



House Bill 454
Opponent Testimony
Ohio House of Representatives, Families, Aging, and Human Services Committee

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Chairman Manchester, Vice Chair Cutrona, Ranking Member Denson, and members of the House Families, Aging, and Human Services Committee:

Thank you for allowing me to testify in opposition to HB 454. My name is David Axelson. As a board-certified child and adolescent psychiatrist, I have dedicated myself and my career to supporting the mental health of young people.

As the Chief of the Department of Psychiatry and Behavioral Health at Nationwide Children's Hospital, I am charged with not only serving the patients and families I interact with personally, but also in building systems and programs to deliver best outcomes for all patients and families in our region. Our hospital's THRIVE Gender Development program (THRIVE) is an excellent example of this work, and the work we do stands in sharp contrast to the characterization of gender diverse care that has been presented since the introduction of this legislation.

Nationwide Children's is one of America's largest not-for-profit free-standing pediatric health care systems, providing unique expertise in pediatric population health, behavioral health, and genomics as the next frontiers in pediatric medicine, leading to best outcomes for the health of the whole child. Nationwide Children's has a staff of more than 13,000 providing state-of-the-art wellness, preventive and rehabilitative care and diagnostic treatment during more than 1.6 million patient visits annually.

Nationwide Children's treats every child regardless of their family's ability to pay and regardless of the stigma associated with their condition. Stigma is one of the many factors, along with lack of access to care, a shortage of providers and others, contributing to the current crisis in children's mental health. Even before the pandemic, 1 in 5 children struggled with a mental health issue; of the 7.7 million children who needed services, less than half were receiving them from a mental health provider.

We have made significant investments prioritizing behavioral health care over the last decade. In 2014, we had 418 staff members dedicated to children's behavioral health. Today, that number is over 1,100. We are dedicated to ensuring our patients are healthy and thriving in all aspects of their lives. We are fully committed to child wellness, addressing both children's physical and mental health needs with age-appropriate, ethical treatments that adhere to national and international standards of care.

THRIVE Gender Development Program

Since 2014, Nationwide Children's Hospital has provided care for patients and families with gender identity questions, gender dysphoria, Differences of Sexual Development, and complex urological conditions through the THRIVE program. THRIVE is an acronym for **T**eam-driven **H**ealthcare that **R**espects **I**ndividuals and **V**alues **E**motions, and it is committed to providing individualized, evidence-based care in a manner that values physical and mental health. For the purposes of this testimony THRIVE will be used to describe the gender development component of the program.

Our program provides care to families whose children are experiencing gender identity questions and gender dysphoria. It is a multidisciplinary clinic that is sought after by families from across Ohio, given the expertise of our highly skilled team of providers. The clinic prioritizes the mental health of the patients and works through difficult mental health issues that impact a young person's decision-making capacity.

We provide this care because it is supported by the preponderance of relevant medical evidence and because families are seeking help. THRIVE care is predominately mental health therapy, with 2/3 of the patients we serve receiving no medical treatment. Medical treatment encompasses non-procedural services that are reimbursed at low levels. In fact, children's hospitals regularly incur substantial losses for all behavioral health services.

The care provided is patient- and family-centered, meaning we value all perspectives within the family system and work within this system to promote the safety and well-being of youth. Our team meets families where they are and works with patients and families of all backgrounds and beliefs to help foster this understanding and positive family environment. No treatment in the clinic proceeds unless legal guardians and caregivers agree.

The care that is provided is ethical and follows the latest evidence and standards of care in the field, including those from mainstream professional societies such as the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Endocrine Society, to name a few. These organizations represent tens of thousands of experts and are the very same ones that guide childhood care of influenza, of diabetes, of depression, and of countless other pediatric issues and conditions. They bring the same conscientious deliberation to their standards of gender diverse care as they do to these other concerns.

The care provided by THRIVE is also individualized to meet the unique needs of each patient and family. The care of gender diverse children and adolescents can be complex. Given this complexity, decisions about care are best made when patients and families work in partnership with health care professionals who have expertise in child and adolescent development.

With the help of our experts, patients and families can make decisions about their care that best meet their needs. For all patients, care includes mental health assessment. Following the mental health assessment some patients may receive mental health therapy as treatment for a mental health condition. It is absolutely crucial that appropriately-assessed youth with gender dysphoria are able to access all the treatments that they and their care teams believe are in the best long-term interest of the young person, including treatments that HB 454 would ban outright.

Restricting the available treatments for gender dysphoria is similar to saying that *only* therapy can work for depression, when we know that there are many additional types of treatments that are appropriate for some patients.

Our immediate goal is to give patients and families the information and support their need to decide what is right for them, after a process of mental health assessment.

Parent Support and Consent

Limiting the provision of this care for children and adolescents would reduce opportunities to engage parents and family members in mental health therapy and discussions about these important life decisions. Adolescents who are struggling to communicate with parents may choose to pursue this care independently without any family involvement at the age of 18 when they are legally considered adults. It is not uncommon in our clinic to see patients and family members who have difficulty communicating with each other on these sensitive topics. Through work with our team, these patients and families have been able to share and process their thoughts, feelings, and concerns and preserve family relationships.

HB 454 would unnecessarily insert government involvement into critical health care decisions between a parent and provider.

The Standards of Care

Gender Dysphoria is a mental and physical health condition occurring when a person's experienced gender identity differs from the anatomical makeup of their sex. Gender identity is an aspect of identity that all humans experience. A sense of harmony between gender identity and sex is important and contributes positively to a person's overall psychological and emotional wellness. Fundamental to our understanding of gender dysphoria is understanding and recognizing that medically, it is *absolutely possible* that a person's gender identity can differ from their body for many reasons, and that these experiences are not choices or ideologies.

Families who seek care in the THRIVE clinic are initially screened to determine whether THRIVE is the most appropriate program to receive services. For those who enter our THRIVE program, care starts with comprehensive assessment in the Behavioral Health component of the program. Following the initial mental health assessment, our expert team of child and adolescent psychiatrists and therapists spend a significant amount of time understanding the youth, their families, and their needs. Only a subset of these families move on to engage with the medical portion of the program. By the time medication therapies are reviewed, families have already been through a long screening, assessment and mental health therapy process. A highly detailed informed consent process, with discussions about all risks, benefits, and short and long-term effects of the treatments, takes place prior to any medical treatment.

Clinical criteria for medical treatment of gender dysphoria are extensive and result in appropriately cautious care. The criteria utilized in the THRIVE clinic are established in the Endocrine Society guidelines for care of gender incongruent persons. Criteria include:

- **Diagnosis of Gender Dysphoria**
- **Persistence of Gender Dysphoria**

- **Mental Health Assessment and Treatment**
- **Cognitive/Emotional Maturity**
- **Understanding of Risks/Benefits**
- **Parent/Caregiver Consent**
- **Discussion on Fertility/Reproduction**
- **Understanding of Evolution of Future Priorities**
- **Multidisciplinary Team Participating in Care**

If enacted, HB 454 will likely result in the closure of the THRIVE gender development program and similar clinics providing care to our most vulnerable patients, prohibit medical providers from referring patients and families to other resources, and sanction medical providers who provide counseling or treatment to patients and families.

Chairman Manchester, Vice Chair Cutrona, Ranking Member Denson, members of the committee thank you for your attention. I would be happy to answer your questions about the THRIVE program.