

## **Senate Medicaid Committee**

### **Testimony on HB 96, May 6 2025**

**Bradley Henry**

#### **Homelessness, Libraries and Doing The Right Thing**

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 Bradley Henry, and I'm a Business Owner with 35 years of experience in Education and Information Technology. I am here today to speak in opposition to two provisions—Section 9.05 and Section 333.13—which present serious problems from both scientific and medical standpoints.

#### **[Section 9.05 – ~1 minute]**

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—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 undifferentiated reproductive structures. Testes develop later only if a specific gene on the Y chromosome activates. Defining sex as fixed "at conception" contradicts basic developmental biology.

This language mirrors recent federal executive orders—not peer-reviewed science—and poses legal challenges under the Equal Protection Clause and disability rights law.

#### **[Section 333.13 – ~1 minute]**

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, improves mental health outcomes and reduces suicide risk.

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

These provisions are not grounded in medical science and pose real harm to vulnerable people. I urge the committee to consult with clinical experts and revise or reject these sections.

Thank you for your time. I welcome any questions.

Sincerely,

Bradley Henry