WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 6/12/23

Name: Adam Vukovic, MD, MEd

Are you representing: Yourself ☒   Organization ☐

Organization (If Applicable):

Position/Title:

Address: 3333 Burnet Ave

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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: Gender Affirming Care ban testimony

Are you testifying as a: Proponent ☐   Opponent ☒   Interested Party ☐

Are you testifying: In-Person ☐   Written-Only ☒

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? N/A—WRITTEN TESTIMONY ONLY

Please provide a brief statement on your position:

The governmental oversight on an issue that should reside with patients, parents, and their medical providers is concerning. The evidence that suggests potential adverse outcomes (depression, suicide, etc.) related to delays in gender affirming care is clear, and allowing the support system of trans youth the clearest path forward to provide individualized, attentive care to patients is imperative. We trust doctors to care for children with broken bones , strep throat , etc, why is the government intervening here?

June 6, 2023

TO: Chair Lipps
           Vice Chair Stewart
           Ranking Member Liston
           Members of the Public Health Policy Committee

RE: Opposition to HB 68