



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

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Chair Manchester, Vice Chair Cutrona, Ranking Member Denson, and members of the House Families, Aging, and Human Services Committee. Thank you for the opportunity to testify today.

My name is Armand Antommara. I am a pediatrician and medical ethicist. My formal training in ethics includes a PhD in religious ethics from the University of Chicago Divinity School. I have over 20 years of experience and I am currently the Director of Ethics Center at Cincinnati Children's Hospital Medical Center.

If HB 454 were to pass, it would threaten the safety of some of Ohio's most vulnerable children; it would threaten the mental health of adolescents with gender dysphoria. It would also place Ohio's healthcare providers in the untenable position of either violating their ethical duties to their patients or losing their licenses.

Gender dysphoria is a medical diagnosis made by health care providers after a thorough, individualized evaluation. Treatment for gender dysphoria is not experimental. It is provided as part of clinical care, its goals are benefiting individual patients, and its methods are individualized decision making.¹ Noting that pharmacological therapy is "off-label" is misleading. Off-label use of FDA-approved medications is legal,² common,³ and often evidence based.⁴ At least 1 medication was prescribed off label in 28% of visits to children's hospitals in

¹ See National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. The Commission; 1978.

² U.S. Food & Drug Administration. Understanding unapproved use of approved drugs "off label." February 5, 2018. Accessed March 23, 2022. <https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label>.

³ Yackey K, Stukus K, Cohen D, Kline D, Zhao S, Stanley R. Off-label medication prescribing patterns in pediatrics: An update. *Hosp Pediatr*. 2019;9(3):186-193.

⁴ Frattarelli DA, Galinkin JL, Green TP, et al. Off-label use of drugs in children. *Pediatrics*. 2014;133(3):563-567.

which medication was prescribed³ and this rate increases to 75% of treatments in inpatient pediatric cardiac care.⁵

The use of puberty blockers and gender-affirming hormones are based on prospective observational studies.⁶ This is the same type of evidence that supports many other treatments in pediatrics. HB 454, for example, permits the use of puberty blockers for the treatment of central precocious puberty—a condition where the brain tells the body to start puberty too soon—which is also based prospective observational studies.⁷

Gender-affirming health care, like all other medical care, would benefit from additional research. Research that proponents of the bill themselves intimate is needed. HB 454 would, however, prohibit such research.

There are rigorous, widely accepted clinical practice guidelines for the treatment of gender dysphoria.⁸ The Endocrine Society, for example, vets authors for conflicts of interest and uses a widely accepted method for evaluating evidence and making recommendations.⁹ A disclaimer in these guidelines regarding the standard of care says more about malpractice litigation in our country than about acceptance of these guidelines.

The proponents of this bill have pointed to European policies. No European country has banned gender-affirming healthcare. England¹⁰ and Finland¹¹ have emphasized the importance of multidisciplinary care; the type of care provided by children's hospitals in Ohio.

The clinical practice guidelines recommend that adolescents diagnosed with gender dysphoria receive mental health care prior to and concurrent with pharmacological treatment.⁸ While

⁵ Back J, Wahlander H, Hanseus K, Bergman G, Naumburg E. Evidence of support used for drug treatments in pediatric cardiology. *Health Sci Rep.* 2021;4(2):e288.

⁶ de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *J Sex Med.* 2011;8(8):2276-2283; de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, Cohen-Kettenis PT. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics.* 2014;134(4):696-704.

⁷ Mul D, Hughes IA. The use of GnRH agonists in precocious puberty. *Eur J Endocrinol.* 2008;159(Suppl 1):S3-8.

⁸ Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3869-3903; World Professional Organization for Transgender Health. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. World Professional Association for Transgender Health (WPATH); 2012.

⁹ Endocrine Society. Practice guidelines: Methodology. Accessed May 25, 2022. Available at

<https://www.endocrine.org/clinical-practice-guidelines/methodology>.

¹⁰ The Cass Review. Independent review of gender identity services for children and young people: Interim report. February 2022. Accessed May 25, 2022. Available at <https://cass.independent-review.uk/wp-content/uploads/2022/03/Cass-Review-Interim-Report-Final-Web-Accessible.pdf>.

¹¹ Council for Choices in Health Care in Finland. Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendations. June 16, 2020. Accessed May 25, 2022. Available at [https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en+\(1\).pdf/fa2054c5-8c35-8492-59d6-b3de1c00de49/Summary_minors_en+\(1\).pdf?t=1631773838474](https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en+(1).pdf/fa2054c5-8c35-8492-59d6-b3de1c00de49/Summary_minors_en+(1).pdf?t=1631773838474).

mental health care is necessary, for many adolescents with gender dysphoria research tells us that it is not sufficient.⁶

Decisions regarding treatment of gender dysphoria should be left to parents and their adolescents in consultation with their health care providers. Following a discussion of the potential benefits, risks, and alternatives with their health care providers, it is parents, not their children, who consent to these treatments. Parents' autonomy should not be usurped by the legislature.

If HB 454 were to pass, it would threaten the mental health of adolescents with gender dysphoria. It would also cause healthcare providers who fulfilled their ethical duties to their patients to lose their licenses. Based on my training and experience, I strongly urge you to vote against this bill.