



**Ohio House of Representatives Public Testimony
Public Health Policy Committee**

May 24, 2023

Chair P. Scott Lipps, Vice Chair Brian Stewart, Ranking Member Beth Liston, and other members of the Public Health Policy Committee:

My name is Dr. Rhea Debussy, and my pronouns are she/her. I'm the Director of External Affairs for Equitas Health. As you're likely aware, Equitas Health is a federally qualified health center look-alike (FQHC look-alike) and one of the largest LGBTQ+ and HIV/AIDS serving healthcare organizations in the country. Each year, we serve tens of thousands of patients in Ohio, Texas, Kentucky, and West Virginia, and since 1984, we have been working to advance "care for all."¹ I'm thankful for the opportunity to address you all today, and I'm here to provide testimony in opposition to the proposed and so-called "Save Adolescents from Experimentation (SAFE) Act" (HB 68).

Simply put, the proposed legislation is troubling for a number of reasons. We are concerned about the medically inaccurate information that is being presented in this bill by Representative Gary Click and his fellow co-sponsors. In drafting this legislation – which seeks to remove existing access to gender affirming care for youth and young people across the state – Representative Click and his fellow co-sponsors have mistakenly presumed that they are correctly informed about the medical needs of transgender, non-binary, and gender expansive people. However, the poorly researched and error-riddled legislation, which is currently before this committee, stands as testament both to their lack of awareness on this subject and their refusal to acknowledge best practices for culturally humble medical care.

Regarding this inaccurate information, we would first like to share some insights on the language used in Section 2 of HB 68, which falsely claims that "no randomized clinical trials have been conducted on the efficacy or safety of the use of cross-sex hormones in adults or children."² First, hormone replacement therapy for adults has been a widely accepted practice for the treatment of gender dysphoria, and research on hormone replacement therapy for gender expansive people has a rich and detailed history. In fact, this history reaches back to the work of Magnus Hirschfeld in the 1910s to 1930s,³ and it is important to note that the discovery of both estrogen⁴ and testosterone⁵ occurred during this timeframe.

¹ <https://equitashealth.com/about-us/>

² https://search-prod.lis.state.oh.us/solarapi/v1/general_assembly_135/bills/hb68/IN/00/hb68_00_IN?format=pdf

³ <https://makinggayhistory.com/podcast/magnus-hirschfeld/>; see also Susan Stryker's (2017) *Transgender History: The Roots of Today's Revolution*, revised edition and Robert Beachy's (2015) *Gay Berlin: Birthplace of a Modern Identity*.

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7334883/pdf/nihms-1603374.pdf>

⁵ <https://wchh.onlinelibrary.wiley.com/doi/pdf/10.1002/tre.277#:~:text=Ernst%20Laqueur%2C%20a%20scientist%20with,working%20with%20Schering%20in%20Berlin>

Moreover, this portion of the legislation also incorrectly claims that clinical trials on hormone replacement therapy have not been conducted, but this is categorically false. Within this 100-year history of this body of research, there have been hundreds of clinical trials conducted in both the United States and throughout the world. Clinical trials have included studies to confirm the efficacy of gender affirming care for youth,⁶ and leading medical institutions, such as the Mayo Clinic⁷ and Johns Hopkins Medicine,⁸ continue to publicize such clinical trials and research to better the health outcomes of transgender, non-binary, and gender expansive people. When considering this, Dr. Teagan Vaughn (she/her), who is the Director of Gender Affirming Care at Equitas Health, notes that:

“Indeed, not only are there well documented studies for safety and efficacy, but we also have insight into patients’ lived experiences with these medications. So-called ‘experimental treatments’ do not typically have continued use throughout a patient’s life—but a recently published study⁹ from the Netherlands in the *Lancet Child and Adolescent Health* showed 98% of 720 adolescents continued medical gender affirming care into adulthood—indicating patient satisfaction and efficacy.”¹⁰

