Government Oversight Committee
1 Capitol Square
Columbus, Ohio 43215
Roegner@ohiosenate.gov

TransOhio, Inc.
P.O. Box 18272
Cleveland, Ohio 44118
transohio@transohio.org

December 6, 2023

RE: Sub HB 68 - the trans youth medical and school sports ban - *oppositional testimony*

Madame Chair Roegner, Ranking Member Hicks-Hudson, and esteemed committee members :

TransOhio is Ohio's state-wide equality group. Founded in 2005, TransOhio is a 501(C)(3) nonprofit organization comprised entirely of volunteers dedicated to education, advocacy, support, and providing community to transgender people and their allies. On behalf of the greater trans, nonbinary, interesex, and gender nonconforming communities here in Ohio, we humbly ask you today—as we have asked various other committees many times before—to **stop the unnecessary and unconstitutional legislative assault on trans youth.**

We've heard statements made before Ohio legislative bodies for years now that the concept of "transgender identity" is a brand new phenonom... one that's being forced upon society at large by shadowy authority figures (teachers, therapists, doctors, social media influencers), intent on tricking unsuspecting cisgender children and "turning" them transgender... for reasons unknown. That absolutely ridiculous claim has no basis in reality, and yet it's consistently been the undermining reason cited for so many anti-transgender bills, just like HB68.

While this feels like a last stop for HB68, we feel like we have to start at the very beginning:

1) Transgender, nonbinary, intersex, and gender nonconforming students are already attending schools and participating in extracurricular activities, like team sports, in Ohio; and this bill would not just force current athletes to sit on the bench and not play, it would require them to either switch teams or quit entirely. That's not fair.
2) Athletic governing bodies like the Ohio High School Athletic Association and the National Collegiate Athletic Association have already implemented policies that allow trans student athletes to play on teams consistent with their gender identity; and this bill would restrict the ability of these associations to regulate sports as they have for years.
3) Nearly all educational facilities in Ohio that accept public funding currently have student policies that specifically protect trans students from discrimination, including primary schools, high schools, trade schools, and institutions of higher education; and this bill would require those schools to change their policies, which might prompt legal action.
4) Courts in Ohio already have a standard for considering the best interest of children in matters of custody, support, and parenting time; and this bill would limit the courts by

forbidding judges and magistrates from considering anti-transgender sentiments of parents, which is relevant when discussing the child's safety and welfare.

5) Gender-affirming transition-related healthcare is standard care; and this bill restricts the rights of medical professionals to provide the best care for their patients, as well as patients (and their parents) from being able to determine their own course of treatment.

The neutral position on transgender children and adolescents is not that you don't know how you feel... it's that policies and regulations regarding the care of trans patients, including minors, and participation of trans students already exist in Ohio. Those policies and regulations are by no means perfect, but most have been in effect for over a decade and they continue to evolve. This bill is wholly unnecessary... and worse, it assumes that no parent would support their trans child; that parental rights only matter when the parent has an anti-trans viewpoint.

The trans community has been referring to HB68 as "the Frankenstein bill." This isn't just because the thought of losing the opportunity to participate in school sports AND the thought of losing access to mental health resources and gender-affirming healthcare is the stuff of nightmares for most trans youth; it's because this bill is a legislative monstrousity, pieced together from previously failed bills. This bill contains a sports ban: SB187, HB61, HB6; tacked into a healthcare ban: HB454; which limits the powers of the courts and creates causes of action. These unrelated pieces are held together with transphobia, the notion that the pieces here are related at all simply because they deal with "the transgender question," a question that does not call for a legislative answer. Governor DeWine has even previously stated that he would veto pieces of this bill.

Gender-affirming medicine is older than the birth control pill, Viagra, insulin, and cortisol (see attached). Many of the gender-affirming medical procedures done today are an established part of endocrinology with over 100 years of international use. It is a fallacy that there are no studies that demonstrate the effectiveness of appropriate medical care for gender nonconforming children and adolescents.

