

Cole Eppstein

Chair Manchester, Vice Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, thank you for this opportunity to voice my opposition to House Bill 454. My name is Cole Eppstein. I am a transgender high school freshman at MECHS in Marysville, Ohio. I go by he/him pronouns. I am strongly opposed to House Bill 454, preventing transgender youth from receiving proper medical care.

Medical transition has saved my life, and the life of many others. It has been shown in many studies that medical transition is a necessary step in the transition process for many transgender individuals. This bill is not only harmful, but unscientific and not based in reality. Studies have shown that rates of depression drop significantly after transgender individuals receive gender-affirming hormone therapy. According to a 2014 study, rates of severe psychiatric distress due to depression dropped by 19%. According to a 2017 study, cross-sex hormone therapy improved mental health even without psychiatric intervention. There are many risks in banning affirming care for transgender youth. Gender affirming care has been shown to reduce risks of suicide. By banning this type of care, it is indirectly signing off on the suicide of thousands of children. Section C of the bill states that most transgender individuals come to identify with their biological sex later in life, but this is not true. When detransitioners (people who transition and then go back to identifying with their biological sex) were asked their reasons for detransition, 82.5% of detransitioners said it was due to an external factor. This means that 82.5% of people detransitioned due to societal pressure and not personal reasons. Furthermore, only 2.4% of detransitioners attribute their detransition to gender identity. Compare this with the fact that only 13.1% of transgender people ever detransition, and the numbers of people who actually detransition due to being more comfortable with their biological sex, and the numbers are extremely small. In sections F and G, it is stated that puberty blockers and cross-sex hormones are experimental and therefore, unsafe. However, according to the sources cited in this document from 1985 to 2019, there were 64 studies done on the effects of cross-sex hormones on many different areas of the body and functioning. These are only the sources cited from one document. Hormone replacement therapy has been around since the 1960s. No dangerous effects are reported when hormone therapy is taken correctly. Puberty blockers have been used since the 1980s to treat precocious puberty, and are fully reversible. Section H states that cross-sex hormones come with many possible risks, although when taken properly the risks are few and far between. It is true that there are risks, but they will be talked through with your doctor. There is not a lot of information about the risks of hormone therapy but the apparent risks are outweighed

by the benefits. Medical transition is absolutely necessary and supported by science. I ask you to consider my testimony and vote NO on this harmful bill.

Thank you again for the opportunity to testify. I urge you to oppose HB 454 and protect our state's youth.