

Stephanie Wentzel
Medical Students - Physician Action Network
Opponent Testimony
Ohio House Family, Aging & Human Services Committee
House Bill 454
(Written-Only)

Thank you, Chairman Manchester, Vice Chair Al Cutrona, Ranking Member Denson, and members of the House Family, Aging & Human Services Committee. My name is **Stephanie Wentzel**, and I am a medical student in Columbus, Ohio. I am providing testimony in opposition to House Bill 454 as an Ohioan and future family medicine physician.

As a medical student, I have spent the last four years within the walls of our state's wonderful and innovative children's hospitals and clinics. Within these rooms, I learned to compassionately listen and care for my patients, their families, and the community. I witnessed the importance of gender-affirming care (GAC) to our transgender and gender non-conforming (TNC) patients and their loved ones. I have also held the hands of our TNC youth in the emergency department, as they struggled with the discrimination and trauma our society has imposed on them for being their most authentic selves. My reason to testify today is rooted in the desire to ensure that Ohio and its communities continue to be a safe and welcoming place to our TNC youth.

As a community, we all know that our TNC youth suffer from stigma, discrimination and violence that puts them at increased risk of negative health and life outcomes.¹⁻³ I am concerned that HB 454 will further exacerbate the disparities experienced by our TNC youth by:

1. Banning any medical professional from providing gender-affirming medical care or referrals to gender-affirming care to minors
2. Banning the use of public funds for gender-affirming care
3. Force our TNC youth to be "outed" in schools

I strongly oppose banning gender-affirming care for TNC youth. GAC is safe and guidelines are based on research for this population.⁴ GAC is supported by major medical professional organizations, such as the American Academy of Pediatrics, American Academy of Medical Colleges, American Medical Association, American Academy of Family Physicians and many more.^{2,5-9}

GAC is a life-saving medical treatment. Studies have shown that TNC youth who want GAC and receive it experience decreased depressive symptoms and suicidal ideation compared to their peers who were denied GAC.¹⁰⁻¹⁵ As an Ohioan and future physician, I believe that the decision to seek GAC should be left to the discretion of patients, families and their physicians. The State of Ohio should not impede on the autonomy and privacy of our patients. Ohio should not interfere in the physician-patient relationship when physicians have dedicated years of their lives obtaining the education, training, and experience to safely care for patients. Most importantly, I want to believe that Ohio is compassionate and understanding. However, banning GAC in our state effectively tells all TNC youth and families that they are not welcomed here.

I strongly oppose the banning of public funds for GAC. The decision to ban the use of public funds will severely limit access to GAC. The access to GAC is already very difficult for patients and their families due to limited supply of appropriately trained medical and psychological providers and insurance coverage.² HB 454 will disproportionately impact our TNC youth who come from socioeconomically disadvantaged backgrounds.

I strong oppose HB 454 because it forces our educational institutions to out our youth. This will be dangerous for GNC who experience violence victimization at higher rates than their cis-gender peers.^{16,17} As a non-binary person, it took me over ten years to feel comfortable with my identity and feel safe enough to share it those I love. The road to sharing my full self was long and challenging. Everyone, especially our TNC youth, deserves the right to decide who they share their identity with and when they want to do it.

I strongly oppose HB 454 because it will diminish the quality of medical education and the future physician workforce in Ohio. When legislation limits our ability to practice evidence-based medicine, I worry about the significant disparities in medical education that will arise between states. These differences in training will impact us in several ways. One, I am concerned that students who live in Ohio, where HB 454 is passed, will not receive comprehensive LGBTQ+ health training, and will not graduate with the skills necessary to care for all members of our communities. A holistic training experience ensures that we are prepared to compassionately care for our patients and empower patients in their health decisions. Two, I am concerned that physician workforce shortages, particularly in primary care, will be exacerbated. Students may be discouraged from pursuing medical education, residency training, or medical practice in areas with GAC bans or restrictions, worsening healthcare accessibility. Personally, as a future family medicine physician, being trained to provide GAC is a non-negotiable. If HB 454 is passed, I will be forced to make the difficult decision to leave Ohio, my home, to get the medical training I need.

For our families, our communities, and our health care future, I strongly urge you to vote **against** this bill. Thank you for your time and consideration.

References

1 Health disparities among LGBTQ youth. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyyouth/disparities/health-disparities-among-lgbtq-youth.htm>. Published December 20, 2019. Accessed November 14, 2022.

2 Rafferty J, Yogman M, Baum R, et al. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*. 2018;142(4). doi:10.1542/peds.2018-2162

3 Resilience and transgender youth. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyyouth/disparities/ryt.htm>. Published November 4, 2021. Accessed November 14, 2022.

4 Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline [published correction appears in *J Clin Endocrinol Metab*. 2018 Feb 1;103(2):699] [published correction appears in *J Clin Endocrinol Metab*. 2018 Jul 1;103(7):2758-2759]. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903. doi:10.1210/jc.2017-01658

5 AAMC statement on gender-affirming health care for transgender youth. AAMC. <https://www.aamc.org/news-insights/press-releases/aamc-statement-gender-affirming-health-care-transgender-youth>. Published April 9, 2021. Accessed November 14, 2022.

6 March 26, 2021: State Advocacy Update. American Medical Association. <https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update>. Published March 26, 2021. Accessed November 14, 2022.

7 Statement from the American Academy of Pediatrics and the Oklahoma chapter of the American Academy of Pediatrics on gender-affirming care. Home. <https://www.aap.org/en/news-room/news-releases/aap/2022/statement-from-the-american-academy-of-pediatrics-and-the-oklahoma-chapter-of-the-american-academy-of-pediatrics-on-gender-affirming-care/>. Accessed November 14, 2022.

8 Physicians oppose Texas efforts to interfere in the patient-physician relationship and criminalize gender-affirming care. AAFP. <https://www.aafp.org/news/media-center/statements/physicians-oppose-texas-efforts-interfere-patient-physician-relationship-criminalize-gender-affirming-care.html>. Published February 28, 2022. Accessed November 14, 2022.

9 AACAP statement responding to efforts to ban evidence-based care for transgender and gender diverse. American Academy of Child and Adolescent Psychiatry. https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx. Accessed November 14, 2022.

10 Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation [published correction appears in *Pediatrics*. 2021 Apr;147(4):]. *Pediatrics*. 2020;145(2):e20191725. doi:10.1542/peds.2019-1725

11 Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

12 De Vries, A. L., Steensma, T. D., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2011). Puberty suppression in adolescents with [gender identity](#) disorder: A prospective follow-up study. *The Journal of Sexual Medicine*, 8(8), 2276-2283.

13 De Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*, 134(4), 696-704.

14 Allen, L. R., Watson, L. B., Egan, A. M., & Moser, C. N. (2019). Well-being and [suicidality](#) among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302.

15 Green, A. E., DeChants, J. P., Price, M. N., & Davis, C. K. (2021). Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. *Journal of Adolescent Health*.

16 Johns MM, Lowry R, Andrzejewski J, et al. Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep* 2019;68:67–71. DOI: <http://dx.doi.org/10.15585/mmwr.mm6803a3>

17 Thoma, B. C., Rezeppa, T. L., Choukas-Bradley, S., Salk, R. H., & Marshal, M. P. (2021). Disparities in childhood abuse between transgender and cisgender adolescents. *Pediatrics*, 148(2).