

## Senate Health Committee

Testimony on HB 96, May 14th, 2025

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### [Opening]

Chairman Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee: thank you for the opportunity to provide testimony today

My name is Catherine LePree, I am a Nurse Practitioner, my most recent practice area, LGBTQIA+ primary care, including gender medicine.

I am also a mother, I have 3 adult children including my transgender daughter, Amelia.

I stand here today both as a healthcare provider and a mother, to speak in opposition to HB 96, specifically Sections 333.13, and 9.05.

Section 333.13 - indicates that no funds shall be distributed for mental health services that promote or affirm social gender transition.

Section 9.05: Declares that it is the policy of Ohio to recognize only 2 sexes.

Throughout my years both as a professional and as a mother, I have sought to do my best, to stay up to date, to transcend patterns of thought that were biased, and lead with current knowledge. An unexpected lesson gleaned from years of study and practice? I understand the limits of what I know. My best practice has always been to look to those who have mastery of a subject, be it mothering, or medicine.

As a healthcare provider, evidenced based medicine has been an integral part of my practice. I utilize data, peer reviewed studies and guidelines as tools to inform my practice. These tools provide me with the ability to facilitate the best possible care to my patients. To stray from that would be negligent and if I may be blunt, arrogant. One of the central maxims of my training was 'the more you know, the more you realize you don't know'

This is a well known phenomenon called The Dunning-Kruger effect, a form of cognitive bias where individuals with low competence in a particular area tend to overestimate their ability - the inverse is true as well -

Therefore, I would like to provide the committee with the guidance and recommendations provided by the American Psychological Association. In their statement dated February 2024, the APA uses very succinct language that leaves little to creative interpretation, including but not limited to:

- State bans on gender-affirming care disrupt not only the role of providers in offering evidenced based care but also obstruct patients and parental rights in shared decision making .
- (APA) **steadfastly** supports evidenced-based clinical care for all children, adolescents and adults inclusive of gender expression, and **upholds** the rights of all individuals to unbiased health insurance coverage - rejecting discrimination based on gender identity - advocating for the inclusion of gender affirming care, including psychological care...
- The APA opposes bans on gender affirming care" these bans are contrary to Evidenced Based Healthcare

Evidenced based Healthcare is the application of evidenced based medicine - EBM utilizes the scientific method to organize and apply current data to improve healthcare decisions and subsequently, outcomes

Meaning - the best available science is combined with a person's healthcare provider's clinical experience and the patient's values to arrive at the best medical decisions, and plan of care for each individual patient.

This is medicine the way that I and every other healthcare provider is guided to practice.

Being prohibited from utilizing guidelines and recommendations that are evidenced based runs counter to the central pillar of medicine, the practice of medicine is based in science. There is no medical care without it - from diabetes, to hypertension, cancer and yes, mental health practices.

Provision 333.13, in my opinion, seeks to remove evidenced based medicine from the provider patient relationship, and place opinion and bias into the algorithm in its stead. I will also reiterate that not only does it cobble providers, this bill inserts itself into the relationship between parent and child, excising a parents ability to engage a provider practicing evidenced based medicine when caring for their child.

In regards to provision 9.05. I find it telling that the state is even considering this provision.

- I am not a person of the law, yet I am aware of the One Subject Rule in article 15(D) of the Ohio Constitution which states "No bill shall contain more than one subject, which shall be clearly expressed in its title"

This seems very clear to me. What is also clear, is that this bill has nothing to do with the budget. I think that is a complete statement. It doesn't belong here to begin with.

If this provision were to be included in a proclamation from the state in an appropriate piece of legislation, I would address it as such

- 1.7% of the US population is born intersex
- 1-2% of the global population has red hair
  - How many times a week do you encounter someone with red hair? It is likely that you see someone every day, maybe even here in this room. Just because you cannot 'see' a person is intersex, does not mean they do not exist.
  - Sex binary is a social construct - not science
  - Sex binary is a relatively new phenomenon with its origins steeped in eugenics and scientific racism
    - I have attached a reference for those of you who would like learn more, when you have the time
  - Peer-reviewed research, by qualified individuals strongly contradicts claims of binary sex.

The last statement is crucial. I have stated for this committee the importance of following evidenced-based peer-reviewed research. I am not a geneticist, I do not have the years of study and training that they do. This is one of those subjects that is scientifically complex and requires specialized knowledge to fully comprehend the subject matter. What to do? Look to the experts - not hearsay, not a subjective form of morality, not public opinion. This is how we move forward. This is how we know the way.

To look to anyone but those who fully comprehend the complexities of sex and gender for the way forward, is irresponsible.

To continue decision making utilizing a faulty and problematic approach will give you a false result.

Redact provision 90.5. Not only is fiction, it never had a right to be there in the first place.

In closing;

I stand before you today as a healthcare provider who believes in, and bases her practice on evidence, not bias. I also stand before you as an ever evolving, adapting, and protective mother.

To enact legislation that further endangers our most vulnerable, on premises not based in facts, to me as a healthcare provider, a mother, and a constituent would be an egregious act, but done with the knowledge that passing such a bill would run counter to what is real, what is true, and what the science says.

I cannot stand here and tell you the letter of the law, I didn't go to law school. What I did study and what has been central to my life during my 30 years in healthcare is medicine, current research, and our impact on human lives through our decision making.

You will have a negative impact on human lives if you pass these provisions. Of this I have no doubt. . I would hazard a guess that hurting people, making their lives untenable was not your motivation for the sacrifices you made that enabled you to sit where you are today.

Do not let our patients, our children, our communities be attacked by opinion and rhetoric. We elected you to protect us, all of us. Please do your duty.

Markowitz, S. (2001). Pelvic Politics: Sexual Dimorphism and Racial Difference. *Signs*, 26(2), 389–414.  
<http://www.jstor.org/stable/3175447>