false legitimacy given to these proposed regulations that would restrict life-saving gender affirming care. We are committed to the idea that every child and their family deserves to feel safe in this state, that every parent deserves to care for their child without the gross intervention of the government into their lives and healthcare decisions. LB-574 by its very existence has caused harm to children and their families. It has made them afraid; it has made them feel unsafe in this room, in this building, in the capital, and in this state. These proposed regulations perpetuate the harm of LB-574 by imposing arbitrary standards as a requirement to access healthcare and once again allow the government to intrude on decisions best left to families and their healthcare providers. They are the experts here. Not the legislature, not the chief medical officer, not the small minority of Nebraskans who want to impose their will and beliefs on others. You do not need to fully understand the nuances of gender identity to know that each individual person knows who they are better than you ever will. Trans youth exist in Nebraska and your</p>	<p>Please see comment 3.</p>

	<p>opinion of them does not make that any less true. The people who do understand the nuances of gender identity have told you time and again at the capital and here again today that these proposed rules do not account for their families, their expertise, their code of ethics and the accepted established expert standard of care. The Women's Fund stands for those youth, those families and those experts. No matter how we each identify, we all need the freedom to be ourselves. LB-574 in this proposed regulation purports to solve an issue that should concern absolutely no one but the Nebraska families who are making these decisions with their children and their doctors. Again, trans youth are human beings and the attempt to make them feel anything less than that is unacceptable -- unacceptable, goodness. Thank you for your time.</p>	
<p>467. Mason Luttig-Leapley</p>	<p>My name's Mason, M-A-S-O-N, Luttig-Leapley. L-U-T-T-I-G, hyphen, L-E-A-P-L-A-Y. Not here to represent an organization but I'm here to represent myself. I have issues with this adoption of this bill when I've been testifying for like a ridiculous amount of hours for the last couple of months. I myself just had gender-affirming care. I just had my top surgery on October 16th. I'm 25 and it's the best thing that ever happened to me. The only thing I wish is that I wish I could have had it sooner. I know of several kids that I represent in multiple different school districts in the State of Nebraska that are concerns, some of them have been grandfathered, some of them haven't</p>	<p>Please see comment 47.</p> <p>Injectable medications are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>



	<p>with their medications and stuff like that. My biggest -- my biggest question with the whole deal is, are we in a sense asking for people if they have diabetes or they have something where they need an EpiPen, are you going to ask them in a crisis situation to come into the doctor's office and be able to administer things like that? I don't see us asking everyday people to be able to have to come in and -- ask -- out of their day to be able to do that and my question is -- is well with kids they're -- they're under 19, a lot of these kids can't drive. It makes it a pain for their parents. This is just another roadblock to make sure that these kids can't get the gender-affirming care that they need to be able to live. Like I said, this is something that I wait -- I knew at the age of three and I waited 25 years to be able to get access to and this starts with protecting kids, which I think is face in the first place. And second of all, I think that from what we've seen in other states, I have an issue that this isn't just going to stop with kids. I've already talked with some friends in other states that they're 25 and older and they're losing their own healthcare and so I have issues with that, so that's what I have to say. I also competed in sports as a tran -- openly trans athlete in the state of South Dakota and so this kind of stuff is important, and I think that it needs to be addressed. And like I said gender-affirming care saves lives. That's what I have.</p>	
468. Seth Hourec	Hi, my name is Seth, S-E-T-H – I didn't	Please see comment 4.

write anything down because I did this for too long. Maybe I just want to –one thing that's happened, one part of the regulations which is weighing on me is, you know, the -- the wait time, the -- when my son turned six, he was diagnosed with ADHD. We saw a therapist; we saw a medical doctor and within about nine days we got a prescription for stimulants. He's been on them now for four years. If they are wrong, they are -- they can have negative long-term consequences, but as his parents with the doctors, therapists, we kept a close eye on him and had him work through and, you know, it wasn't without challenges, but overall, he's been very successful in school. So, to see something, another form of treatment that could have the same effect, could have the same benefit to young people and to see that it's -- we -- there's, you know, a six-month wait time at best, you know, years at the worst, to see that that can be withheld from them for that long seems cruel. I guess if nothing else changes about the regulations, I would say -- implore that at least remove restrictions on puberty-blockers. I think that will at least give children time to figure out if they're still required to go through these therapy sessions, then at least that's not time spent growing into a body that they don't want. I know that act is pinned up to Let Them Grow, but by putting this wait time, it's forcing them to grow in a certain way that they don't want to. And so, in the spirit of the act, we should let them grow

