

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 5/24/23

Name: Susan Jelinek

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: private citizen

Address: 4631 Howard Ave

City: Cincinnati State: OH Zip: 45223

Best Contact Telephone: 513-319-1914 Email: \_\_\_\_\_

Do you wish to be added to the committee notice email distribution list? Yes  No

Business before the committee

Legislation (Bill/Resolution Number): HB 68

Specific Issue: Care of transgender youth

Are you testifying as a: Proponent  Opponent  Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes  No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? None, written testimony only

Please provide a brief statement on your position: HB 68 is another attempt to not only deny trans and gender fluid youth from receiving the healthcare they need, but also takes away parental rights of health care decision making for their child. This bill is dangerous and having it reintroduced this session continues to show the lack of understanding by many of the Ohio state representatives about caring for gender non-confirming youth.