

Chairwoman Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, and members of the Senate Government Oversight Committee, thank you for the opportunity to testify in opposition to HB68.

My name is Carey Callahan English. I am a detransitioned woman, licensed professional clinical counselor, and independent marriage and family therapist living in Bainbridge, Ohio. I have been organizing other detransitioners for the purposes of peer support and improving healthcare for 9 years. I last testified against HB 68 which would close Ohio's 6 highly respected gender-affirming pediatric programs over the summer. At the time I was the only public detransitioned Ohioan. The population of public detransitioners in Ohio has since doubled to 2 people. Neither of us transitioned as minors and thus none of the public detransitioners in Ohio can offer personal experiences of the quality of healthcare provided by the 6 pediatric programs that will be shuttered by this bill. These programs are clearly not producing a significant population of patients who are unhappy or regretful about the care they received. The proponents of this bill have struggled to produce testimony from regretful patients who received care even through other states' pediatric programs. Both of us Ohio detransitioners accessed care as adults, and I would argue only 2 patients experiencing regret demonstrates that Ohio's informed consent gender-affirming care for adults is producing startlingly positive patient outcomes.

It's hard to not draw the conclusion that Ohio's pediatric programs are particularly good at their goal of producing patients who feel satisfied by their healthcare experiences. This does not surprise me. Ohio has a national reputation as a healthcare leader. The doctor who runs the Nationwide Hospital THRIVE clinic, Scott Leibowitz, is notable for both meeting one-on-one with detransitioners to hear their concerns and for writing about the need for a cautious, considered approach in The New York Times. The majority of children being provided care in these 6 programs do not receive any hormonal treatment. None of Ohio's programs will perform surgeries on minor patients.

The detransitioners nationwide who are opposed to dangerous bans on pediatric healthcare have not been able to find an organization to pay for so many plane tickets to Columbus. I hope the committee will read their testimonies carefully.

I am particularly concerned that an impact of this bill will be to shut down Ohio's gender-affirming clinics where healthcare leaders are modeling what cautious, considered care looks like. Other states which follow less cautious approaches will continue to promote those approaches, and our Ohio families will have to go to those states with lower quality programs and higher risk of regret to access help. The detransitioners who had negative experiences as minors in other states would probably have been served by those programs learning from the successful processes of Ohio's clinicians. The success of our pediatric programs at preventing detransition through guiding youth through a careful discernment process is an achievement of our state we should be proud of. The rest of the country should be more like Ohio in this regard.

If the state government is worried about the resources available to the detransitioned population the two of us could meet with you to talk about what state resources would serve us. I have attempted to schedule meetings with members of the House and Senate, and have received the feedback that meeting with me would be "pointless." I disagree, I think deepening your understanding of the Detransition experience would be the point. I hope the committee will consider that Ohio's healthcare leaders in gender-affirming care promote exactly the cautious

and considered processes that prevent the negative patient experiences the proponents of this bill have brought to your attention. Thank you for your time.