

December 3, 2023

OH HB 68
Opponent Testimony
The Ohio Senate Government Oversight Committee

Dear Chair Kristina Roegner, Vice-Chair Niraj Antani, Ranking Member Paula Hicks-Hudson, and Members of the Senate Government Oversight Committee:

My name is Jyothika Yermal and **I am testifying in strong opposition of the *Save Adolescents from Experimentation Act*, the SAFE Act.** My testimony is strictly my own and does not represent any health care organization in the State of Ohio.

When it comes to healthcare, **I believe policies should be informed by the current scientific literature and medical professionals who are well versed in this literature.** I do not claim to be a medical professional just yet, but I am in my first year of medical school, where I am taught by a plethora of physicians who are qualified and respected in their fields of specialty. We recently received a lecture that listed the benefits of gender affirming care from a physician specially trained in reproductive endocrinology, with citations and clinical relevance backing the claims made.

Children that experience gender dysphoria from childhood with increasing intensity from puberty rarely have these feelings subside, despite what HB 68 proponents like to claim. In studies of children receiving puberty suppressants, all chose to start hormone replacement therapy later in life. For these people, this is not a “phase”.

Even if it is, puberty can be resumed if the child wishes, as GnRH analogs used to suppress it are completely **reversible**, while gender affirming hormones (that are often used months or years after puberty blockers) are considered only partially reversible. The safety of GnRH agonists have been studied extensively in treating precocious puberty, so it is misleading to claim they are so experimental for adolescent use.

Puberty suppression can decrease body dysphoria by delaying development of sex characteristics that they feel are not aligned with their gender. This may reduce their risk of experiencing depression, anxiety, suicidal ideation and partaking in self-harm, substance abuse, and risky sexual behavior. **The favorable mental health outcomes associated with affirming an adolescent’s gender identity cannot be minimized.** Some claim the opposite is true, that gender-affirming care does not improve mental health outcomes. However, they support this by citing literature that does not address the fact that the transgender community faces unique social struggles like alienation and discrimination that are more likely the source of their mental health struggles.

Both puberty blockers and gender-affirming hormones require full informed consent of the patient and parents as well as evaluation of their psychosocial support and any possible contraindications. **Just like any medical treatment, steps to minimize risk, ensure complete education, and prioritize the health of the patient are recommended.**

Gender affirming care is necessary and beneficial health care for children, and this is supported by major medical organizations, such as the American Medical Association the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, (Pediatric) Endocrine Society, and the American Psychiatric Association. HB 68 would place limits on patient care contrary to clinical practice guidelines and medical literature. **We seek guidance on all other medical issues from medical professionals, not politicians, so why are we allowing this bill to be on the contrary?**

The SAFE act would create an additional barrier to inclusive, patient-centered care in Ohio by going against current clinical practice guidelines and medical literature. Furthermore, it risks worsening health outcomes for transgender youth and those questioning their gender identity in Ohio. HB 68 will prevent physicians from practicing evidence-based medicine and limit the quality of care available to Ohioans. I urge the committee to support the science of good medicine and **vote NO on HB 68**.

Sincerely,

Jyothika Yermal

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