Fairness and good sportsmanlike behavior isn't just learned while playing sports; it's learned while observing as well. This bill has already had devastating effects for the trans community. Families have decided to move away from Ohio, leaving the only home they'd ever known. Discrimination and bullying of trans students–particualry from *parents* at school board meetings–is rising at an alarming pace. Violence against the trans community in general has also risen. And notably, cisgender people, who are not and never have been transgender, have been harassed and attacked due to strangers assuming and misidentifying their gender identity. These problems will not be addressed by this bill – they will be exacerbated by it.

We urge you to **vote no**. Thank you for your time and consideration. Please feel free to contact us with any questions. We welcome further discussion.

Respectfully submitted, TransOhio

Gender-Affirming Care is More than 100 Years Old!

Gender-affirming care — medical care for the purpose of affirming a person's gender regardless of their sex assigned at birth — developed with endocrinology, the study of hormones. This same field of medicine gave us the birth control pill, treatments for menopause, treatments for erectile dysfunction, medications for hair loss, reconstructive surgery, speech therapy, and Insulin, all of which came *after* the 1889 discovery that underpins gender-affirming care: that hormone injections can affect human sex organs.

A Timeline of Gender-Affirming Medicine:

1889: Dr. Charles Edward Brown-Séquard, or the "Father of Endocrinology."[1] discovers the effects of hormones on human sex organs while trying to treat his own erectile dysfunction. **Today, we would call this gender-affirming care.**[2]

1890s: Merck & Company[3] uses hormones as a medical treatment for symptoms of menopause.

1905: Ernest Starling[4] coins the term "hormone" in a series of lectures at the Royal College of Physicians in London.

1910: Eugen Steinach,[5] an Austrian endocrinologist, discovers that cross-sex hormones change the behavior of lab rats. He begins experimenting with the use of hormones in people.

1916: The Association for the Study of Internal Secretions was established, known today as the Endocrine Society.[6]

1918: Dr. Magnus Herschfeld opens the Berlin Institute for Sexual Science in Berlin, Germany. Hirschfield would later administer the first hormone therapy to patients with the help of **Steinach** and others. **Dr. Harry Benjamin,** who would go on to Found World Professional Association for Transgender Health (WPATH), learned the practice of hormone therapy from both Steinach and Herschfeld in the **1920s** and brought it to the United States.

1921: Discovery of Insulin,[7] **a hormone** produced by the pancreas, by researchers at the University of Toronto.

---

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7334883

[2] https://www.thehastingscenter.org/news/gender-affirming-care-for-cisgender-people-qa-with-theodore-schall-and-jacob-moses

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7334883

[4] https://www.embopress.org/doi/full/10.1038/sj.embor.7400444

[5] https://pubmed.ncbi.nlm.nih.gov/24302628

[6] https://www.news-medical.net/health/Endocrinology-History.aspx

[7] https://pubmed.ncbi.nlm.nih.gov/30405529

1926: Scientists **synthesize hormones** like thyroxine (controls how much energy is used by the body), and thereafter synthesized hormones such as estrogen, testosterone, and progesterone, leading to treatments for menopause as well as **the birth control pill.**[8]

1931: The first male-to-female genital surgery is performed on Dorchen Richter, which is arranged by the Berlin Institute.

1933: Nazis burn down the Sexual Science Institute in Berlin. The Nazis, as well as Hitler himself, targeted Dr. Herschfeld, and once called him "the most dangerous Jew in Germany."[9]

Key Context: The Nazi view of eugenics and white supremacy directly led to the killing of LGBT people, as well as nearly 6 million Jewish people,[10] during the holocaust **Many of the arguments about the existence of 'the two-sexes' and gender 'purity' developed during the eugenics movements of the 1920s and 30s.**

1941: Dr. George W. Henry, New York Psychiatrist and Director of the Committee of the Study of Sex Variants, wrote Society and the Sex Variant. The study started in 1935 and was one of the first comprehensive scientific studies of homosexual behavior. Dr. Henry saw people as non-binary and thought it was not scientific to classify persons as fully male or female, a vision which was startling at the time.

1942: Wyeth Ayerst introduces Premarin,[11] an estrogen medication used to treat symptoms of menopause.

