

Dear Members of the Families, Aging, and Human Services Committee:

My name is Dr. Margaret Stager and I am a pediatrician/adolescent medicine specialist and member of the Ohio Chapter American Academy of Pediatrics. I urge you to oppose HB 454, which would cause incredible harm to the health and well-being of transgender youth in our state.

Additionally, this bill would harm the large number of pediatricians who collaborate with endocrinologists, psychiatrist, and psychologists to provide comprehensive, multidisciplinary team care for transgender youth. This bill would penalize us simply for following best medical practices to provide evidence-based medical care to transgender youth.

An estimated 5,900<sup>i</sup> transgender youth live in Ohio. Transgender youth often confront discrimination and stigma as a daily part of their lives, which contributes to feelings of isolation and rejection that affect their health and well-being. Transgender youth are at heightened risk for suicide-over 50% have suicidal ideations and one-third attempt suicide<sup>ii</sup>. We know that when youth are provided with appropriate gender affirming care, including puberty suppressors, the risk of lifetime suicidal ideation falls dramatically.<sup>iii</sup>

Medical care for transgender youth is evidence-based and has proven effectiveness. Guidelines and recommendations for appropriate treatment have been carefully developed and endorsed by the American Academy of Pediatrics<sup>iv</sup>, the American College of Obstetrics and Gynecology<sup>v</sup>, the Society for Adolescent Health and Medicine<sup>vi</sup>, the Pediatric Endocrine Society<sup>vii</sup>, the Endocrine Society<sup>viii</sup>, the American College of Physicians<sup>ix</sup>, the World Professional Association for Transgender Health<sup>x</sup>, the American Psychological Association<sup>xi</sup>, the American Academy of Child & Adolescent Psychiatry<sup>xii</sup>.

The decision of whether and when to initiate gender-affirmative treatment is personal and involves careful consideration of risks, benefits, and other factors unique to each patient and family. The process involves ongoing careful psychological and medical evaluation, with the participation and consent of a child's parents. Parental involvement is a key component of this care. Gender-affirming care for children with gender diversity or gender dysphoria begins with social affirmation. **Before puberty, there is no medical or surgical treatment that is used at all.** Care for these children includes allowing them to express themselves for who they are – including living with the name and pronouns that feel true, or right for them.

Only after the onset of puberty is medical treatment used, and only in some patients – again, with complete consent of the child's parents. Treatment with medications to temporarily suppress puberty is reversible and allows the patient and their family time, with the ongoing medical supervision of their doctor, to explore their gender identity, access psychosocial supports and further determine their treatment goals. Puberty suppressing medications delay the development of secondary sex characteristics that often spark intense distress for transgender patients. Data shows that puberty suppression leads to improved mental health and decreases in suicidal ideations for transgender youth.<sup>xiii</sup> These same medications are commonly prescribed for other conditions, such as early puberty in children and prostate conditions in men, and their safety is well documented.

Later, teenagers can elect to receive hormonal therapy if it is indicated, generally after the age of 16 and after living in their authentic gender for some time. Again, this treatment is safe, evidence-based, and only occurs after extensive discussion with the patient, family, and health care team.

Two states have enacted similar laws banning gender-affirming care. In both states, Alabama and Arkansas, federal judges have granted preliminary injunctions stopping the laws from taking effect. In Arkansas, the federal judge noted ““The State’s goal in passing Act 626 was not to ban a treatment. It was to ban an outcome that the State deems undesirable...Every major expert medical association<sup>xiv</sup> recognizes that gender-affirming care for transgender minors may be medically appropriate and necessary to improve the physical and mental health of transgender people.”<sup>xv</sup>

As pediatricians, we fail to see how it is the duty of the Ohio legislature to interfere in our ability to provide the best possible care to our patients, in accordance with well-recognized national standards of care. Providing patient care that helps rather than harms is our duty according to the oaths we took as we became doctors.

This bill is an extreme rejection of safe and effective medical treatment for a vulnerable group of youth. It would enact barriers that would cause Ohio families irreversible harm, and ultimately cost lives. We urge you to reconsider this intrusion into our exam rooms, and this attack on the well-being of our youth.

Sincerely,  
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Adolescent Medicine specialist  
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<sup>i</sup> LGBT Youth Population in the United States. UCLA School of Law-Williams Institute. 2020. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Youth-US-Pop-Sep-2020.pdf>

<sup>ii</sup> Thoma BC, Salk RH, et al. Suicidality Disparities Between Transgender and Cisgender Adolescents. *Pediatrics*. 2019; 144 (5) DOI: <https://doi.org/10.1542/peds.2019-1183>

<sup>iii</sup> Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*. Feb 2020;145(2)doi:10.1542/peds.2019-1725

<sup>iv</sup> Rafferty J. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence and Section on Gay, Lesbian, Bisexual and Transgender Health and Wellness. *Pediatrics*. Oct 2018, 142 (4) e20182162; DOI: <https://doi.org/10.1542/peds.2018-2162>

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- <sup>v</sup> Care for Transgender Adolescents. Committee on Adolescent Health Care, American College of Obstetricians and Gynecologists. Committee opinion, January 2017 number 685 (Reaffirmed 2020). <https://www.acog.org/clinical/clinical-guidance/committeeopinion/articles/2017/01/care-for-transgender-adolescents>
- <sup>vi</sup> Barkley L, Kodjo C, West KJ, et al. Promoting Health Equality and Nondiscrimination for Transgender and Gender-Diverse Youth. *Jrnl of Adolescent Health* 52. 804-807
- <sup>vii</sup> Lopez X, Marinkovic M, Rosenthal SM, et al. Statement on gender-affirmative approach to care from the pediatric endocrine society special interest group on transgender health. *Current Opinion in Pediatrics* 29. 475-480. DOI: 10.1097/MOP.0000000000000516
- <sup>viii</sup> Hembree W, Cohen-Kettenis P, Gooren L, Hannema S, Meyer W, Murad M, Rosenthal S, Safer J, Tangpricha V, T'Sjoen T. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, Volume 102, Issue 11, 1 November 2017, Pages 3869-3903, <https://doi.org/10.1210/jc.2017-01658>
- <sup>ix</sup> Safer J, Tangpricha V. Care of the Transgender Patient. *Annals of Internal Medicine*. July 2, 2019. <https://doi.org/10.7326/AITC201907020>
- <sup>x</sup> E. Coleman et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, *International Journal of Transgender Health*. 2022. 23:sup1, S1-S259, DOI:10.1080/26895269.2022.2100644
- <sup>xi</sup> Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychological Association. *American Psychologist*, December 2015. Vol. 70, No. 9, 832-864 <http://dx.doi.org/10.1037/a0039906>
- <sup>xii</sup> Adelson SL. Practice parameter on gay, lesbian, or bisexual sexual orientation, gender non-conformity, and gender discordance in children and adolescents. *Jrnl of the American Academy of Child & Adolescent Psychiatry* 51. 2020, 957-974(9). DOI:<https://doi.org/10.1016/j.jaac.2012.07.004>
- <sup>xiii</sup> Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*. Feb 2020;145(2)<https://doi.org/10.1542/peds.2019-1725>
- <sup>xiv</sup> Brief for the American Academy of Pediatrics et al as Amici Curiae Supporting Plaintiffs, *Brandt et al v Rutledge et al*, 4:21-cv-00450 (ED Arkansas 2021)
- <sup>xv</sup> *Brandt et al v Rutledge et al*, 4:21-CV-00450 JM Supp Order 64 (ED Arkansas 2021)