Chair Lipps, Vice Chair Stewart, Ranking Member Liston, and Members of the House Public Health Policy Committee, Thank you for having me today. My name is Dakota Ball and I'm a rising third year law student at Ohio State as well as a student extern at Equality Ohio. I am also a transgender person. **House Bill 68** would harm children in the state of Ohio and possibly constitute child abuse under existing Ohio law. Let me explain:

There are currently no laws that ban gender-affirming care in Ohio for any age group. Given that there is no modifying rule, under Ohio's definition of child neglect, refusing gender-affirming care to a child should constitute medical neglect. The Ohio Child Protective Services Worker Manual's Screening Guidelines for Child Neglect points out situations in which a child should be screened in for services and in which a child should be screened out for services.[1] One of the screen-in examples is "failure to obtain or follow medical treatment that has an impact on child's life functioning."[2] While this language is extremely broad, it can easily be interpreted to mean that a parent not following a medically supported course of action that has an "impact" on a child's daily functioning should be evaluated for fitness based on neglect standards. Gender-affirmative healthcare is widely supported as the best medically and empirically based course of action for treating gender dysphoria, including having support from the American Medical Association and the American Academy of Pediatrics.[3] Acting in direct opposition to these medical recommendations can exacerbate a child's gender dysphoria and lead to additional medical and psychological conditions. While parents and their children should still have direction generally over what happens to them, there is a necessary line that is drawn when a child and that child's doctor(s) are at odds with the child's parent(s) and the treatments proposed are critical to the child's quality of life or longevity and are considered "medically necessary". Ohio does already provide for religious exemptions for both physical and psychological treatment, and they apply here as they would in cases where prayer is used to treat depression.[4]

Another example of screening in is "failure to seek medical, psychological and/or psychiatric care for child who is verbalizing, or making gestures that are attempts to cause serious harm to him/herself (e.g. self-mutilation, eating disorder, suicidal threat)."[5] Transgender individuals were

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[1] Ohio Dept. of Job and Family Services, *Screening Guidelines for Child Neglect* (Mar. 8, 2007), https://emanuals.jfs.ohio.gov/pdf/pdf-forms/screeningneglectCPS.pdf.
[2] *Id.* at 105.
[3] *Health Insurance Coverage for Gender-Affirming Care of Transgender Patients,* American Medical Association, (Mar. 2019), https://www.ama-assn.org/system/files/2019-03/transgender-coverage-talking-points.pdf; Moira Szilagyi, *Why We Stand Up for Transgender Children and Teens,* American Academy of Pediatrics: AAP Voices (Aug. 10, 2022), https://www.aap.org/en/news-room/aap-voices/why-we-stand-up-for-transgender-children-and-teens/.
[4] Ohio Revised Code § 2151.03(B), https://codes.ohio.gov/ohio-revised-code/section-2151.03#:~:text=Section%202151.03%20%7C%20Neglected%20child%20defined,surgical%20care%20for%20religious%20reasons.; Ohio Rev. Code § 2919.22(A), https://codes.ohio.gov/ohio-revised-code/section-2919.22#:~:text=(A)%20No%20person%2C%20who,the%20child%2C%20by%20violating%20a.
[5] Ohio Dept. of Job and Family Services, *Screening Guidelines for Child Neglect* at 105 (Mar. 8, 2007).

found to have a suicide attempt (not ideation) rate of 40%, nine times that of the rest of the United States (4.6%).[6] Rates of eating disorders in transgender people are also high.[7] Gender-affirming medical interventions correlate with a decrease in suicidal ideations and behaviors, particularly when they are administered earlier in a child's life than later.[8] Though neither transgender identity nor gender nonconformity are, in and of themselves, mental disorders (just ask the DSM), gender dysphoria is currently considered to be classified as such. Its comorbidities suggest that part of the treatment for suicidal ideation and eating disorders, as listed above as triggers for potential investigation if left unaddressed, is to address a child's gender dysphoria as such.

Due to the mental component of the abuse definition in the Ohio Revised Code §2151.031(D)[9], refusal of gender-affirming care could also be considered abuse under Ohio law. This is because of the level of "mental injury" that results from gender denial. Gender denial is a specific action taken by the parents that exacerbates gender dysphoria, considered a psychological disorder in need of treatment to achieve positive outcomes. Further, "people who have grown up in an unsupportive environment" may commonly "express symptoms characteristic with personality disorders."[10] Though this does not equate to diagnosis, it is clearly an indicator of "mental injury" correlated with lack of gender-affirming care provided by parents or caregivers. "Mental injury" goes beyond just minor disagreements between parent and child and into longer lasting damage that may need to be evaluated by a psychiatrist or other healthcare professional, bringing the issues for transgender youth into the healthcare sphere once again. Even if one refuses to define gender dysphoria as a healthcare issue, gender denial and gender-affirming care restrictions impact the child's welfare as is spelled out in Ohio Revised Code § 2151.031(D).[11] Throughout the associated chapter in the Ohio Revised Code, "welfare" as it relates to children is not defined. If one instead uses the definition of "welfare" as "the state of doing well especially in respect to good fortune, happiness, well-being, or prosperity", gender denial by parents or caregivers is in direct contradiction with the welfare of the child. "welfare."[12] This may be misconstrued by some as always having to give a child what they want, but that is not the case. Children are still allowed to be made unhappy by their parents' decisions,

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[6] Sandy E. James et al., National Center for Transgender Equality, *The Report of the 2015 U.S. Transgender Survey* (2016) at 5.

[7] Jason M. Nagata et al., *Emerging Trends in Eating Disorders among Sexual and Gender Minorities*, 33(6) Curr. Opin. Psychiatry. 562 (2020), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8060208/#:~:text=Lifetime%20prevalence%20of%20eating%20disorders,%25%20and%202.9%25)%2C%20respectively.

[8] Diana M. Tordoff et al., *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, 5(2), JAMA Netw. Open (Feb. 2022), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423.

[9] https://codes.ohio.gov/ohio-revised-code/section-2151.031

[10] Jack Drescher, *Gender Dysphoria Diagnosis*, American Psychiatric Association: A Guide for Working With Transgender and Gender Nonconforming Patients (Nov. 2017).

[11] https://codes.ohio.gov/ohio-revised-code/section-2151.031

[12] *Merriam-Webster.com* (2023), https://www.merriam-webster.com/dictionary/welfare?utm_campaign=sd&utm_medium=serp&utm_source=jsonld.

but the impacts that can be felt by a child being denied appropriate care for their gender dysphoria include much more severe and long-lasting consequences, such as depression, anxiety, and suicidal ideation or behavior. The effects on children of denying them gender-affirming care highlight part of why child protective services exists: to protect children from long-lasting and life-altering harm at the hands of their parents. **HB 68** is poised to decide which children are worthy of protection, and which are not.