1945: World War II ends. Phalloplasty, a surgery that takes existing skin, tissue, and nerves from surrounding areas on a patient's body to repair or create a neophallus, begins to be performed on war veterans.

1946: Dr. Harold Giullies performs first documented phalloplasty surgery on a trans man.

1948: The hormone cortisone[12] is used for the first time when treating rheumatoid arthritis.

---

[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1369102

[9] https://thetmplanet.com/magnus-hirschfeld-remembering-our-history-so-we-never-forget-what-bigots-are-capable-of-tmplanet

[10] https://encyclopedia.ushmm.org/content/en/article/documenting-numbers-of-victims-of-the-holocaust-and-nazi-persecution

[11] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6780820/#B2-medicina-55-00602

[12] https://msupress.org/9781611860337/the-quest-for-cortisone/

1952: Christine Jorgenson, the first American to become famous for their gender transition, begins her transition using hormone therapy and surgeries. **Dr. Harry Benjamin**, the father of transgender medicine, begins using the word *transsexual* soon after to describe people who seek out medical intervention.

1966: Gender-affirming surgeries are performed on transgender patients openly in the United States.

1972: Dr. Richard D. Murray, plastic surgeon in **Youngstown, Ohio** begins providing 2 decades of gender-affirming surgeries.

1973: Homosexuality is removed from the DSM-5, but transgender identity remained as *Gender Identity Disorder (GID).*

1974: The National Research Act, or "the Common Rule."[13] is published, outlining Federal regulations for the human subject trials and research. The rule regulated many aspects of human research, including standardized informed consent. All medical research, especially on youth and vulnerable populations, has strict standards upheld by this Federal Law.

1979: Formerly known as the **International Gender Dysphoria Association** (**HBIGDA**), **Dr. Harry Benjamin** founded WPATH – the World Professional Organization for Transgender Health – that sets the international standards and guidelines for the profession.

1981: The term "Gay-Related Immune Deficiency" was coined to describe what we now call AIDS/HIV. The crisis affected Transgender people and Black LGBT people particularly, who often did not have access to medical care, and led to a new focus on LGBT health care.

1991: The National Research Act is published, which identified basic ethical principals in medical studies. Created by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.

1993: The U.S. Food and Drug Administration (FDA) approves puberty blockers to treat precocious puberty in children, after being used since 1980.

2014: A U.S. government panel decided that Medicare *must* cover gender-affirmation surgery as part of a patient's necesary primary care.

2015: Gender Dysmorphia replaced Gender Identity Disorder and is added to the DSM5 – stating explicitly that it is not a mental disorder. This definition also changes to specify that **one must have a strong desire to be the other gender – an important addition that was not included in the definition until this time.**

---

[13] https://www.hhs.gov/ohrp/regulations-and-policy/regulations/common-rule/index.html

Key Context: Studies conducted before 2015 may have different definitions that do not correctly identify transgender people as separate from other kinds of LGBT people, like non-binary people and gay men. "Homosexuality" was removed as a mental disorder in 1954. Studies conducted from 1973 to 2015 may not have accurate data as a result, as many participants in may have been inaccurately labeled as trans (which leads to skewed reports of "detransitioning" – these people never were transgender).

2018: The first full penis and scrotum transplant is performed at John Hopkins on cisgender war veteran, which is gender-affirming surgery.

2023: In the last year, lawmakers around the United States have introduced more than **500+ anti-LGBT+ bills.** As of November 2023, 14+ have passed legislation banning or limiting access to this care, and many other states are actively considering the legislation; **7+ in Ohio.**

Notes:
Transgender people — including trans and Intersex children[14] — existed long before gender- affirming care. Their long-documented history in the U.S. dates back to as early as the 1700s.

In the US, **the exploitation of Black women** during American slavery developed much of the modern field of gynecology. Much of this knowledge is also used today in American medicine, both in treatment for cisgender and transgender women. However, Black women, including black transgender women,[15] still have significant health disparities that result in higher mortality rates.

