



**Ohio Children's Hospital Association**  
Saving, protecting and enhancing children's lives

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**Testimony before the Ohio House Families, Aging, & Human Services Committee**  
**House Bill 454**  
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Good morning, Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Denson, and members of the Ohio House Families, Aging & Human Services Committee. My name is Nick Lashutka, and I am the President & CEO of the Ohio Children's Hospital Association (OCHA). I also have the privilege of serving as President of Children's Hospitals Solutions for Patient Safety, an international effort that began here in Ohio over a decade ago and has now grown to over 145 children's hospitals around the world dedicated to eliminating patient & employee/staff harm.

I am here today to testify in opposition to House Bill 454.

Ohio has the world's best statewide network of children's hospitals – Akron Children's Hospital, Cincinnati Children's, Dayton Children's, Nationwide Children's Hospital, UH/Rainbow Babies & Children's Hospital and ProMedica Russell J. Ebeid Children's Hospital. Several of our institutions are ranked among U.S. News & World Report's best children's hospitals, and all our members are ranked best in class in the nation in various aspects of pediatric care. Ohio is the only state in the nation with a flagship children's hospital within a two-hour drive of every family, including our most rural parts of the state.

We serve all of Ohio's 2.7 million children, regardless of their family's ability to pay. Our mission is to save, protect, and enhance children's lives. Our members are committed to improving all aspects of children's health – including behavioral and mental health.

We are in the midst of a pediatric behavioral health crisis and are working every day to address the growing number of kids in need of inpatient and outpatient behavioral health services. By way of example, dozens of children sit in our Emergency Departments every day waiting for a bed for mental healthcare. Unfortunately, this has become normal operating protocols for our nation's children's hospitals. The crisis is real. The pediatric workforce shortage is severe. Patients and families regularly experience unacceptable wait times between appointments. We applaud the legislature's prioritization of pediatric behavioral health and thank you for your support to improve and expand access for kids.

The allegations made against children's hospitals by supporters of HB 454 are deeply offensive and disappointing. Children's hospitals across Ohio are filled with pediatric experts who have dedicated their lives to caring for kids. We serve the most vulnerable in our state. From the beginning of this legislative process, we have been willing to meet with families who, according to the bill's proponents, have had negative experiences at our hospitals so we can learn how to improve our care delivery system. No one has accepted this offer.

All service lines within our hospitals follow standards of care to ensure quality, safety, and deliver best outcomes. Our clinics and clinicians who provide gender affirming care are no exception. Every individual and family who comes to one of our facilities does so voluntarily and are often in crisis. We have no agenda other than to serve patients and utilize the best available research to optimize their well-being.

Repeated claims have suggested our clinics pressure parents into medical treatment and say their child will commit suicide otherwise. This is unequivocally false. We are opposed to all fear-based tactics when providing care and would never allow that behavior. It has also been said mental health professionals are unable to counsel patients to explore other mental health diagnoses during therapy. This is also unequivocally false.

We have been accused of opposing the bill due to financial self-interest. Let me be clear: our motivation to care for all children's behavioral health has nothing to do with money. Behavioral health services are one of the lowest reimbursed services, substantially below the cost of care. However, HB 454 has very real, devastating financial consequences impacting all children's access to health care as it would strip away all Medicaid funding if we allow evidence-based gender affirming care to take place.

An overwhelming amount of misinformation has been shared about the nature of our clinics and the care we provide to patients and families. Here are the facts:

1. Children's hospitals in Ohio have responded to a need in the community to serve a small, but complex population.
2. Patients do not self-diagnose their gender dysphoria; they present with symptoms of gender dysphoria. Their health care providers evaluate these symptoms, and only their health care providers make diagnoses.
3. Individuals diagnosed with gender dysphoria are consistent, persistent, and insistent for a lengthy period of time. The notion that kids declare a feeling and are immediately medicated at one of our clinics is false.
4. We DO NOT perform surgeries on minors for the condition of gender dysphoria.
5. Patients who come to our clinics unfortunately often wait lengthy periods of time for their first appointment to undergo a screening and determine if they are in the right place.
6. After determining if the gender clinic is appropriate, patients receive a comprehensive assessment anchored by mental health that includes the family.
7. All comorbid mental health conditions are treated before determining if additional treatment is needed.
8. Patients do not receive blockers or hormones at their first appointment.
9. The average age of a patient is 16 at their first appointment.
10. Around a third of the individuals diagnosed with gender dysphoria begin medical treatment under the age of 18. This is 0.0003% of the population of minors in Ohio.
11. All medical gender dysphoria treatment requires parental consent and is supported by a multi-disciplinary team of professionals, including pediatric specialists in psychiatry, adolescent medicine, and endocrinology.
12. All our care is safe, age-appropriate, and aligned with clinical practice guidelines based on research and developed for this population.

Our clinics follow the national Endocrine Society guidelines, developed in partnership with cosponsoring associations that represent over 15,000 specialists. This guideline is supported by the American Academy of Pediatrics, representing over 67,000 pediatricians. The Endocrine Society guideline on endocrine treatment for gender dysphoric persons:

- Establishes a framework for the appropriate treatment of these patients
- Recommends adolescents should not begin blockers or hormones until after any coexisting psychological, medical, or social problems that could interfere with treatment have been addressed
- Emphasizes that a broader healthcare team is needed to provide mental health services and other support treatments
- Was developed using the widely accepted GRADE approach

Supporters of this bill allege children will be protected by eliminating this care until an individual turns the age of majority. As pediatric specialists, we maintain that children's hospitals already serve in that role to ensure all gender care is appropriate and supported by a multidisciplinary team of experts. Our clinics help prevent individuals from turning 18 and making abrupt decisions on their own without a care team, including their parents.

No minor can or has received any treatment without parental or legal guardian consent. There has never been any evidence presented to the contrary. All treatment plans, both with or without medicine, are thoughtfully and carefully considered in coordination with the family.

Under current Ohio law, if a parent had reason to believe their child had received inappropriate medical care, or such care was given without express parental consent, that individual would have the ability to pursue civil liability for medical negligence. Further, an individual may also file a complaint with the licensing board of that medical professional. And yet, we have seen no evidence of such lawsuits nor licensure disciplinary actions occurring in the State of Ohio.

From the beginning, we have made it known that our doors are always open to hear from families and learn why individuals have been dissatisfied at one of our hospitals. That offer will always stand. We will always seek ways to improve the care delivered in our facilities and the patient family experience.

What we cannot do is help parents come to terms with who their children say they are. We also cannot take responsibility for the decisions their adult children make after reaching the age of majority. As much as the proponents of HB 454 want it to, this legislation will not achieve that either.

HB 454 sets a dangerous precedent by prohibiting medical care and sanctioning medical professionals, while taking away the rights of parents to seek out the best resources for them and their children. As a parent of four children, I understand parenting does not come with all the answers. As a lifelong conservative, I implore you not to legislate personal family decision making or override the professional practice of medicine. I urge you not to support HB 454.

Thank you, Chairwoman Manchester, and members of the Committee. With your permission we'd request our panel be allowed to provide their individual testimonies and then we would be happy to answer any questions you or members of the Committee may have.