

ATTN: Representative Click,

I wanted to provide you with my thoughts regarding Ohio House Bill 68 (HB 68) which would, if passed, significantly impact transgender youths' access to gender affirming care. I am a licensed social worker providing mental health care to youth and adults in the State of Ohio and I specialize in providing gender affirming care to the LGBTQIA+ community. This proposed bill would prevent people within my profession from providing gender affirming care to LGBTQIA+ youth unless parental consent is given, would require providers to inform parents of their child's gender identity potentially when it is unsafe to do so, would create unnecessary barriers to care, may place mental health professionals at risk of license related discipline, and would place patients at risk of violation of their privacy.

According to a 2022 survey conducted by the Trevor Project, more than 75% of transgender youth have experienced symptoms of anxiety, and more than 66% of transgender youth have experienced symptoms of depression. Of the youth surveyed, approximately 1 in 3 transgender youth have “seriously considered” attempting suicide, and 1 in 5 have attempted suicide in the past year. This data indicates that suicide risk disproportionately impacts people of color. According to the survey, 60% of participants reported that they wanted to seek mental health care but were unable to, with some of the commonly identified barriers being the existing requirement to gain parental permission, fear of being outed to parents as LGBTQIA+, and fear of being misunderstood. These fears appear to be well founded as fewer than 1 in 3 respondents stated that their home is gender affirming, and 37% of respondents reported that they have been physically harmed or threatened in the past year as a result of their gender identity. These threats go beyond physical harm as 73% of respondents reported that they experienced discrimination based off of their identity in the previous year, and 83% reported anxiety regarding anti-trans rights legislation. (The Trevor Project, 2022)

Another study released in 2022 examined the clinical outcomes for youth who underwent either gender affirming care or other interventions. The study had 104 participants with a mean age of 15 years. The results of this study indicated that the participants who received gender affirming care were found to have 60% lower odds of depression and 73% lower odds of suicidal ideation. (Tordoff et al., 2022) As it is currently written, HB 68 would require providers to both inform parents of any gender affirming care being provided, as well as to seek parental permission prior to providing gender affirming care. As described above, both of these requirements create unnecessary barriers to care for an already marginalized population which is already being underserved. These requirements may also force providers to place their clients in harmful situations by disclosing information about their gender identity to unaffirming parents or to provide ineffective care in the event that a minor's parent declines gender affirming care for their child. (Tordoff et al., 2022) This research supports the supposition that the transgender identity is not inherently pathological, however the social stigma, lack of affirmation, and harmful legislation being proposed across the country creates additional stress and uncertainty for the transgender community.

In addition to the above concerns, HB 68 would require mental health care providers to make an annual report to the Ohio Department of Health regarding the number of minors to whom they have provided gender affirming care which has the potential to be harmful to both clients and providers. Not only does this violate clients' rights to privacy, should the compiled the report provided to the General Assembly become accessible to anti-trans activists gender affirming providers may become targeted in a way that makes providing gender affirming care unsafe. Additionally, this creates the potential for an additional barrier to care for trans youth, as their parents may choose to actively avoid seeking necessary mental health care for their child from an affirming provider. The reporting requirement may also reduce the already relatively small number of clinicians who are willing to provide gender affirming care to minors both due to both the burden of reporting and the fear of being targeted, which creates yet another barrier to care for youth seeking gender affirming services.

HB 68 is a dangerous piece of legislation that, if passed, is likely to exacerbate the already existing marginalization and stigma that transgender youth face. It has the potential to create numerous ethical dilemmas for providers as we work to remain in compliance with the law while also not actively placing clients in potentially harmful situations. It creates several unnecessary barriers to care for an already under served community, which is likely to result in an increase in the disparity between cis-gender and non-cis-gender youth's mental health outcomes as well as to contribute to the ongoing mental health crisis that our state is currently facing in the wake of the Covid-19 pandemic. I implore you to consider all of these factors and to create a safe community for all by dismissing this bill from the docket.

Thank you for your time and consideration on this matter,

Troy Dyer, MSW, LSW

References

The Trevor Project (n.d.). *2022 National Survey on LGBTQ Youth Mental Health*. Retrieved April 21, 2023, from <https://www.thetrevorproject.org/survey-2022/>

Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., & Ahrens, K. (2022, February 1). *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving gender affirming Care*. Pubmed. Retrieved April 21, 2023, from <https://pubmed.ncbi.nlm.nih.gov/35212746/>