

To members of the committee and those present today:

My name is Rachel Jones and I work in Ohio as a Psychiatric Mental Health Nurse Practitioner with a dual degree in Pediatrics. I have been working my current job for the past 4 years and spent 9 years prior at Nationwide Children's Hospital. I've worked in the mental health field in a variety of different capacities since 2006 after graduating from Grace College and Theological Seminary.

'I have a concern'. In the medical/hospital world, this terminology is utilized to get the attention of other members of the treatment team to voice a problem that is occurring regardless of the hospital hierarchy. It immediately causes everyone to focus, to pause, and to listen, providing safe spaces for everyone to engage better outcomes for patients and be on equal footing.

I observed testimony provided pertaining to HB68 as well as followed various representatives provide opinions on this piece of legislation. As a practitioner that provides mental health care to many individuals of different backgrounds, religions, and trans individuals, I wanted to provide a little context to this bill as one that provides care.

I could site the American Academy of Pediatricians, the Endocrine Society, the American Academy of Child and Adolescent Psychiatry, and the American Psychiatric Association regarding the research and treatment algorithms they have developed. However, with Google being free, I am certain our representatives are aware of them. Instead, I would like to address a few misconceptions the opposition has focused on regarding trans care as well as the fears of anyone who does not have knowledge of what that care looks like.

I am a nurse, a nurse practitioner, a wife, and a mother. I am deeply passionate about my children and family, my patients and their families, with the goal of equipping and empowering people

to learn who they are. One of my favorite psych professors in school always said, “one of the greatest gifts you can give yourself is knowing who you are and finding purpose in that.”

If I did not have the medical knowledge and work experience that I do, I could see where citizens would be weary of trans care, especially for minors. As brains are continuing to develop and the youth of our age engage in the rites of passage, discovering personal identity, seeking their truth, and finding purpose in that knowledge. It’s a powerful process that shapes every generation and perpetuates our ability to learn from the past and move forward in positive ways seeking connections and building infrastructures of support.

Two things can be true at the same time. I’ve heard a lot of talk regarding the concept of comorbidities in relation to mental health. All psychiatric practitioners are thoroughly trained on the initial psychiatric interviews where clients are screened a variety of diagnosis in order to more appropriately understand the complete dynamic of that individual and provide more effective means of balancing the neurochemistry of that individual if medication is needed. A simple example would be screening someone that is depressed for Bipolar through questions so that you don’t initiate an antidepressant without mood stabilization that would lead the person to become manic. Patients are screened for trauma/ PTSD, substance use, medical concerns, and a variety of mental health diagnosis including feeling suicidal or homicidal. This is standard practice. All practitioners I know engage these questions and screenings. When I am working with a client who indicates they are trans, I still screen for these things to ensure quality care. But, being depressed does not invalidate someone identifying as trans. Two things can be true. Many clients struggle with anxiety or depression who are trans because of fears, lack of support, strong opinions in friend groups, family, or due to legislation like what is being proposed. With my experience, once starting to

receive trans care, clients feel more control, feel more like their authentic selves, and start to recognize their reflection in the mirror which helps the depression and anxiety. All symptoms and client goals are treated utilizing evidence based practice. Saying treating depression will stop the individual from identifying as trans is not medically or factually sound. More it goes back to the American debate did the chicken come first or the egg?

I'd also like to address correct process. When I first start meeting with a client, we go through screenings, I ask a lot of questions, and we establish goals. Engaging in the interview to receive trans care (hormone treatment and or surgery) takes a while. The opposition to trans care seems to believe it's days to months where the reality is it takes years for many. Currently, there are youth waiting two years in Ohio just to receive hormone therapy. This care takes time to ensure it's the best plan of care for that client, collaboration between psychiatric disciplines, and a healthy network of support. Before any recommendation forms are signed, the individual spends a significant amount of time in therapy and that provider and I have a lot of discussions to ensure the best health choices for that client regardless of their age. Trans care takes time and not every single client receiving it ends with sexual reassignment. Some never engage that step and that is okay. Everyone's plan of care is unique to that individual. The only harm I have witnessed is the inability to engage care. Suicide is an epidemic and rates are severely high for trans individuals. Imagine being told the truth you hold closest to you as not real nor can you engage it.

The last thing I would like to discuss is parental consent. There are very strict laws regarding parent consent in the state of Ohio. I cannot change doses of a medication without letting parents know the details to help ensure side effects are monitored. In my decade and a half of experience, I've never heard of a minor engaging in trans care without parent or legal guardian

consenting to that treatment. My concern is I do have patients who I meet with individually as teenagers as parents try to give some autonomy to who disclose they think they might be trans. We start to have some basic conversations and screenings but no trans care in that way is initiated. With the proposed legislation, not all clients have families where it would be safe for them to tell their family and forcing it will cause severe harm psychologically and potentially physically, putting lives at stake. It is careless and inappropriate and not thought through.

There is much more I would like to say, but I'll let a few of my clients complete this letter. I appreciate everyone taking the time to listen. If any more information is needed please do not hesitate to ask. I am more than willing to meet with you and if I do not immediately know the answer, I have 7 years of research experience so we will find it

together.

"I am old enough at 17years old to enlist in the military and fight and die for my country with my parental consent. But with this bill, I cannot engage lifesaving medical care with my parents consent."

"I am a trans man and I am on the autism spectrum. My brain works differently than yours, but I know exactly who I am"

Thanks for your time.

Best,

Rachel Jones CNP-APRN