

Stephen Davis, MD, MMM, MS President and CEO, Cincinnati Children's Substitute House Bill 68 Opponent Testimony before Ohio Senate Government Oversight Committee Wednesday, December 6, 2023

Chairman Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, and members of the Government Oversight Committee, thank you for this opportunity to testify against House Bill 68.

I am Dr. Steve Davis, the President and CEO of Cincinnati Children's, the number 1 ranked Children's hospital by *U.S. News and World Report*. I am a pediatric critical care physician with over 30 years of experience, a father of four, and grandfather of two. I have dedicated my career to caring for critically ill children in Ohio. The most harrowing aspect of my job is informing parents that their child died, especially when their death is from a preventable suicide. Today, I stand here to urge you to reject HB 68, a bill that, if passed, would aggravate our children's mental health crisis and lead to unnecessary deaths.

As CEO, I have the privilege and responsibility of overseeing the most respected Children's Hospital in the nation, with nearly 19,000 employees of which over 1,900 are active medical staff. We are Cincinnati's second-largest employer and a trusted partner within our community. Recently, alongside Governor DeWine and many of you, we inaugurated a state-of-the-art mental health facility at our College Hill campus, focused solely on children's mental health care. As the country's largest provider of such services, we see a dire need every day, as children wait in our Emergency Department for mental health placement. HB 68, in its current form, would hinder doctors and parents from collaboratively deciding the best treatment for their children, leading to untreated mental health issues and preventable deaths.

The faculty and staff I represent are dedicated to caring for vulnerable children who would be directly impacted by HB 68. We strongly caution against the Ohio General Assembly's selective approach to medical practice, particularly when it risks the well-being of a vulnerable population.

Despite common misconceptions, the number of children diagnosed with gender dysphoria is quite small. However, these children are among the most vulnerable. An estimated 20-40% of homeless youth are LGBTQ, many of whom were forced out of their homes. Transgender youth face significantly higher risks of suicide attempts and depression. Transgender youth are more than 8 times as likely to attempt suicide and 6 times as likely to be depressed.

At Cincinnati Children's, our gender-affirming medical care for adolescents involves comprehensive assessments, rigorous mental health evaluations, and screenings for co-morbidities. Hormone therapy, often misunderstood, is not prescribed lightly and many patients are never prescribed hormone therapy. The physician works with the patient, family, and mental health provider to determine the best treatment course, depending on their individual situation. We do not start hormone therapy without this thorough evaluation. Parental informed consent is always required, and the average time from initial consultation to hormone therapy commencement is 10-12 months.

Given the significant risks posed by HB 68, we implore the Committee to consider the following amendments:

- 1. Address the pediatric behavioral health crisis by removing dangerous barriers to mental health care for gender dysphoria. Parental consent laws for mental health therapy should be consistent with all other forms of access to health care.
- 2. Enable physicians to provide comprehensive care information, including treatments unavailable at our hospital. Restricting this information violates our right to free speech and sets a dangerous precedent.
- 3. Include a grandfather clause for youth currently receiving hormone therapy, as seen in other conservative states that have enacted similar bans. Some children currently receive hormone therapy via long-acting subcutaneous pellets. Asking a family to bring their child in for removal becomes highly impractical and likely not enforceable. This amendment ensures ongoing care and avoids the risks associated with seeking unregulated treatments.
- 4. If the Ohio General Assembly follows other conservative states that have already passed restrictive legislation, then we urge you to make these changes and allow for limited use of hormone therapy in rare and extreme situations where there is a documented mental health crisis as permitted in other states, and finally, reserve surgical treatment for patients over the age of 18.

You have been bombarded with misinformation regarding this issue. We ask you to trust Ohio's Children's Hospitals, which are the most respected in the nation, as you have trusted us in all other aspects of child healthcare. We practice evidence-based medicine, endorsed by every major medical association in the country. As an example, The American Medical Association states that improving access to gender-affirming care is an important means of improving health outcomes for the transgender population. Receipt of gender-affirming care has been linked to dramatically reduced rates of suicide attempts, decreased rates of depression and anxiety, decreased substance use, improved HIV medication adherence and reduced rates of harmful self-prescribed hormone use.

Restricting our ability to provide such care places us in an incredibly difficult position. I welcome you to sit down with me and our providers to learn more about the services we offer. There is no financial incentive to provide comprehensive, gender-affirming medical care. Multidisciplinary care of children with gender dysphoria requires substantial financial resources, particularly mental health care, for which reimbursement is abysmal.

Cincinnati Children's is the #1 children's hospital in the country and is renowned globally. Thousands of families travel from across the globe to seek care for their children with complex medical challenges. They trust our clinicians to provide the best possible care. Please don't make us turn away those who are at highest risk, causing children in severe distress to wait before they can access mental health care or take away parental rights to decide what is best for their children.

Thank you for allowing me to testify today and for your careful consideration of this matter.