As a former nursing student prior to switching majors (who was a top performer in all his core classes prior to the switch) and as a transgender man, I found HB 68 to have passages in it that I call into question as to the legitimacy of their facts in which they are presenting. Something that needs to be mentioned right off the bat, is that the bill is entitled SAFE which stands for Saving Adolescents from Experimentation, in which the medical definition for an adolescent represents the age group of those 13-17 but, the bill refers to them as children towards the end when "stating facts", in which the medical definition for a child is those whose age is between 6-13. First off, lines 249-253 appear to misrepresent the total transgender population, for according to the UCLA William Institute the population that identifies as being transgender is actually 0.7% for youth, which accounts for those aged 13-17, which makes up about 150,000 people that are identifying as transgender for this age group and Furthermore; the UCLA William Institute goes on to report that 0.6% of the adult population identifies as transgender, which accounts for 1.4 million people. Secondly, lines 254-259 fail to conform to basic developmental psychology which states that a person's recognition of their gender identity is confirmed and set between the ages of 7-9, at which time there's rarely a deviation from what one identifies as past this age group and even more so as the individual progresses into adolescents. Thirdly, lines 260-265 is basically stating what is already known as the standard of practice in which the WPATH (World Professional Association for Transgender Health) has already long established very stringent guidelines for doctors in the field to follow that are separate from adult standards and

that are even more stringent for a minor as to: what length of time a minor has to show distress from their biological gender, how gender dysphoria has gotten worse or emerged since adolescence, to address all psychological, medical, and social problems that could interfere with treatment, and parental consent is always required before any such medical treatment can begin for this diagnosis. Fourthly, lines 266-268 is vague in general and is dependent upon the situation. The William Institute reports 98% of respondents from a survey reported having thoughts of suicide after experiencing four or more incidents of discrimination, 13% of respondents reported attempts of suicide after being denied equal treatment as compared to their cisgender counterparts, 11% of respondents reported past suicide attempts due to rejection of their families for being transgender, as compared to the only 5% that reported suicide attempts that were not rejected by their families, 30% of responders reported suicide attempts due to being physically attacked in public, as compared to the 7% whom of which weren't physically attacked attempted suicide, and 9% of individual respondents reported suicide attempts due to not being able to receive gender affirming healthcare, as compared to the 5% of respondents that reported suicide attempts that did have access to gender affirming healthcare. I for one can contest to the fact that once I began my transitioning at age 25, my attempts of suicide had stopped, and life became bearable and worth living once again. In Fact, it is because of anti-trans bills like HB 68 that are popping up in record numbers across the country, that are causing a huge spike in the number of suicidal thoughts among transgender youth as shown by the huge increase of calls to the Trevor

project during legislative sessions that aimed to restrict trans youths access to things like restrooms, sports, and gender affirming health care. Fifthly, lines 269-275 falsely reports that no long term longitudinal studies have been conducted on the risks and benefits of adolescents using puberty blockers for the treatment of gender distress or transition, when in actuality hormone blockers for youth have been around since the 1970's and originally started off as just being studied on individuals, one of which individual was studied as his health and well-being was being monitored frequently for over 22 years! Since then, studies have expanded to include mixed groups of both trans male and female participants, as in the collection of data from 2000-2008 to include a mix of 70 trans youth participants in which results showed an improvement for: their body image, in their gender dysphoria, and it improved their overall mental health, as it alleviated their depression, saw an improvement in their emotional and behavioral problems, and promoted a healthier psychological development. Sixthly, lines 276-281 are also falsely reported, for a 2014 study that was conducted over an 8-year period followed and monitored the health and well-being as well as the transition of 55 participants, which included a mix of both female and male transgender individuals. The study began prior to the start of beginning hormone blockers then went all the way through to hormone replacement therapy (HRT) with the average age of participants being almost 21 toward the end of the study as it continued to follow them for one year after gender reassignment surgery (GRS), at which time the overall study showed an improvement in physiological functioning (gender dysphoria, body image, depression,

anxiety, emotional and behavioral problems) and well-being (social and educational/professional functioning; quality of life, satisfaction with life and happiness). All the participants reported not regretting using either hormone blockers or HRT, as they reported satisfaction in both their appearance and their psychological functioning, and it only continued to improve further over time. The study goes on to conclude that a higher-than-average number of participants from this study went on to pursue opportunities in higher education compared to those not having gone through transitioning. I for one can confirm this, for I delayed pursing any higher educational opportunities until after I transitioned, for those that are not transgender don't know or understand just how hard it is to get through the day and how hard it is to not want to turn the knife on yourself so to speak every time someone misgenders you, as if your trying to calm down an irrational part of your mind that goes off the deep end every time your misidentified. Seventhly, lines 282-291 are made out to be worse than what they are based on the wording and in some cases are not even true. Regarding biological females: erythrocytosis is only a problem if it leads to abnormal blood clots, in which the patient (pt.) is frequently monitored for. Severe liver dysfunction should read possible elevated liver enzymes in which the pt. is always frequently monitored for as well. Both CVD and HTN is possible and is dependent upon the individual and the risk factors that they carry and is heavily dependent upon the persons AGE, the older the person is the greater the possible risk that they have of developing this. Breast and uterine cancer as well as irreversible fertility can NOT be confirmed as a side effect of

