

Opponent Testimony for Ohio House Bill 68
Ohio Senate Government Oversight Committee
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O. Madison Nurre
Bioethics, Public Health, & Child Welfare Graduate Student
Former High School & Collegiate Athlete
Devout Ohioan

Chairman Roegner, Ranking Member Hicks-Hudson and members of the Ohio Senate Government Oversight Committee, thank you for allowing me to testify today. My name is Madison Nurre, and I use she/her pronouns. I'm excited to speak with you today as a graduate student at Ohio State studying public health, bioethics, and child welfare, as a female, former athlete who swam for 14 years and played water polo at the high school and collegiate level, and a lifelong Ohioan. From each of these perspectives, I deeply oppose House Bill 68. I am eager to share with you a few things I've learned through researching the safety of children and studying bioethics in the context of families and law.

Transgender youth face serious a risk of violence, STIs, depression, anxiety, and suicide (Goldberg et al., 2023; Kimberly et al., 2018). These risks are very well documented. Though longitudinal research is ongoing, gender-affirming medical and psychosocial care are encouraged by major professional organizations, such as The American Academy of Pediatrics, The American Medical Association, and The American Psychological Association. Health care providers must work collaboratively with their transgender patients and their families to weigh a variety of ethical questions and determine the best course of action (Kimberly et al., 2018). They must value nonmaleficence, or doing no harm, when deciding how to provide patients with gender-affirming care. Accordingly permanent solutions for gender-dysphoria are not used. Instead, transgender youth experiencing persistent dysphoria may delay puberty, which is entirely reversible and proven safe for otherwise healthy youth (Giordano & Holm, 2020).

Health care providers, patients, and families must also consider beneficence, or the potential for this treatment to do good and improve the wellbeing of patients. Medical

decisions regarding interventions that are supported by the vast majority of reliable health professionals belong to affected youth patients, their loving parents, and their licensed health care providers as a group. These are profoundly difficult decisions that are severely compromised by government intervention that bans internationally accepted standards of care.

The grounds on which Ohio House Bill seeks to ban this care are unsupported (Clark et al., 2019). It is true that we need more longitudinal research examining the long-term health outcomes for transgender youth, however evidence has long shown delaying puberty via puberty blockers is extremely safe among otherwise healthy children. The writers of this bill must know that because they carved out exceptions for cisgender children.

Families of transgender youth who require gender-affirming care and who have weighed the pros and cons of said care with their health care provider should not be prohibited from accessing it. Should it pass, HB 68 would force these families to leave their homes to access care for their child, which is an unnecessary burden and harms the whole family (Groll, 2014). Every Ohioan deserves an opportunity to be happy and healthy right where they are, here in the great state of Ohio. House Bill 68 severely lacks reliable support and evidence to justify its invasion of the sacred, provider-patient-parent relationship and the burden it places on families. I strongly urge you to oppose it, and I am happy to answer any questions as a dedicated student, a former athlete, and a borderline fanatic for this great state. Thank you for your time and attention.

References

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