Intersex people, specifically Intersex children, were often non-consensually given surgical procedures at birth to align their anatomy during the 1930s and 40s when genital surgeries were first being developed. Many of these procedures, which were done before standardized informed consent in the 1970s, contributed to the development of genital reconstruction today. The United Nations called non-consentual, medically unnecessary surgery on intersex infants and children "torture" in 2013. Today, many Intersex newborns in the U.S. are still given genital surgeries that they cannot consent to. **This is <u>not</u> gender-affirming care.** Instead, these surgeries align the child with one sex or the other at birth based on a doctor's judgment at the time – a practice that many Intersex people reject.[16]

---

[14] https://www.upress.umn.edu/book-division/books/histories-of-the-transgender-child

[15] https://www.washingtonpost.com/outlook/2022/03/18/black-trans-women-face-unique-threat-rooted-centuries-history

[16] https://healthlaw.org/surgeries-on-intersex-infants-are-bad-medicine

Read More:

- Transgender History by Susan Stryker[17]
- Histories of the Transgender Child by Julia Gill-Peterson[18]
- Medical Apartheid by Harriet A. Washington[19]
- Black Trans Women Do Not Have A Life Expectancy of 35[20]
- A Queer History of the United States by Michael Bronski[21]

---

[17] transreads.org/wp-content/uploads/2019/03/2019-03-17_5c8eb1ebaced4_susan-stryker-transgender-history2.pdf

[18] https://www.jgillpeterson.com

[19] https://www.penguinrandomhouse.com/books/185986/medical-apartheid-by-harriet-a-washington

[20] https://19thnews.org/2022/08/black-trans-women-life-expectancy-false

[21] https://archive.org/details/queerhistoryofun0000bron

GRACE
Gender Research Advisory Council + Education

The Truth on Detransitioning

Detransitioning is the act of stopping or reversing a gender transition. Misinformation regarding the commonality of this phenomenon has been cited as a reason to limit all gender affirming care, for fear that patients will seek to reverse their medical treatment. However, **detransitioning is a small exception and is not common.**

- A 2022 longitudinal study revealed that five years after their initial social transition only **2.5%** of youth reverted to identifying as the gender they were assigned at birth.[1]

- A 2018 retrospective study from a leading Dutch pediatric clinic revealed that 20 years after beginning care, only **1.6%** of transgender adolescents on puberty blockers discontinued their use.[2]

- World Professional Association for Transgender Health (WPATH) Standards of Care have thorough screening processes, **and only 0.002% of trans youth under 18 will receive surgery**. In fact, adolescents wait on average over 10 months between contacting a clinic and receiving puberty blockers or cross-sex hormones.[3] **Detransitioning is not a decision made on a whim or without input from medical experts.**

- **Parents, transgender youth, and their doctors are best left to decide the proper medical course of action**, not lawmakers. Taking away proper treatment from 97% of transgender youth because of the very small number of those who detransition denies the benefits for the overwhelming majority of those needing care.

Gender affirming medical care is life-saving for the overwhelming majority of youth who need the care. The fact that an incredibly small minority (less than 2.5%) of people later choose to discontinue care should not result in this care being denied to the other 97.5%.

---

[1] 2 Kristina R. Olson, et al., Gender Identity 5 Years After Social Transition, Pediatrics 150(2) (July 13, 2022).
[2] Maria ATC van der Loos, et al, Children and Adolescents in the Amsterdam Cohort of Gender Dysphoria: Trends in Diagnostic and Treatment Trajectories During the First 20 Years of the Dutch Protocol, Journal of Sexual Medicine 398-409 (Jan. 26, 2023).
[3] Diana M. Tordoff et al., Factors Associated with Time to Receiving Gender-Affirming Hormones and Puberty Blockers at a Pediatric Clinic Serving Transgender and Nonbinary Youth, Transgender Health 420-428 (Oct. 4, 2023); Respaut, Robin, Terhune, Chad. (2022). Putting numbers on the rise in children seeking gender care. Reuters Investigates. https://www.reuters.com/investigates/special-report/usa-transyouth-data/