HRT. Regarding biological males: an increased risk for thromboembolic disease, cholelithiasis, and hypertriglyceridemia (although these side effects are monitored for frequently), are more common with oral forms of estrogen and pose the same risks to cisgender females minors that take birth control. CAD is possible only if the individual carries certain risk factors that make her more susceptible to this. Macroprolactinoma is a very rare tumor that can arise from Hyperprolactinemia, which only poses a possible increased risk of developing and the pt. is frequently monitored for this. CVD, breast cancer, as well as irreversible fertility can NOT be confirmed as a side effect of HRT. Eighthly, lines 292-310 are not true, for according to the WPATH (the organization that sets guidelines for doctors to follow when treating transgender pt.'s) under the section in regard to irreversible surgery for minors states that NO genital surgery should be performed on anyone until they reach the legal age of consent in their country, in which they also need to have lived in the gender that aligns with their identity for at least 12 continuous months. Even though genital surgery is NOT performed on minors, I would like to take time to pay special attention to the remark about "biologically normal and functional body parts", for those that are not transgender don't fully understand the hell in which a transgender person goes through when it comes to being misgendered and when you look in the mirror and see yourself totally different as to how you think of yourself as, and every time someone misgenders you, you can only try to calm down the irrational thoughts that go through your mind that make you want to turn the knife on yourself in order to end it, so that you don't have to face another impossible day. To

transgender individuals these are far from “normal and functional body parts”, for these female reproductive parts on a transman and the male reproductive parts on a transwoman are more likened to a cancer than anything else. You may not fully understand what a transgendered individual is going through, for I as a former nursing student, I couldn’t fully comprehend what all my pt.’s might’ve been going through but, I can surely try by empathizing with them and by carrying out the care plan for my pt.’s that the doctor orders based upon best medical practices. Special attention needs to be given to the statement of "the complications, risks, and long- term care concerns associated with genital gender reassignment surgery for both males and females and numerous and complex", First off, I don't know how one would know this being how genital reassignment surgery is NOT done on minors and secondly, if you are referring to the surgeries in general then this statement is very generic and wrong, for ALL surgeries come with complications and risks but, it's evaluated by the pt. of legal age and the doctor that the benefits outweigh the risks and lastly, there are no long term care concerns associated with GRS, for once the surgery heals in the designated time, the care concerns are just like any other surgery that has been performed in which you no longer have to bandage it and can now submerge the area in water and bath regularly. Ninthly, lines 311-322 are vastly misrepresented in not only what surgeries a minor can have done but also with what surgeries most surgical places offer based upon what most transgendered individuals normally have done. The only surgery that might be considered on a minor according to the WPATH is the female-to-male (FTM) chest

surgery (Mastectomy); However, this is dependent upon many variables as in the minors needs to have lived in their male role for a significant amount of time and would've needed to also be on Testosterone for at least one year. The reasoning behind this is to make sure that the minor has experienced living in a more masculine role for a significant period prior to undergoing irreversible surgery. The need for surgery is dependent upon the clinical situation and the final goals of the individual as far as their gender expression goes. This type of surgery is not usually performed on a minor until they are closer to approaching the age of consent (18); Furthermore, even though none of the non-genital surgeries are performed on minors, it must be said that the surgeries stated that a biological male has done for transitional purposes is highly inaccurate, for the following are not normally done for transitioning purposes regularly and because of that there are far and few surgeons that even perform the following surgeries: lipofilling, voice surgery, gluteal augmentation, hair reconstruction, and other aesthetic procedures, and as far as surgeries go for biological females, the following are wildly exaggerated as far as what transgender men normally have done for transitioning purposes: voice surgery (for testosterone naturally widens the vocal cords and therefore deepens the voice and eliminates the need for this one), lipofilling, pectoral implants, and other aesthetic procedures. Tenthly, lines 323-327 shows statistical figures that are taken out of context and are presented in a biased and outdated way and because of this are creating an outlier, for yes, gender reassignment surgeries have gone up 20% during 2015-2016 and have since then started to level off; However, this is not referring to

