



Nevada Senate Bill 408

Establishes conditions for the performance on a child of any surgical procedure to assign anatomical sex.

SB 408 is **strongly opposed by every major organization representing physicians** who have the most information on patients born with a variety of medical diagnoses that have been termed intersex and/or disorders of sex development/differentiation (DSD).

Patients and providers increasingly refer to specific conditions rather than intersex or DSD. e.g., A person who lacks an enzyme used by the adrenal glands to produce hormones that regulate essential bodily functions is said to have Congenital adrenal hyperplasia (CAH), not 'intersex' or 'DSD'. It will be impossible for physicians to figure out what procedures are banned by this bill.

It is important for legislators to understand that SB 408 **prohibits surgery on children who are affected by illnesses other than so-called intersex conditions**. Its far-reaching provisions would restrict informed treatment decisions for hundreds of thousands of families in Nevada alone.

This proposed law alters one of the most fundamental concepts in caring for children. Specifically, it strips away the rights of parents and legal guardians, a child's most important advocates, from the medical decision making process. It is a **parent's right and responsibility to make a well-informed decision** in their child's best interest.

There is **no such thing as "anatomical sex assignment."** We have come to understand that physical anatomy has very little to do with one's gender identity. Caring for these patients involves a multidisciplinary team. The operations in question restore normal function to existing anatomy.

As caregivers, we are deeply committed to the physical and emotional well-being of the children we treat every day. Regrettably, older patients with some medical illnesses termed intersex have, historically, experienced very poor long-term outcomes. We have therefore often joined advocates in calling for change in the management of these conditions.

A statute dictating the treatment of this complicated collection of illnesses will limit parental rights and result in **harmful unintended consequences** for children with and without intersex conditions. Such a law will not provide relief for adults living with bad outcomes. Rather, we must commit to further research and an individualized approach based on a multidisciplinary team evaluation.

1. It is a gross oversimplification to impose a broad law to directly manage a diverse and complex group of patients.
2. A law that limits health care options and generalizes care for all patients is a disservice and potentially harmful.
3. This bill would affect many patients who do not have intersex conditions.
4. We call for continued research to better understand what leads to the best outcome for the most complex patient.
5. We listen to the voices of our families and we abide by their decisions.
6. We strongly support a parent's right to make informed healthcare decisions for their child.
7. Parental informed consent must continue to be the basis for all healthcare decisions for unemancipated children.

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