GRACE

Gender Research Advisory Council + Education

The Truth About Gender Affirming Surgery

Gender-affirming care is defined as any kind of medical care that people receive to align their body with their gender identity. This includes therapy, consultations with doctors, hormones, medication, or surgery for those over the age of 18. **Over 98% of people receiving gender-affirming care do not experience regret.**

- Gender-affirming care is associated with **low rates of patient regret**. A review of 27 studies, pooling 7,928 transgender patients who underwent gender-affirming surgery, revealed only **1% of those receiving care reporting regret.**[1] By way of context, approximately **20% of people regret their knee replacement surgery**, and the **regret rate across all surgeries is approximately 14%.**[2]

- Doctors do not prescribe gender-affirming medical care without thorough screening to avoid treatment for those who do not need it.

- Gender-affirming care is associated with **high rates of patient satisfaction.** Studies reveal **better mental health outcomes and an increased quality of life for 87-100%** of those undergoing surgical transition.[3]

- Unfavorable postoperative outcomes are associated with a **late, rather than early, start** on gender-reassignment surgery.[4]

Do not restrict life-saving gender affirming care for the overwhelming majority of youth who need it.

---

[1] Bustos VP, Bustos SS, Mascaro A, Del Corral G, Forte AJ, Ciudad P, Kim EA, Langstein HN, Manrique OJ. Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence. Plast Reconstr Surg Glob Open. 2021 Mar 19;9(3):e3477. doi: 10.1097/GOX.0000000000003477. Erratum in: Plast Reconstr Surg Glob Open. 2022 Apr 28;10(4):e4340. PMID: 33968550; PMCID: PMC8099405.

[2] Bourne RB, Chesworth BM, Davis AM, Mahomed NN, Charron KD. Patient satisfaction after total knee arthroplasty: who is satisfied and who is not? Clin Orthop Relat Res. 2010 Jan;468(1):57-63. doi: 10.1007/s11999-009-1119-9. PMID: 19844772; PMCID: PMC2795819; Wilson A, Ronnekleiv-Kelly SM, Pawlik TM. Regret in Surgical Decision Making: A Systematic Review of Patient and Physician Perspectives. World J Surg. 2017 Jun;41(6):1454-1465. doi: 10.1007/s00268-017-3895-9. PMID: 28243695.

[3] El-Hadi, H., Stone, J., Temple-Oberle, C., & Harrop, A. R. (2018). Gender-affirming surgery for transgender individuals: perceived satisfaction and barriers to care. Plastic Surgery, 26(4), 263-268.;
World Professional Association for Transgender Health. (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People [7th Version]. https://www.wpath.org/publications/soc

[4] Cohen-Kettenis, P. T., Schagen, S. E., Steensma, T. D., de Vries, A. L., & Delemarre-van de Waal, H. A. (2011). Puberty suppression in a gender-dysphoric adolescent: a 22-year follow-up. *Archives of Sexual Behavior, 40*, 843-847.

GRACE

Gender Research Advisory Council + Education

The Truth About Puberty Blockers

Puberty blockers can be used to delay the changes of puberty and are a form of gender affirming health care for those experiencing gender dysphoria. **Puberty blockers are essential and clinically approved life-saving medical care.**

- Puberty blockers are a clinically proven form of gender affirming care to treat gender dysphoria, and are only used when prescribed by a doctor.[1]

- The effects of puberty blockers are **temporary and reversible.** Blockers act to pause secondary sex characteristics and fertility, which **will recommence if the blockers are discontinued.**[2]

- Puberty blockers can be seen as **surgery sparing**, since they delay puberty and the physical effects from taking place. In male-to-female they can reduce the need for future facial feminization surgery and facial hair removal. For female-to male they can obviate the need for mastectomies.

- Puberty blockers are not threatening to youth. In fact they have been found to **improve mental well-being, ease depression and anxiety, improve social interactions** with others, lower the need for future surgeries, and ease thoughts and actions of self-harm.[3]

- Trans youth who receive the gender-affirming medical care they need are **73% less likely to attempt suicide** and **60% less likely to experience depression** and report feelings of hopelessness about their future.[4]

Do not restrict life-saving gender affirming medical care for the overwhelming majority of youth who need the care. These decisions should be left in the hands of a child's parents and doctors, not the government.

