

**Nick Lashutka**  
**President & CEO, Ohio Children's Hospital Association**  
**Opponent Testimony before Ohio House Families, Aging, & Human Services Committee**  
**Substitute HB 454 (I\_134\_1743-9)**  
**Wednesday, November 16, 2022**

Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Denson, and members of the Ohio House Families, Aging, & Human Services Committee. My name is Nick Lashutka, and I am the President & CEO of the Ohio Children's Hospital Association (OCHA). Thank you for the opportunity to testify in opposition of Substitute House Bill 454 -9.

To submit testimony to the committee in advance of this hearing, we have had less than 24 hours to review the substitute bill that is being brought forward to the committee this morning. We urge the Committee and the Ohio House to take appropriate time to consider the ramifications of this new language.

Our medical leadership and hospital colleagues are currently reviewing this new language, but it is impossible to fully know the implications of these ideas and language under such short notice. Woven throughout the sub-bill are medical terms and definitions that could very likely have unintended consequences in other areas of clinical care.

The -9 version gives the false impression that minors experiencing gender dysphoria can still be prescribed medication under certain criteria. However, the criteria established in Section 3129.03 creates intentionally impossible standards to meet, effectively eliminating the use of all medication. These were developed with zero medical input and with no studies or research to support those standards. The new version also creates confusing requirements for physicians to meet before they can refer patients to mental health supports. We are in the midst of a behavioral health crisis and have serious concerns for any proposed law that would restrict an individual's access to care.

Yesterday, the State Board of Education considered a resolution passed by its Executive Committee, supported by the sponsor and proponents of HB 454, addressing transgender policies. Importantly, the resolution states, "the Board acknowledges the pain experienced by those suffering with gender dysphoria and that **decisions regarding the appropriate course of action for minor students experiencing symptoms of gender dysphoria rightfully belong in the hands of parents rather than the state.**"

We submit supporters of this resolution should support ALL parents, including those who voluntarily seek specialists within children's hospitals to help navigate their minor's care.

We understand many of you are concerned with the rise in youth that identify as transgender in recent years. There are many reasons for this. These youth existed before we established our gender clinics, and they will exist if our clinics are forced to close. With any other condition, if we saw a marked increase in youth presenting with symptoms, we would study the situation, not ban treatment. We cannot emphasize enough that Ohio's children's hospitals today maintain a cautious, rigorous approach rooted in behavioral health. Our established standards of care ensure youth are not self-diagnosing or self-medicating. No gender-affirming medical care of minors ever occurs in our hospitals without their parent or legal guardian's consent.

As we testified at the previous hearing, puberty blockers are fully reversible and time sensitive. A standard is already in place to ensure youth do not receive this type of medication before an intensive multidisciplinary team assesses each patient and persistent, insistent, and consistent symptoms continue for at least six months. Imposing a two-year timeline for the use of this medication – that is commonly and safely administered to other youth and adults for a variety of conditions – would create an environment where it could not be used at all.

Substitute House Bill 454 -9 does not include any provisions protecting youth and families today who are in treatment that includes medication. If passed and signed into law, the bill would go into effect and subsequently require many youths to immediately stop using medication. They would then have to be screened for other comorbidities, including depression, treated and stabilized for a two-year period before they could be prescribed medication. It is ironic that this act alone could result in youth with gender dysphoria experiencing depression that would then be the hurdle for them to begin treatment again. We are extremely troubled by any legislative attempt that does not include a grandfather clause to consider and protect families utilizing this care today.

These are just two highlighted examples of the troublesome language that was swiftly drafted without opportunity for interested party input. Overall, the criteria established in Section 3129.03 sets a bar that cannot be met and effectively bans medical treatment for youth diagnosed with gender dysphoria.

To be clear, not all youth with this condition require medical treatment. But all youth and their parents should be afforded the opportunity to consider all options, once established by a medical team, that are backed by science and research. Those at highest risk will experience the most distress should this become law, and we urge you to consider the ramifications of quickly pushing through this reckless legislation. Please do not support Sub HB 454 -9.

Thank you, Chair Manchester. I'd be happy to answer any questions you or Committee members may have.