



Patty Manning-Courtney, MD

HB 68 Opponent Testimony

Chairman Lipps, Vice Chair Stewart, Ranking Member Liston, and members of the Ohio Public Health Policy committee, thank you for the opportunity to testify in opposition to HB 68.

I am a Developmental Pediatrician. I've spent 25 years caring for children with developmental concerns, including some children who also have the medical diagnosis of gender dysphoria. I'm also Cincinnati Children's Hospital's Chief of Staff. I oversee the clinical operations of our large institution. This includes all our inpatient settings, our emergency department, our mental health hospital, and all our outpatient clinics, including our transgender clinic.

I work where the impact of this legislation will be felt, deeply and dangerously. None of the people who have previously testified in support of this bill are pediatricians or individuals from Ohio who received care in one of our clinics and now have regrets.

I'm here again, testifying in opposition to a bill that purports to protect children, but will in fact immeasurably harm them. HB 68 is based on false premises and misinformation:

- No Ohio children's hospital performs gender-affirming surgery on adolescents under the age of 18.
- Parental consent is required for gender-affirming medical care. There is strong support for the essential role parents play in making decisions on behalf of their children in school, in healthcare, or anywhere else. This legislation, however, presumes that parents do not know what is best for their child and that legislators know better.
- Gender-affirming medical care for adolescents is only initiated following an incredibly careful and comprehensive assessment. This includes a rigorous mental health assessment and screening for comorbidities. Based on medical evidence, providers may determine a gender clinic is not the right place for a child or recommend watchful waiting. Many minors in our clinics have never been prescribed gender-affirming medication, and when they are, the average time from first visit to starting hormones is 10 to 12 months. The physician works with the patient, family and mental health provider to determine the best treatment course, depending on their needs and values.
- Medications that pause puberty are reversible; puberty will resume when they are stopped.
- You have previously heard testimony, largely from non-physicians, that gender-affirming medical care is "dangerous and debilitating" and amounts to "genital mutilation." This hyperbole promotes fear and confusion. Gender-affirming medical care, as all medical care, has risks. For many adolescents with gender dysphoria, the potential benefits exceed these risks. Watchful waiting is not a benign intervention, and in the case of transgender adolescents with symptoms of suicidal ideation, it is potentially deadly.
- Gender-affirming medical care is evidence-based and supported by rigorous clinical practice guidelines developed by medical professional societies. If we do not practice medicine using such guidelines, I am not sure how we are supposed to practice medicine. There is no financial incentive to provide comprehensive, gender-affirming medical care. Multidisciplinary care of children and adolescents with gender dysphoria requires substantial financial resources, particularly mental health care for which reimbursement is abysmal.

- Characterizing the practice of medicine, let alone pediatrics, as driven by ideology or politics is deeply offensive. If I were forced to use the language of ideology, I would say that care of children at Cincinnati Children's and Ohio's other children's hospitals, including transgender youth, is driven by the ideology that every child deserves compassionate, evidence-based care.

Out of state interest groups are targeting a small, vulnerable, poorly understood group of children to sow fear and confusion, and fuel moral outrage. Please listen to Ohio families and medical experts who serve all your constituents before acting based on falsehoods and taking over the medical care of these children.

The mental health reporting requirements in this bill are so broad, onerous, and untenable that they would drive out Ohio mental health providers, negatively impacting all our children in the middle of a state and national mental health crisis and workforce shortage.

You trust us for every other aspect of pediatric care. Strep throat, ear infections, diabetes, seizures, autism, and cancer. But not this. Why aren't we trusted to self-regulate on this very specific aspect of health care?

I implore you to take the time to understand the harm that HB 68 brings to the small group of children with the diagnosis of gender dysphoria and the larger group of children needing mental health services. Parents who are struggling with the most personal, complicated, and sensitive decisions regarding their children should not have to deal with legislative interference. Please recognize the misinformation on which this legislation is based and refuse to move it forward. Medical care should never be based on polling numbers. Please stand up for all Ohio children.