---

[1] Cohen-Kettenis, P. T., Steensma, T. D., & de Vries, A. L. (2011). Treatment of adolescents with gender dysphoria in the Netherlands. *Child and Adolescent Psychiatric Clinics*, 20(4), 689-700.

[2] Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal S.M., Safer J.D., Tangpricha V., & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism,* 102(11), 3869-3903.

[3] Health Education & Content Services. Puberty blockers for transgender and gender non-conforming youth. Mayo Clinic; 2022.

[4] Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open.* 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

GRACE

Gender Research Advisory Council + Education

Gender-Affirming Care Reduces Depression and Suicide Attempts by Youth

Gender-affirming care (GAC) is defined as any kind of medical care that people receive to align their body with their gender identity. This includes therapy, consultations with doctors, hormones, medication, or surgery for those over the age of 18. **The overwhelming majority of people receiving GAC find it to be a life-saving medical treatment.**[1]

- Trans youth who receive the GAC are **73% less likely to attempt suicide** and **60% less likely to experience depression** and report feelings of hopelessness about their future.[2]

- Gender-affirming hormones were found to **decrease anxiety levels by 33%** for trans youth prescribed the treatment.[3]

- Trans youth are at higher-risk of experiencing mental health issues. Data from 2022 reveals that that **nearly 66%** of transgender youth reported experiencing symptoms of depression, **more than half** seriously considered suicide, and nearly **20% of transgender youth attempted suicide.**[4] Legislators must protect access to life-saving treatment given the risk factors associated with this population.

- The American Academy of Child & Adolescent Psychiatry, American Academy of Pediatrics, American Medical Association, and other major medical associations have released statements in support of GAC for youth, citing the beneficial mental health outcomes of treatment and decreased risk for suicidal ideation.

Do not restrict life-saving gender affirming care for the overwhelming majority of youth who need the care. These decisions should be left in the hands of the child's parents and doctors, not the government.

---

[1] Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open.* 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

[2] Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open.* 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

[3] Kaltiala, R., Heino, E., Työläjärvi, M., & Suomalainen, L. (2020). Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria. Nordic Journal of Psychiatry, 74(3), 213-219.

[4] The Trevor Project (2022). 2022 National Survey on LGBTQ Youth Mental Health. https://www.thetrevorproject.org/survey-2022/#intro

Ohio Chapter
INCORPORATED IN OHIO

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

OHIO OSTEOPATHIC ASSOCIATION

Ohio State Medical Association
Bringing physicians together for a healthier Ohio

NASW
National Association of Social Workers
OHIO CHAPTER

OOTA
OHIO OCCUPATIONAL THERAPY ASSOCIATION

OHIO PSYCHIATRIC PHYSICIANS ASSOCIATION

OCA OHIO COUNSELING ASSOCIATION

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

opa OHIO PSYCHOLOGICAL ASSOCIATION

ACS Chapters | Ohio

OSPA
Ohio School Psychologists Association

AMCNO
The Academy of Medicine of Cleveland & Northern Ohio

OHIO ACADEMY OF FAMILY PHYSICIANS

December 5th, 2023

The Honorable Matt Huffman
President
Ohio Senate
Ohio Statehouse
Columbus, Ohio 43215

RE: Healthcare Provider Community Concerns with House Bill 68

Dear President Huffman and Members of the Ohio Senate—

On behalf of the organizations above, which represent tens of thousands of licensed physicians and healthcare providers across Ohio and the millions of patients they serve, we are writing today to express our strong opposition to House Bill 68. This legislation infringes on parental rights and will lead to direct harm for transgender children in Ohio.

House Bill 68 Erodes Parental Rights and Harms Children

In addition to the many qualified witnesses who have testified or will testify on behalf of hospitals, physicians, and healthcare providers against HB 68, there are also several parents who have spoken out on behalf of their children. This bill takes away the rights of parents and creates a situation where their children will no longer receive the care that they need and that their parents support. Parents of transgender children face an extraordinarily difficult situation, as do their kids. These parents have the ultimate responsibility to care for their children, and HB 68 undermines that obligation.

