

Chairwoman Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, and members of the Senate Government Oversight Committee, I am Christopher Bolling, MD, a retired general pediatrician from Cincinnati and am here to speak in strong opposition to HB68. In testifying against this bill in the House and on similar legislation in Kentucky, one thing has, and continues to stand out to me. Both proponents and opponents of this bill want the same thing. They want what is best for children and adolescents. We believe that proponents of this bill do and, as Ohio's pediatric community, we certainly do.

I am here representing the American Academy of Pediatrics, with nearly 3,000 members in Ohio. Other witnesses are representing organizations with memberships totaling in the thousands as well. Our views reflect the medical consensus, which is rooted in science and evidence as well as passion and dedication to our patients. I have attached AAP's statement on care for transgender and gender-diverse children and adolescents. I encourage you to read this document and judge it for yourself.

As a pediatrician, I would like to give you a small window into what it is like to take care of children and adolescents who came into my office. Families of children and adolescents who identify as a different gender than their sex at birth often present to us in practice. Usually, talking and reassurance is enough with these families. The vast majority of children who explore behaviors usually assigned to the opposite gender, do so transiently. Part of normal child development is trying on different roles. And sometimes those different roles involve gender. I am sure that, as parents, many of you have experienced these behaviors with your own children. While usually transient, these behaviors often cause much parental anxiety. Parenting is all about keeping your kids safe, protecting them from hardship and helping them reach their potential. Parenting is also helping your kids be happy.

When a child or adolescent persistently identifies with a gender that does not match their gender assigned at birth, it can cause great stress in families. Parents rightly fear for their children in our society. They fear they will be ridiculed, that they will be discriminated against, and, most unfortunately, they fear for their safety. As a pediatrician, I am there to provide hope, to counsel them on how to support their child and to help them make informed decisions about what to do. Again, the vast majority of time, my role is to reassure and to let them know that most kids will not need or desire medical interventions. Rarely, in cases of persistent identification, I refer to the outstanding and compassionate physicians who staff the Transgender specialty care clinics at Ohio's children's hospitals. In my experience, these clinics have provided thorough psychological and medical evaluation for my patients, have supported patients and families to make informed decisions and have always acted with respect, professionalism, and with the child or adolescent and their families' best interests.

These clinics are pivotal in helping children, adolescents, and families navigate what can be a confusing time. Never have I experienced my families being pressured into decisions or being coerced into action without clear parental/guardian consent and a full understanding by the patient. I have never witnessed surgical procedures on patients under age 18 or the use of medical management without painstaking discussions and parental consent.

During sponsor testimony, Representative Click referenced AAP policy guidance and leveled baseless criticisms of that process. Further, some proponents have alleged that AAP and other academic societies suppress dissenting voices and information. This is objectively false. AAP utilizes a robust, academic and parliamentary procedure when developing guidance documents. Hundreds, and in this case thousands of healthcare experts weigh in. All sources and studies are heavily scrutinized. We take a thorough and critical approach to developing policy recommendations. This is the opposite of the approach that this committee took during sponsor and proponent testimony. So called experts were not questioned, studies and citations were not scrutinized, and the testimony of some individuals was inaccurately viewed as representative of a broader consensus. Such bias towards a certain perspective, if applied to medicine, would severely harm patients. The allegations being erroneously made against AAP and other organizations are actually the conduct of HB 68 proponents.

Dr. David Bonnet, a proponent and fellow board-certified physician, claimed that opponents to HB 68 view physicians who do not support gender affirming care as transphobic science deniers. This is absolutely not the case. One of the great features of western medicine is the diversity of thought and approach. Those who dissent from medical consensus are not demonized. And parents and children are best served by having a choice of providers and a choice of approaches. What frustrates dissenters to gender affirming care isn't that they are attacked, but that the majority of experts and physicians as well as emerging evidence simply does not agree with them. They are free to treat patients as they see fit. And if parents want to seek care from a provider who does not support gender-affirming care, that should be their prerogative.

The so-called SAFE act and similar bills have been debated in the Ohio General Assembly for nearly three years. And despite hours upon hours of committee hearings, there are still some very basic facts that need to be clarified—

- Children cannot consent to care. Only parents or guardians can provide informed consent. As it relates to gender-affirming care, parents provide consent and are the ones who bring their children for care. Parents are not required to seek out gender-

affirming care and can end services at any time. Support for parents is an important component of gender-affirming care.

- Surgical interventions for gender dysphoria are not recommended for patients under 18 and are not performed at any children's hospital in Ohio. No HB 68 opponent would object to a prohibition on surgeries for minors. This continues to be a common theme in proponent testimony, and we cannot be more clear: minors should not receive surgeries to address gender dysphoria.
- Hormone therapies and puberty blockers are FDA-approved drugs. Their use within gender-affirming care is an 'off-label' use, which is common practice in pediatric medical care. As is the case with all prescription drugs, there are side effects. These drugs have been used to address other conditions for decades and are safe and effective. When discussing prescription drugs, pediatricians always disclose any side effects and information related to any short-term or long-term healthcare impacts. This is the essence of informed consent and is required by law.
- The vast majority of children receiving gender-affirming care will never receive these medications. Puberty blockers and hormone therapies are only used in extreme cases of gender dysphoria where a child's distress is elevated to the point where mental health interventions alone are not effective. In these cases, delaying puberty or amplifying/de-amplifying certain physical characteristics can help increase the efficacy of behavioral health interventions.
- Gender dysphoria is a diagnosable medical condition. However, not all transgender or gender diverse individuals will experience or be diagnosed with gender dysphoria. As it relates to children and adolescents, most will not receive this diagnosis. This is an important clarification as only pediatric patients with gender dysphoria who are in extreme distress would even be considered for medical intervention. And in those instances, their parents must consent to that care.

Members of AAP and other healthcare providers, are dedicated to their patients and their profession. All of us have taken an oath and are committed to providing the best care possible for our patients and their families. Transgender children deserve the best care and their parents should have the right to determine what treatments their children will receive. Parents should also be able to discuss all potential services with trusted healthcare providers. HB 68 takes this right away, period. Parents, in consultation with their chosen healthcare providers, should make decisions regarding their children's healthcare; this is not something the General Assembly should decide on their behalf.

REFERENCES

Press release on Gender Affirming Care from AAP: <https://www.aap.org/en/news-room/news-releases/aap/2018/aap-policy-statement-urges-support-and-care-of-transgender-and-gender-diverse-children-and-adolescents/#:~:text=The%20AAP%20recommends%20taking%20a,stigmatizes%20those%20seen%20as%20different.>

“Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents”, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH; COMMITTEE ON ADOLESCENCE; SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS, Jason Rafferty, MD, Michael Yogman, MD; Rebecca Baum, MD; Thresia B. Gambon, MD; Arthur Lavin, MD; Gerri Mattson, MD; Lawrence Sagin Wissow, MD; Cora Breuner, MD; Elizabeth M. Alderman, MD; Laura K. Grubb, MD; Makia E. Powers, MD; Krishna Upadhyia, MD; Stephenie B. Wallace, MD; Lynn Hunt, MD; Anne Teresa Gearhart, MD; Christopher Harris, MD; Kathryn Melland Lowe, MD; Chadwick Taylor Rodgers, MD; Ilana Michelle Sherer, MD; *Pediatrics* (2018) 142 (4): e20182162. <https://doi.org/10.1542/peds.2018-2162>