Additionally, the proposed legislation also utilizes outdated language related to “sex,” fails to acknowledge the best practices of care for intersex people¹¹ and protects perpetrators of human rights abuses against intersex children. By using terms like “biological sex” throughout this legislation and as defined in the proposed language for Section 3109.054, HB 468 fails to acknowledge both intersex people and their healthcare needs. As defined by interAct Advocates for Intersex Youth, “intersex is an umbrella term for unique variations in reproductive or sex anatomy.”¹² By proposing that words like “biological sex” be codified in state law, the proposed legislation also directly contradicts the mission of the Ohio Dept. of Health (ODH), which states that the agency is focused upon “advancing the health and well-being of all Ohioans” and “address[ing] health inequities and disparities.”¹³ Furthermore, the proposed legislation – which purports to be ‘protecting children’ – actually protects medical providers who commit human rights abuses against intersex children, and these disturbing blanket protections for such human rights abuses are clearly listed as proposed language within Section 3129.04(A-B).¹⁴

At its core, HB 68 seeks to reduce access to gender affirming care, which is *quite literally* life saving care for many transgender, non-binary, and gender expansive people. By prohibiting access to this care, this proposed legislation has failed to acknowledge the medically recommended standards of care for gender expansive populations, which are widely available via the World Professional Association of Transgender Health’s (WPATH’s) *Standards of Care for the Health of Transgender and Gender Diverse People*, version 8.¹⁵ In reflecting upon the restrictions against gender affirming care that are listed in the proposed language for Section 3129.03 and other places within HB 68, Dr. Teagan Vaughn (she/her), who is the Director of Gender Affirming Care at Equitas Health, further notes that:

⁶ <https://clinicaltrials.gov/ct2/show/NCT03557268?term=transgender&draw=6&rank=181>; see also <https://clinicaltrials.gov/ct2/results?cond=&term=transgender>

⁷ <https://www.mayo.edu/research/clinical-trials/diseases-conditions/gender-dysphoria>

⁸ <https://www.hopkinsmedicine.org/center-transgender-health/clinical-trials.html>

⁹ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(22\)00254-1/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00254-1/fulltext)

¹⁰ Quotation provided on November 14, 2022.

¹¹ <https://www.lambdalegal.org/publications/intersex-affirming>

¹² <https://interactadvocates.org/faq/>

¹³ <https://odh.ohio.gov/about-us>

¹⁴ <https://www.hrw.org/news/2017/07/25/us-harmful-surgery-intersex-children>

¹⁵ <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>; see also <https://www.wpath.org/publications/soc>

“Access to healthcare is a longstanding right and tradition in the United States of America. Multiple international guidelines recommend use of these medications and therapies for appropriate candidates, and it is both unethical and unprofessional to suggest otherwise given the lack of endocrinologists, behavioral health experts, and gender experts amongst this esteemed legislature. Yes—there are needs that should be addressed amongst this population, but those needs are rooted in support for safe and affirming households, quality education, and all the tools needed to grow up to be healthy and functioning young people—including those rights related to recommended medical care.¹⁶

And finally, we also remain opposed to the proposed legislation’s attempt to ban coverage for gender affirming care services via both Medicaid and private health insurance plans, which are respectively noted in the proposed language for Section 3129.07. By refusing to acknowledge that gender affirming care is life saving care, this action would adversely impact the health outcomes of transgender, non-binary, and gender expansive youth, in addition to intersex youth. In doing so, the proposed legislation also seeks to empower private health insurance companies in denying access to medically recommended healthcare services. And of course, it remains important to note that this would position the state of Ohio’s laws to be in direct opposition to federal law – i.e. Section 1557 of the Affordable Care Act¹⁷ and the forthcoming associated rule from the Dept. of Health and Human Services.¹⁸ As such, this proposed legislation would simply create further health inequities for transgender, non-binary, and gender expansive youth, who already face challenges in access to care.¹⁹

With all of this in mind, we remain in firm in opposition to the proposed and so-called “Save Adolescents from Experimentation (SAFE) Act” (HB 68), and we urge this committee to oppose the proposed legislation and to ensure that it does not reach the floor of the Ohio House of Representatives.

Respectfully submitted,

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¹⁶ Quotation provided on November 14, 2022.

¹⁷ <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

¹⁸ <https://www.hhs.gov/about/news/2022/07/25/hhs-announces-proposed-rule-to-strengthen-nondiscrimination-in-health-care.html>

¹⁹ <https://www.thetrevorproject.org/survey-2022/>