Physicians and healthcare providers also have a responsibility to their patients and families in their care. Parents of transgender children must explore available options and select the course of action they feel is best based upon the trusted relationship of their physician or healthcare provider that has been forged over months, if not years of personal counseling and clinical care. Healthcare providers have an obligation to work with these families and provide the best advice possible. Trust is essential and the relationship between parents, children, and their chosen physician or healthcare provider is critical to the delivery of gender-affirming care. While the General Assembly has a responsibility to pass laws that benefit and protect Ohioans, you should not do so at the expense of parental rights.

By supporting HB 68, you are telling parents that you know what is best for their children. Further, you are telling highly educated, and highly trained medical experts that you know more than they do about the evidence-based care of these children and their families. As Ann Becker, a Republican Township Trustee in Southwest Ohio and former Trump County Campaign Co-Chair said in her opposition testimony in the House earlier this year, "It saddens me that I must come here to address a legislative body that has done so many good things in the name of freedom for Ohio....HB 68 says that transgender parents are not free or independent, HB 68 takes parents' rights and turns them over to the state." We believe that parents and patients should be able to seek care from a trusted physician or healthcare provider without legislative interference.

Gender-Affirming Care is Regulated, Contrary to Claims

Proponents of HB 68 and related bills in other states claim that gender-affirming care is 'unregulated' and therefore legislation is needed. This is false on several fronts. First, all healthcare providers in the State of Ohio are licensed by their respective licensure boards and must adhere to a strict code of ethical, clinical, and legal conduct. This includes providing accurate and unbiased advice to parents and families, obtaining informed consent, acting in the best interest of the patient, and documenting and maintaining medical records. Children are children and the same regulations that protect these youth from medical misconduct are standards that all licensing boards adhere to under threat of penalty. Violations of these standards can result in a temporary or permanent loss of license along with other penalties. If proponent allegations are indeed true, then we would see some disciplinary action by of Ohio healthcare licensure boards. We have not.

Additionally, the handful of parents and patients who have testified in support of HB 68 would have the ability to seek damages and other relief in the civil justice system. While most of these witnesses were from out of state, should similar claims arise in Ohio the existing medical liability system we have will provide more than adequate relief for any substandard or unethical care. Lastly, some of the allegations made by proponents and the bill sponsor would also rise to the level of criminal prosecution. We deny that these things are happening in Ohio and have not seen any criminal investigations that would validate proponent claims.

Healthcare rightfully remains one of the most heavily regulated industries, and the idea that providers are practicing gender-affirming care or any other type of medical intervention without regulation is simply false. We reject the insinuation that our members and other providers are acting inappropriately and find such allegations offensive. Given the lack of licensure board action, civil lawsuits, or criminal prosecutions, we feel these accusations are merely political talking points aimed at driving a narrative rather than something that should be taken seriously by the Ohio House. On a related note, many of our organizations have released detailed and comprehensive policy statements in support of gender-affirming care. These policy statements are built upon systematic reviews of all relevant studies and data, diverse expert insights, and a commitment to continued evaluation and revision. Our organizations exist to promote practice and protect patients. This is our driving force, not political ideology.

Proponents Frequently Use Misinformation to Push House Bill 68

Legislation seeking to ban care for transgender youth has been discussed for years at the Ohio Statehouse, however basic facts continue to be misunderstood. Children cannot consent to their own care, only parents may do so. Further, nearly every witness who spoke in favor of the bill received care outside of Ohio, began their transition as adults, who have little or no clinical experience in caring for transgender children. Patients who have recounted their experiences in other states are often describing care that is substandard and would not be performed in Ohio.

