

Senate Medicaid Committee
Testimony on HB 96, May 6 2025

Amelia Elise Sage Green

[Add a title]

[Opening]

Chairman Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee: thank you for the opportunity to testify.

My name is Amelia Green, and I'm a twenty seven year old, transgender, Ohioan. My wife is also transgender and she is a constituent of yours Chairman.

I am here today to speak in opposition to two provisions—Section 9.05 and Section 333.13—both of which present serious problems from both scientific and medical standpoints. This is to say nothing of their blatantly discriminatory nature.

[Section 9.05]

Section 9.05 declares it is the policy of Ohio to recognize only two sexes, defined solely by gamete production. This is biologically inaccurate and legally problematic.

First, intersex individuals exist—these are people born with variations in chromosomes, gonads, or anatomy that don't fit traditional definitions of male or female. Some may produce both gametes or none at all. This law excludes them entirely.

Second, all embryos start with the same reproductive structures. Testes do not develop until later, only if a specific gene activates. Defining sex as fixed "at conception" contradicts basic developmental biology.

This language mirrors recent federal executive orders—not peer-reviewed science—and risks legal challenge under the Equal Protection Clause.

[Section 333.13]

Section 333.13 would block Medicaid funding for any mental health services that “promote or affirm social gender transition.” This contradicts the standards of care

endorsed by every major medical association, including the American Academy of Pediatrics and the American Psychiatric Association.

Social transition is not medical intervention—it may include a name change, different pronouns, or clothing choices. Support for this, especially in youth, is proven to improve mental health outcomes and reduces suicide risk. I can speak to this personally, as a teenager and young adult I struggled intensely with both depression and suicidal ideation. These feelings did not go away until I accepted who I truly am. The same is true for my wife, who attempted to take her own life at one point prior to her transition.

In the case of medical intervention, gender affirming care is no different from any other form of healthcare, it is also not exclusively utilized by the transgender community. A cisgender man receiving hair implants or being prescribed medication for Erectile Dysfunction are both examples of it. A cisgender woman taking estrogen to combat the effects of menopause is as well. Denying people access to gender affirming care solely because they are trans is blatantly discriminatory.

Additionally, this provision could have broad unintended effects. If one provider or program within a major health system is deemed “affirming,” the whole institution would lose Medicaid reimbursement—impacting potentially thousands of patients far beyond the transgender community.

[Closing]

These provisions are not grounded in medical science and pose real harm to vulnerable people. Transgender and intersex people have existed for as long as humanity has, we are not an ideological movement, we are people, the same as you. I urge the committee to consult with clinical experts, to listen to their constituents, and to revise or reject these discriminatory sections. If this does not happen, you will be directly responsible for the deaths of Ohioans, people that you have promised to protect. Their blood will be on your hands.

Thank you for your time. I welcome any questions.

