



Chair Manchester, Vice Chair Cutrona, and Ranking Member Denison, and Members of the House Families, Aging, and Human Services Committee, Thank you for having me today. My name is Kathryn Poe, I'm the Public Policy Manager at Equality Ohio, and I use they/them pronouns.

Just like all of you today, I too have listened to the hours of testimony on this bill and taken time to read the statements and presented research from opponents. It's clear to me that supporters of HB 454 have two main arguments. **One**, that young people are simply too immature to make these kinds of life-changing medical decisions. And **two**, that the practices and medications used in gender affirming care are dangerous, understudied, and irreversibly damaging.

But today, I'd like to share my personal story about why this bill is completely unfounded by placing this issue back into the broader context of pediatric medicine.

I didn't have a typical young adult life. I spent much of my teen years living in pediatric hospitals, fighting a rare life-threatening blood disease that required intense treatment, including consenting to chemotherapy and complex medications as a minor. Ultimately, I was given a life saving bone marrow transplant. There are many in this room that know this about me.

So, if anyone in this room today understands what it's like to consent to irreversible, life-altering medical procedures as a minor, it's me. My treatment required years of off-label use of drugs, mental health treatment, hormones and fertility treatments, and difficult discussions about my life as a minor. Today, I live with the effects of the medical decisions I made at 16.

I do not believe the stories of transgender youth and their families within in our medical system are any different than mine. In fact, I've often been surprised by just how much I resonate with their patient experiences and just how similar our experiences with life saving medical care are.

I do understand that when we say this care is life saving, we need to specify what we mean. Medical care is a long series of ongoing decisions. There are lots of personal decisions built into what we consider to be "life saving care" for any person. In my case, it was the option to pursue the treatments my parents and I wanted on my own terms—frequently just to improve my quality of life, not necessarily even to explicitly save it.



Not all life saving treatments are literally life or death like my bone marrow transplant was. I don't think we often consider how much quality of life can affect a person in these situations. Many choices my parents and I made, even for a rare illness, were focused on my quality of life and perception of myself. **Those too, were life saving.** In many of these choices, these were my decisions, with the support of my family. And I made them responsibly and took those choices seriously. **Transgender youth and their families are no different.** They are collectively making life-affirming and life-saving decisions together, one at a time, with the advice and support of a holistic medical and mental care team.

Many people also want you to believe that gender affirming care is abnormal, and yet within the larger scope of health care, this simply isn't the case. Take it from someone who grew up in pediatric hospitals for a rare disease! The [off-label](#) use of medication is common. It is estimated that up to 20% of all medications prescribed are for indications that are not approved by the FDA, and these estimates increase when a specific condition or need is smaller in the general population or a patient is medically complex.

For example, Lupron, which works by overstimulating the body's own production of certain [hormones](#), causing that production to shut down temporarily, has come up in these hearings as dangerous and scary, but is common practice for minors going through various kinds of chemotherapy or endometriosis in women and girls. I would know—I was put on it as a minor. That's also why I know it's reversible – [Lupron](#) wears off after a couple of months and needs to be readministered. And while the medication does carry risks and side effects, I would argue that they are not exceedingly abnormal in the course of regular treatment. Everyone's body reacts differently to medication. But these are not mysterious unknowable drugs like you've been led to believe.

Other issues raised, such as too short of time spent with doctors, long wait times, or lack of proper mental health resources are common systemic issues within our healthcare system for patients of all kinds. Why are we not focused on fixing issues like those, when they may actually solve many of the core issues raised?

Patients like me and the broader public have other reasons to be concerned about this bill too. Would you really remove funding from pediatric care centers, possibly harming the treatment of youth with Cancer, Cystic Fibrosis, Sickle Cell, and other rare conditions like mine, on the off-chance these wild claims about gender affirming care are true?



All over our state, young people, with the help of their parents, make serious medical choices about their bodies every day. We know that the idea that families can't make hard choices is false and insulting to Ohio families. We also know that the treatments and medications being demonized are safe, because they're used broadly—including "off label"—in other contexts. This is normal, safe, fact-based, really-actually-very-boring-and-normal, physician recommended medical care. American healthcare is not perfect. But it's important to see that that's what this is.

Medical decision making is never an easy issue. But I trust the families, youth, social workers, and medical professionals making these choices. I know these Doctors are good people who care about kids, because once upon a time, I was one.