	how they want to grow. Okay, that's -- that's all.	
469. Judy King	<p>I'm Judy King. It's J-U-D-Y, K-I-N-G. Okay, I am against LB-574 or any bill that takes away the rights of trans people, trans kids or trans parents. Several years ago, me and my husband promised that we could move away after the kids were out of school and so far, we're still here. We have so many issues here that I've been involved with over the years and we've -- I just -- the state legislature -- there's been so many issues, especially with the state legislature, that need attention and this legislation is not dealing with most of them. We've got dirty water on Pillen's pig farm, we've got fascism, racism in our legislature and government offices, in our governor's office. Churches and government now are dictating our house and how we should behave in the bedroom. White supremacy, guns, you can carry a gun anywhere you want to; you don't have to buy the test for it or anything else, we can just carry a gun anywhere. We don't -- our water is -- is not clean. Pillen's pig farm's got all the dirty water that we need. Climate change is going to be an issue here in Nebraska. Health -- healthcare -- healthcare for Hispanic workers, racial justice, higher wages, insurance for all, women's healthcare. Our taxes are unbelievable right now but mostly that's because churches are running it and taking over most of the state and not paying any taxes. The orange man with his 91 counts, you know, is trying to get elected again so we kind of have to fight against that crap.</p>	Thank you for your comment. No changes will be made.

	<p>Fascism again, I'm not going to state that again. LGBTQ plus issues that I've been involved with. Democracy is an issue that we need to attend to. Churches borrowing up the state, not paying their property taxes. Legislature, not listening to physicians or experts in any field. Getting more women and LGBTQ people elected to office. Our current legislature and government are not interested in anything but making more money and more power. They're not concerned with these poor trans kids, do not have the medical knowledge to make any decision about these kids. I loved all the people that I've met throughout all of these issues that I fought for, and the latest discouraging thing are these poor trans kids and the LGBTQ. So that's all I have to say.</p>	
<p>470. Jacob Carmichael</p>	<p>Hi, my name is Jacob Carmichael J-A-C-O-B, C-A-R-M-I-C-H-A-E-L, and I'm here today to testify against this set of guidelines as it's written and as the bill as a necessity. The guidelines for this bill are -- it's the Department of Health and Human Services and for some reason these guidelines can't seem to follow medical best practice, recommending four hours of neutral therapy work, or whatever it's called, completely submerges the expectation of best practice. And from an insurance standpoint I don't know how you want an insurance company to cover 40 hours of something. That's not the recommended standard of care. That just seems bad for industry. But this is a minor issue that's being</p>	<p>Please see comment 4.</p> <p>Therapeutic hours are addressed in the Let Them Grow Act FAQ.  <a href="https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf">https://dhhs.ne.gov/Documents/CMO-LetThemGrow-FAQ.pdf</a></p>

blown up out of proportion and claims to care about kids and youth in this state and just doesn't. I watched bills this session die to address nitrates, lead, education, like SNAP funding, so many different things that could have a material impact on tens of thousands of kids across this state in programs that are already sustained that we just need to accept federal funding for, but have -- apparently have some kind of inability for -- for something that we medically know, statistically we know that this is having a completely adverse effect on kids and for some reason we can do nothing in that respect. But the Nebraska legislature and DHHS, I fully understand that's their direction but spends a lot of time on this area with these guidelines, not addressing things that are actually affecting children across the state and affecting their medical care. It's just an utter travesty from someone that actually cares about children, from someone that actually cares about medicine, best medical practice, I'm just coming back months later and just still utterly disappointed. I'm not surprised after seeing Dr. Tesmer get nominated and then seeing his media homophobic posts. And I'm sure what proponents of this measure have been here today have probably quoted the American College of Pediatricians, which was initially founded and split off of the American Academy of Pediatricians because they opposed gay people getting married and being able to adopt kids, which is cool and nothing but a political stance because once again, complete severity, medical best practice in favor of whatever

	<p>political opinions they felt like pushing at the time, so if that was sourced today would also just like that to be tagged along with the sources because that's the only medical association they have so I'm sure it was used. But I am just utterly saddened by the state of medical care. Thank you.</p>	
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