



April 18, 2024

SF4699 A-2

Members of the Minnesota Senate Health and Human Services Committee  
95 University Ave W  
St Paul, MN 55103

Dear Members,

SF4699 A-2 contains provisions that come from SF2209, a bill which mandates that all insurers operating in Minnesota cover so-called “gender-affirming care” except for those eligible organizations which qualify for an exemption under religious objection.

Minnesota Family Council gave versions of the below verbal testimony (second page) on SF2209/HF2607 in multiple committees:

- House Commerce Finance and Policy Committee on March 6, 2024
- Senate Commerce and Consumer Protection Committee on March 7, 2024
- Senate Health and Human Services Committee on March 20, 2024
- House Health Finance and Policy Committee on April 4, 2024

Globally, there are concerns with prescribing medicalized “gender-affirming care” to children. While some Western nations are pulling back on medicalization in this way, the Minnesota legislature will likely mandate that all insurers offering health plans in Minnesota cover so-called “gender-affirming care,” exempting health plans offered by qualified organizations. This policy approach actively ignores warning signs from other nations.

Detransitioner Camille Kiefel testified in the Senate Health and Human Services committee on March 20, 2024, sharing how “because of the stigma of detransition,” members of her community have health needs that “are going unaddressed.”<sup>1</sup> She said, “We do not feel safe going back to our medical providers who are not trained in how to care for us. There is no support for us.” She explained that there are no specific ICD-10 WHO codes for detransition; she shared how billing detransitioners under a “transition” code “puts providers at risk for medical fraud...many individuals who want to detransition can’t because their insurance won’t cover it.” She has grave concerns that members of her community are unable to get healthcare and asked members of the committee to accept an amendment that would ensure the bill will mandate coverage for detransitioners as well. The amendment was not accepted by the bill author.

Minority health needs are going unaddressed by this bill, and global concerns over so-called “gender-affirming care” are being ignored. We ask members of the Minnesota Senate to carefully consider these issues when including SF2209 into the Health omnibus bill, SF4699.

Sincerely,  
Rebecca Delahunt  
Director of Public Policy  
Minnesota Family Council

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<sup>1</sup> <https://www.youtube.com/watch?v=Y5zlz9whS7s&t=1973s>



Chair Wiklund and Members of the Committee, my name is Rebecca Delahunt, and I work as the Director of Public Policy with Minnesota Family Council.

SF2209 requires all physical and mental health plans offered by insurers who operate in Minnesota to “not exclude” what the bill authors call “gender-affirming care,” which the policy states must now be designated as “medically necessary.”<sup>2</sup>

Based on the language of this policy, one might assume that the medical community has consensus on this issue, but that’s not the case. Last year, a Forbes reporter noted how “longitudinal data collected and analyzed by public health authorities in Finland, Sweden, and England have concluded that the risk-benefit ratio of...[pharmaceutical and surgical interventions for youth in this way]...ranges from unknown to unfavorable.”<sup>3</sup> The reporter shared that Finland, Sweden, the U.K., and Norway are “shifting toward... a less medicalized approach that addresses possible psychiatric comorbidities and explores developmental etiology.”

The WPATH files, released on March 4, 2024, show how WPATH has misled the medical community, all while leading insurance companies and legislatures with its protocols.<sup>4</sup>

It’s not just red states which have concerns – NHS the health service of the UK banned puberty blockers except in the use of clinical trials on March 14, 2024.<sup>5</sup>

In short, there is a lack of consensus within the global medical community on how to treat minors. The USA is behind our European neighbors in this understanding.

In prior hearings, bill authors have stated that detransitioners will be covered through this bill, but I will note that so-called “gender affirming care” was not created with the intent to help folks detransition. There is no specific WHO ICD-10 code for treating detransition.

For detransitioners, the physical and mental impacts of cross-sex hormones and diverse surgeries are broad. This community should not be excluded from healthcare.

When we consider this division, forcing all insurers to pay for this is misguided, and forcing all state taxpayers to pay for so-called “gender-affirming care” is coercion.

Children cannot give informed consent on treatment that alters or potentially removes their sexual or reproductive health.

I respectfully ask for a no vote.

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<sup>2</sup> [https://www.revisor.mn.gov/bills/text.php?number=SF2209&version=latest&session=ls93&session\\_year=2023&session\\_number=0](https://www.revisor.mn.gov/bills/text.php?number=SF2209&version=latest&session=ls93&session_year=2023&session_number=0)

<sup>3</sup> <https://www.forbes.com/sites/joshuacohen/2023/06/06/increasing-number-of-european-nations-adopt-a-more-cautious-approach-to-gender-affirming-care-among-minors/?sh=50a9106e7efb>

<sup>4</sup> [https://static1.squarespace.com/static/56a45d683b0be33df885def6/t/65e6d9bea9969715fba29e6f/1709627904275/U\\_WPATH+Report+and+Files.pdf](https://static1.squarespace.com/static/56a45d683b0be33df885def6/t/65e6d9bea9969715fba29e6f/1709627904275/U_WPATH+Report+and+Files.pdf)

<sup>5</sup> <https://news.sky.com/story/children-to-no-longer-be-prescribed-puberty-blockers-nhs-england-confirms-13093251#:~:text=Children%20will%20no%20longer%20be,part%20of%20clinical%20research%20trials.>