Hello, my name is Tina Wang, and I am providing testimony **in opposition** to House Bill 454 on behalf of myself as an Ohioan and as a future physician.

As a medical student placed at a children's hospital for my clinical education, I've seen first-hand how our health system is struggling to bear the weight of a mental health crisis among our youth – the lack service availability has left many families waiting months to get care. I am particularly concerned about youth who identify as trans/gender-nonconforming. This group experiences disproportionately high rates of homelessness, physical violence, substance use and high-risk sexual behaviors[1-4] all while having higher rates of depression, anxiety, eating disorders, self-harm and suicide[5-7].

Given the unique challenges faced by trans/gender-nonconforming youth, it is pertinent that we find ways to bolster the health and well-being of this group. I believe that every child deserves access to the treatments and resources that they need to thrive; and every family should be equipped with the knowledge and support necessary to get them there. Research tells us that while mental health care is absolutely necessary, for many adolescents with gender dysphoria, it is not sufficient[8,9]. Therefore, it is crucial that youth with gender dysphoria receive appropriate assessments and access to *all* the treatments that they and their care teams believe are in their best long-term interest, including the medical interventions that HB 454 seeks to ban.

HB 454 seeks to restrict evidence-based health care for young people while inserting legislators into the relationship between minor, their guardians, and their medical providers in an unprecedented manner. I am concerned about the messages this bill sends about Ohio's dedicated healthcare providers, the impact it will have on our ability to provide the best care possible to our communities, and its potential impact on our healthcare workforce:

1. The language of this bill implies that medical treatment for gender dysphoria is being provided in an unsafe, experimental manner and it implies that health providers are not doing their due diligence of evaluating the myriad of factors which impact youth who experience gender dysphoria. In previous testimony to this committee, representatives from leading pediatric hospitals in the state have clarified emphatically that this is not the case. Clinical practice guidelines from the Endocrine Society, the American Academy of Pediatrics and the World Professional Association for Transgender Health recommend that adolescents diagnosed with gender dysphoria receive mental healthcare prior to and concurrent with any pharmacologic treatment[8,10,11].

2. This bill raises important concerns about the effectiveness and long-term impacts of various gender-transition medical treatments. Every day physicians apply medical evidence and research to ensure quality, safe healthcare and provide the best outcomes they can – care for trans/gender-nonconforming youth is no different. I think you would all agree that Ohio kids deserve the best we have to offer, and that includes an investment in understanding the best approaches to serving gender-diverse youth. As a point of pride, Ohio has some of the best

Commented [PEM1]: Lines 36-48

hospital systems in the country. We have the opportunity to be leaders in improving the health/well-being of this group. But this bill would crush any opportunity for us to do this important research.

3. I am concerned that this bill would force Ohio's providers to decide between violating their ethical duty to provide the best care possible patients, or lose their license. I don't want to be put in that position, and neither do many of my classmates. If this bill passes, many of us will be incentivized to establish our practice elsewhere, which would be an unfortunate waste of this state's investment in our education thus far. This should be of grave concern to this committee, as the US Department of Health and Human Services predicts that Ohio will have a primary care physician shortage of 13% by 2025[12]. Amidst an epidemic of youth mental health concerns, along with our state's abysmal infant/maternal mortality rates and addiction crisis, this committee should be prioritizing efforts to keep Ohio's physicians in this state.

Lastly, all of this attention on such a small minority of children, who deserve love and care, speaks volumes to the culture in our state. As a young person who may one day have their own family, I want to live somewhere where all people are loved and accepted for who they are, and who have access to the resources they need to thrive. And I believe that we can build that here in Ohio, but not if this statehouse imposes itself on the complex decisions that children are making with their guardians and their doctors. I strongly urge you to vote against this bill and I thank you for your time and consideration.

References:

1. James SE,Herman JL,Rankin S,Keisling M,Mottet L,Anafi M.TheReportof the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016
2. Herbst JH,Jacobs ED,Finlayson TJ,McKleroy VS,Neumann MS,Crepaz N; HIV/AIDS Prevention Research Synthesis Team. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. AIDS Behav. 2008;12(1):1–17
3. Tishelman AC,Kaufman R,Edwards-Leeper L,Mandel FH,Shumer DE, Spack NP. Serving transgender youth: challenges, dilemmas and clinical examples. Prof Psychol Res Pr. 2015;46(1):37–45
4. Drescher J,Haller E;AmericanPsychiatricAssociationCaucusofLesbian,Gay and Bisexual Psychiatrists. Position Statement on Discrimination Against Transgender and Gender Variant Individuals. Washington, DC: American Psychiatric Association; 2012
5. lmeida J,Johnson RM,Corliss HL,Molnar BE,Azrael D.Emotionaldistress among LGBT youth: the influence of perceived discrimination based on sexual orientation. J Youth Adolesc. 2009;38(7):1001–1014
6. Clements-Nolle K,Marx R,Katz M.Attemptedsuicideamongtransgender persons: the influence of gender-based discrimination and victimization. J Homosex. 2006;51(3):53–69
7. Connolly MD,Zervos MJ,Barone CJ II,Johnson CC,Joseph CL.Themental health of transgender youth: advances in understanding. J Adolesc Health. 2016;59(5):489–495
8. Jason Rafferty, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE, SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS, Michael Yogman, Rebecca Baum, Thresia B. Gambon, Arthur Lavin, Gerri Mattson, Lawrence Sagin Wissow, Cora Breuner, Elizabeth M. Alderman, Laura K. Grubb, Makia E. Powers, Krishna Upadhya, Stephenie B. Wallace, Lynn Hunt, Anne Teresa Gearhart, Christopher Harris, Kathryn Melland Lowe, Chadwick Taylor Rodgers, Ilana Michelle Sherer; Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics* October 2018; 142 (4): e20182162. 10.1542/peds.2018-2162
9. Colizzi M,Costa R,Todarello O.Transsexualpatients'psychiatriccomorbidity and positive effect of cross-sex hormonal treatment on mental health: results from a longitudinal study. Psychoneuroendocrinology. 2014;39:65–73
10. Endocrine Society. Practice guidelines: Methodology. Accessed May 25, 2022. Available at https://www.endocrine.org/clinical-practice-guidelines/methodology.
11. World Professional Association for Transgender Health. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. 7th ed. Minneapolis, MN: World Professional Association for Transgender Health; 2011 Available at: https://www.wpath.org/publications/soc. Accessed April 15, 2018
12. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/primary-care-state-projections2013-2025.pdf