

Hello, my name is Jacob Zimmerman, 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 here in Ohio that works closely with hospitals like Nationwide Children's Hospital, I have studied and observed how healthcare legislation can make children more vulnerable to the increasing mental health crisis, as legislation seems to center itself on restriction of care. In our education, we see a lot of disparities of health outcomes and quality of life for marginalized populations (BIPOC-identifying individuals, AAPI individuals, North American Indigenous Tribes, physically and neurocognitively impaired individuals, and LGBTQIA+ community members) because of a lack of access to healthcare. The solution to improving health outcomes and quality of life for these marginalized community members who reside in Ohio is to increase access to care, not to restrict and police care access, which is what HB 454 seeks to do.

In my clinical education as well as LGBTQIA+ Health internship at Vanderbilt University Medical Center's nationally recognized Program for LGBTQ Health, I have watched our healthcare system grapple with the increasing weight of mental health needs of our youth and pediatric populations. The lack of access we can provide and the lack of service capacity disadvantages youth and their families intensely, as they may wait months to a year to finally get the opportunity to establish care, let alone address their concerns.

I am particularly concerned about youth who identify as trans or gender nonconforming. Due to the societal stigma inflicted upon them and lack of affirmation of their right to exist as they are, this group experiences disproportionately high rates of homelessness and physical violence from others, and have increased rates of coping with their extraneous stress with substance use and high-risk sexual behaviors¹⁻⁴ all while having higher rates of depression, anxiety, eating disorders, self-harm and suicide⁵⁻⁷.

Given the unique challenges faced by trans/gnc 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. This bill is telling taxpayers who fund the education of healthcare providers in this state, that Ohio legislators do not have faith in the capacity and judgment of our tireless, altruistic healthcare providers, and that our many years of dedication to the study, practice and continuation of evidence-based healthcare is not respected or upheld by elected officials. HB 454 seeks to oppose the legitimate evidence-based healthcare it claims is not being utilized. It does not consider

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, particularly lines 36-48, 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 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 2025¹². 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**. Legislation that continues to police and patronize the healthcare workforce who invest decades of time and often their full savings in their education, just to serve the needs of their patient population, is not going to incentivize myself or my classmates to practice the unethical standards of care that HB 454 seeks to impose upon us.

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 future queer physician, I can speak to the lasting impact that providers who affirmed my identity had in helping me realize my desire to improve healthcare access to LGBTQIA+ youth. Coming out as gay at age 14 in 2014, with a growing desire to understand my body and understand why

strangers I had never met or caused harm to, sought to tell me that I should kill myself, or that I was invalid, I relied heavily on the quality of care that my pediatric and family medicine providers sought to provide for me. They showed me that **because** they care so much about improving health outcomes for this patient population, that they have invested themselves into understanding the evidence-based practice for LGBTQIA+ youth.

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. I believe that I want to build that for myself in Ohio, the state I was born and raised within, but I do not believe this will be in my future 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 HB 454.**

I thank you for your time and consideration.

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