transgendered surgeries on minors and it's not taking into account that it was starting around this time that more private and state insurance companies starting offering coverage for these much needed procedures, as before this offering of coverage, it is because most transgendered individuals live way below the poverty line (averaging about $20,000 a year income) and couldn't afford these much needed surgeries, so it was such a blessing and a win for these individuals whom of which had to wait what would've seemed like to them as an eternity to be able to get the affordable health care that they so desperately needed. It must also be pointed out that it is also a principal of economics that when a state infringes upon a parent's fourteenth amendment right to raise their children the way in which they deem fit, will only result in harm to the Ohio economy when these parents decide to pack up with their children and leave the state in order to reside in another state whose government doesn't interfere with their parental decisions, not to mention the reduction in GDP from the loss of not only the parents job but, also from that of the doctor. Free states and countries don't ban healthcare or interfere with the way in which a parent chooses what's best for the health and well-being of their child. Lastly, lines 328-336 are made out to be either worse than what they are, not true, or inaccurately reported, for there has been several studies conducted in regard to the consequences that can occur when transgendered minors are not able to transition, for during a 2014 recap, a Canadian clinic saw high rates of suicidal ideation prior to treatment for gender dysphoria when participants were not able to be treated until age 16, in which 12% of the 84 participants (10) carried out their suicidal thoughts

and it resulted in a trip to the ER. This is just the difference between starting treatment for gender dysphoria at age 16 instead of age 14 for it give two years of extreme struggles with the issue to build up and lead to suicidal ideations that overtime build and get so unbearable that they are carried out but, once treatment began the suicide attempts reduced from 10 to 4. This study is based on the individuals being treated with either hormone blockers or HRT, in which this is also beneficial to go through at a younger age, for it prevents the unwanted biological secondary sex characteristics for the individual going into effect when on blockers and is completely reversible and therefore, allows time for the minor to make sure that this what they really want before starting chest surgery when they get closer to 18, if they are FTM and this also can be delayed if on blockers for it will delay the formation of unwanted breast tissue development and therefore, help the minor alleviate some of the distress that's caused with unwanted secondary sex characteristics. I for one can relate, for my inability to deal with my biological gender got to be so bad that I would start contemplating ways in which to kill myself and ending up hurting myself almost daily to get out built up aggression that resulted from being misgendered throughout the day and the only thing that prevented me from killing myself was seeing treatment in the horizon and once treatment began I was able to refrain from hurting myself until surgical interventions could be carried out and eliminate the need to hurt myself entirely; Furthermore, upon just even starting treatment for my gender dysphoria was enough to remove the thoughts of suicide from my mind. Another study worth mentioning is a 2015 one comparing

transgender adolescents that were allowed to use puberty blockers to those that were denied. This study consisted of 201 individuals with gender dysphoria that were an average age of 15, in which the study found that the group that was unable to start hormone blockers and only be treated with psychological support originally saw an improvement in psychological functioning after six months of therapy; However, after the six months of initial progress they began to see a leveling off, in which their psychological functioning still stayed substantially lower than that of the other half of the study in which were allowed to use puberty blockers and they too saw an improvement in their psychology functioning when their hormone blocker therapy was accompanied by psychological therapy, but unlike those that were denied the use of the hormone blockers, this group of individuals sought a huge improvement in their psychological functioning during their six month checkup after being on the hormone blockers. This testimonial only mentions a few studies to show you the positive effects that treatment for gender dysphoria has had on adolescents and the negative effects that it can have when they are not able to get this treatment, so therefore, these studies mentioned here in this testimonial alone just goes to show you that the benefits do outweigh the risks! Furthermore, the two above mentioned studies just goes to show you that by only allowing minors to access mental health services to treat their gender dysphoria will result in dire and adverse consequences on the overall mental and physical health of the minor and it’s also worth mentioning that the Ohio Health Department will never have accurate statistics based on what the state legislature wants

in lines 187-234, for parents will either travel out of state in order to get their children the care they need or they will pack up and move to another state where their fourteenth amendment right to raise their children how they deem fit is upheld. When I was in high school they didn't offer hormone blockers or HRT back then and therefore, it made my whole high school experience hell on earth, for I was constantly bullied and picked on for being different and would be continually asked by my fellow classmates "Are you a boy or a girl" in which time I would answer a boy and that would only lead to them making fun of me more as they just didn't understand what I was going through. I had no friends, for my gender dysphoria made me an outcast, which left me out of being able to experience things that normal biological males would like that of dating, playing football, being in the boy scouts, among various other things that every childhood boy does. If only I would've had the opportunity to use the hormone blockers/ cross hormones back when I was growing up, for I know my parents would've jumped on the chance to provide me with the experiences that every other boy got to have during high school and therefore, make my future a little brighter by adding a little more happiness in my life. I urge you to withdraw HB 68 and any other future bills like it and leave the medical decisions in the fully capable hands of the parents, doctors, and adolescents, so that ALL parents in the state have the legal freedom to make healthcare decisions for their children.