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**Gary Click**  
State Representative

Chair Roegner, Vice-Chair Antani, Ranking Member Hicks-Hudson and distinguished members of the Ohio Senate Government Oversight Committee, Senator Lang and Senator McColley, thank you for the opportunity to present sponsor testimony on House Bill 68, otherwise known as the SAFE Act and Save Women's Sports. It is my honor to stand before you today to advocate for women and children.

I am aware that you all have some familiarity with this legislation. I have also attached additional and relevant documentation for further review. Therefore, I will simply address to top level items and entertain questions from the committee.

**The SAFE Act**

The SAFE Act portion of this bill protects the bodily integrity and mental health of children who are unable to provide informed consent by providing necessary guardrails around the medical industry. While physicians have informed me that they would prefer that the medical profession self-regulate, it has become clear to them that the politicization of medicine has rendered their profession incapable of doing so. Since the time I have been advocating for this legislation 23 states have enacted similar legislation, and have been affirmed in federal court.

**The SAFE Act does the following:**

- Requires Mental Health providers to screen for comorbidities when diagnosing a minor with Gender Dysphoria, previously known as gender identity disorder in the DSM (Diagnostic and Statistical Manual for Mental Health Disorders).
- Requires parental consent before treating and diagnosing a child with gender dysphoria.
- Prevents a physician from knowingly prescribing hormone blockers or opposite sex hormones to a minor for the purpose of changing their gender. (This is the most fundamental aspect of the SAFE Act.)
  - 85-95% of children with gender dysphoria will desist after experiencing natural puberty.
    - Puberty blockers alone have dangerous side effects including but not limited to sterilization, loss of bone density, cardiovascular disease, osteopenia, osteoporosis, arrested brain development, and more.
  - 98% of children provided with puberty blockers will persist and receive opposite sex hormones.

- Opposite sex hormones heighten the negative effects of the puberty blockers while initiating an artificial version of puberty that their bodies were not designed to accommodate.
- Many of these children will advance to irreversible surgical alterations.
- Prohibits a surgeon from performing surgery on a minor to replicate the secondary sex features of the opposite sex.
- Classifies a violation of these provisions as unprofessional conduct which is subject to discipline by the applicable licensing board.
- Prohibits a court from discriminating against a parent who chooses not to affirm a child's misperception that they are the opposite sex.

Dr. Jay T. Allen, a board certified medical doctor recently wrote an article entitled, "[Transgender Youth, Like Any Other American, Deserve the Highest Quality Care.](#)" He demonstrates in this article that the major medical societies are out of step with European countries who have begun practicing evidence based care. For instance, he reveals that the AAP guidelines are the unchallenged work of a single physician. He states,

"Five times over the last four years, members of the academy have submitted a resolution calling on the AAP to perform a systematic review of the evidence and aligning their recommendations with previous systematic reviews that have been performed. Each time, the AAP leadership has prevented the resolution from coming up on the floor of the AAP congress for discussion. In other words, the AAP has had multiple opportunities over the past four years to ensure that their guidelines represent the current research and the best quality research, but they have refused to do so.<sup>1</sup>"

Dr. Allen is not alone. Both the 6<sup>th</sup> Circuit Court (which has jurisdiction over Ohio) and the 10<sup>th</sup> circuit court have rendered opinions stating that there is not adequate professional consensus and upholding legislation similar to the Ohio SAFE Act. In doing so they have validated the arguments that we have made over the last two years. Relevant excerpts have been provided in a separate document.

Additional information regarding the history of gender dysphoria has been provided in the form of a FAQ.

### **SAVE Women's Sports**

Save Women's Sports reestablishes equitable opportunity and fairness for young women in sports by requiring interscholastic and intercollegiate schools and athletic associations to:

- Designate sex-based teams for female, male and co-ed sports.

<sup>1</sup> <https://www.themainewire.com/2023/07/transgender-youth-like-any-other-american-deserve-the-highest-quality-of-care/>



- Restrict female sports to females while co-ed and male sports are open to both sexes.
- Specify that schools may not “knowingly” permit males to participate in female-only sports.

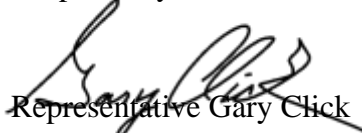
This legislation also provides that:

- Any participant who has been deprived of an opportunity or suffers direct or indirect harm as a direct violation of this act may sue for injunctive relief, damages, and any other relief available.
- Any school that has been harmed has a private right of action to seek injunctive relief, damages, or any other relief that is available.

Since we have begun this journey to protect children, 22 states have passed legislation similar to the SAFE Act and 23 states have passed legislation similar to Save Women’s Sports. I urge this committee to favorably report House Bill 68 and add the great state of Ohio to that list of states that protect women and children.

Thank you for your kind attention. I am happy to entertain any questions the committee may have.

Respectfully Submitted,



Representative Gary Click  
House District 88