It is evident that many lawmakers are concerned over gender-affirming surgeries being performed on minors. Let us be unequivocally clear – gender-affirming surgeries on minors are not recommended and we have no objection to the General Assembly banning these procedures. If parents or patients have questions about surgery, we hope they will discuss them with a trusted healthcare provider who can advise them to wait as the risks are too great and the procedure is not reversible. We are not responsible for resources made available on social media, nor the conduct of providers who choose not to follow evidence-based standards of care for transgender patients. Any physician who is willing to perform a gender-affirming surgical procedure on a child is providing substandard care that is inconsistent with guidelines supported by our organizations.

Supporters of HB 68 frequently misuse studies or selectively pick out data to drive their narrative. In some instances, they use information from studies that are supportive of gender-affirming care to challenge that care. Witnesses have held themselves out to be experts while having no clinical or research experience working with transgender patients. Such conduct is inappropriate and shows a lack of respect for the legislative process and members of the Ohio House of Representatives. Throughout debate on HB 68 and HB 6, our organizations have sought to work with lawmakers to better understand these issues and seek out amendments to ensure these bills do not harm the children they seek to protect. Further, we have presented accurate data and factual information in its proper context to ensure you have the best possible information in order to make your decisions.

Current OHSAA Standards Protect Youth Sports for All Participants

HB 6 is built upon a faulty premise that children assigned male at birth are simply declaring themselves to be female and then playing sports, winning medals, and earning athletic scholarships. In reality, protocols adopted by the Ohio High School Athletic Association (OHSAA) have succeeded in allowing transgender students to play sports and activities while protecting the integrity of women's sports. In the most recent Spring athletic season, OHSAA approved just three transgender girls to play women's sports statewide. None of these athletes possessed any physical advantages, nor did they break records and steal scholarships. They are just children who want to play sports with their friends and make memories, which is a privilege all children in Ohio should be afforded.

The Ohio Senate Can Protect Children and Parental Rights with Sensible Amendments

It is important to note that the vast majority of children with a gender identity issue will never receive a diagnosis of gender dysphoria and, for children with that diagnosis, the majority will not receive hormone therapy or puberty blockers to assist with their care. In rare instances when these drugs are recommended to parents, there is an extensive set of protocols that should be followed. The Senate could adopt a comprehensive standard of care that would ensure all patients in Ohio receive the best, evidence-based care. These standards could include strong parental consent language that ensures all relevant studies and evidence is presented to parents, a requirement that patients have received and continue to receive behavioral health services, and enumerated guidelines for when patients can be considered candidates for these therapies. Again, these protocols would only impact a small number of patients as most children with gender identity issues benefit exclusively from mental health services.

We also believe that a simple amendment adopting OHSAA guidelines could address concerns over those portions of HB 68. Under current guidelines for middle school and high school sports, transgender girls must meet several criteria to participate in women's sports. These adolescents must have a diagnosis of gender dysphoria, be receiving hormone therapy for at least six months, and have a statement from their physician attesting that they do not possess any physical attributes that would give them an unfair advantage. Finally, a committee of experts must grant them authorization. These guidelines ensure that girls sports in middle school and high school are fair while providing a pathway for transgender girls to benefit from participation. We feel these protocols could be adopted as a positive compromise.

In closing, we want to stress that gender-affirming care is evidence-based and continues to be developed and refined based on expert recommendations, data and research from healthcare providers from all professions. Dissenting opinions are taken seriously and debate on standards of care is always open and fair. Our only agenda is to provide the best care possible to these children. Please do not advance HB 68 and instead allow us to discuss amendments that would codify a standard of care that serves the best interest of children, recognizes the rights of parents, and ensures all providers are adhering to evidence-based best practices for these kids. Thank you for your time and thoughtful consideration.

Submitted on behalf of—

Ohio Chapter of the American Academy of Pediatrics
Ohio Osteopathic Association
National Association of Social Workers, Ohio Chapter
Ohio Occupational Therapy Association
Ohio Chapter, American College of Surgeons
Ohio State Medical Association
Ohio Psychiatric Physicians Association
Ohio Chapter, American College of Obstetrics and Gynecology
Ohio Academy of Family Physicians
National Association of Social Workers, Ohio Chapter
Ohio Counseling Association
Ohio School Psychologists Association
The Academy of Medicine of Cleveland and Northern Ohio