Dear Chair Susan Manchester and the Families, Aging, and Human Services Committee,

I am writing to oppose H.B. No. 454 because it will not protect our youth, but instead will lead to increased harm in patients who do not identity with their assigned gender at birth.

All my life I have wanted to become a physician so I can serve my community by taking care of patients during their most vulnerable times. As a third-year medical student, I have been able to start having these discussions with patients and understanding the role of following evidence-based medicine in all areas of practice. The physical and mental health concerns discussed between a patient and their provider are confidential interactions that the government should play no part in. As medical students we are taught one of the fundamental principles of medicine, "Do no harm". Pediatricians and physicians do not perform experimental procedures on children, the patients they vow to protect. The title of this bill is a horrible example of non-medical government officials believing they know more about medicine than physicians who dedicate decades of their life to understanding the biomedical and psychosocial aspects of medicine. It is meant to invoke fear in the public and is irresponsible for legislatures to cause unfounded doubt in the physicians of Ohio.

According to the Association of American Medical Colleges (AAMC) and World Health Organization gender affirming care encompasses biological, psychological, behavioral, and social aspects of health. A 2017 study out of the University of Minnesota found that 61% of transgender youths had suicidal ideation. By restricting further access to medical care, we are jeopardizing the lives of children across Ohio. Our youth should have access to doctors who can help them through difficult developmental times with an open mind and connections to mental health resources that fall under gender-affirming care.

Instead of attacking the doctor-patient relationship, concerned parties should advocate to national medical boards on the process for gender affirming surgeries in youth. These boards will be able to hear the concern and provide further evidence to prove or disprove the claims. Most government officials do not have medical degrees and should not be determining patient treatment at the statehouse.

One of the most used sources for physicians to get updated evidence-based medicine is UpToDate. According to this source, the best approach for allowing safe and healthy communication with a patient who is questioning their gender identity is to provide affirming care. This means acknowledging the patients' feelings as valid and not a mental illness. It is true that some children will assign with their birth gender after a time of questioning, which is also facilitated by providing gender affirming care. UpToDate also cites studies that prove the "Wait and see" approach is not a safe alternative to gender affirming care. We must allow children to explore who they are when they are questioning to decrease feelings of worthlessness, anxiety and depression. Most importantly, UpToDate reiterates the fact that surgery at a young age is not recommended and decisions about surgery should occur at an appropriate age. This means that physicians are having discussion with patients about ways to socially and emotionally explore their desired identity before having a surgery done. These interventions will be discussed at length with multiple specialists including psychiatry to help the family understand risks and benefits of such procedures as required by law. The state must trust the training of physicians by medical schools and understand that doctors follow guidelines set forth by national non-partisan organizations.

H.B 454 is not written to reflect current medical guidelines and practices and bases its understanding of a physician's role in pediatric gender affirming care in homophobia and bias. Gender affirming care goes beyond pharmological and surgical interventions in youth. By restricting gender affirming care will further alienate children who need additional support by the healthcare system.

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https://www.aamc.org/news-insights/what-gender-affirming-care-your-questions-answered https://www.uptodate.com https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5626022/