November 14, 2022

OH HB 454
Opponent Testimony
The Ohio House Families, Aging, and Human Services Committee

Dear Chair Susan Manchester, Vice-Chair Al Cutrona, Ranking Member Sedrick Denson, and Members of the House Families, Aging, and Human Services Committee:

My name is Jyothika Yermal and **I am testifying in strong opposition of the *Save Adolescents from Experimentation Act*, the SAFE Act.** My testimony is strictly my own and does not represent any health care organization in the State of Ohio.

When it comes to healthcare, **I believe policies should be informed by the current scientific literature and medical professionals who are well versed in this literature**. I do not claim to be a medical professional just yet, but I am in my first year of medical school, where I am taught by a plethora of physicians who are qualified and respected in their fields of specialty. We recently received a lecture that listed the benefits of gender affirming care from a physician specially trained in reproductive endocrinology, with citations and clinical relevance backing the claims made.

Children that experience gender dysphoria from childhood with increasing intensity from puberty rarely have these feelings subside, despite what HB 454 proponents like to claim. In studies of children receiving puberty suppressants, all chose to start hormone replacement therapy later in life. For these people, this is not a "phase".

Even if it is, puberty can be resumed if the child wishes, as GnRH analogs used to suppress it are completely **reversible**, while gender affirming hormones (that are often used months or years after puberty blockers) are considered only partially reversible. The safety of GnRH agonists have been studied extensively in treating precocious puberty, so it is misleading to claim they are so experimental for adolescent use.

Puberty suppression can decrease body dysphoria by delaying development of sex characteristics that they feel are not aligned with their gender. This may reduce their risk of experiencing depression, anxiety, suicidal ideation and partaking in self-harm, substance abuse, and risky sexual behavior. **The favorable mental health outcomes associated with affirming an adolescent's gender identity cannot be minimized.** Some claim the opposite is true, that gender-affirming care does not improve mental health outcomes. However, they support this by citing literature that does not address the fact that the transgender community faces unique social struggles like alienation and discrimination that are more likely the source of their mental health struggles.

Both puberty blockers and gender-affirming hormones require full informed consent of the patient and parents as well as evaluation of their psychosocial support and any possible contraindications. **Just like any medical treatment, steps to minimize risk, ensure complete education, and prioritize the health of the patient are recommended.**

Gender affirming care is necessary and beneficial health care for children, and this is supported by major medical organizations, such as the American Medical Association the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, (Pediatric) Endocrine Society, and the American Psychiatric Association. HB 454 would place limits on patient care contrary to clinical practice guidelines and medical literature. **We seek guidance on all other medical issues from medical professionals, not politicians, so why are we allowing this bill to be on the contrary?**

I understand some proponents of HB 454 were physicians, and I believe their qualifications can lead the layperson to see their perspectives as medically sound. However, their positions on this topic so starkly contrasted my current medical education, as well as the general scientific literature and clinical guidelines, that I felt it pertinent to understand why.

Dr. Barrows, retired OBGYN, gave a proponent testimony for HB 454. Upon going through his cited references (one of which was an unpublished dissertation), there is no support for his claim that "85% of adolescents suffering from gender dysphoria will resolve that dysphoria spontaneously if they are given supportive care without actively intervening". Dr. Barrows, is a part of the Christian Medical and Dental Association, so I implore that his religious affiliations be taken into account as this organization has published statements against assisted reproductive technology, same sex marriage, and states that healthcare professionals should not affirm a transgender person's gender identity (regardless of if they are an adult or minor).

Dr. Andre Van Mol is the Co-chair of the "Adolescent Sexuality Council" of the American College of Pediatricians. This should not be confused with the American Academy of Pediatrics, which was founded in 1930, has 67,000 pediatricians in membership, and is widely respected for its medical advice. The organization Dr. Van Mol is a part of was founded in 2002 and only has about 500 members. It is a conservative organization that advocates against homosexual families adopting children and for conversion therapy; it cannot be of surprise that he is against gender affirming care for adolescents, as this organization is against the very existence of transgender people.

Dr. Sunil Bhat is an infectious disease physician without formal training or education in endocrinology or reproductive organs. While gender affirming care is a part of some current medical school curriculums, I find it hard to believe this was the case before the year 200, when he attended medical school at the University of Toledo. He does not cite any scientific literature in their written testimony, and their claims that puberty blockers are not fully reversible are unfounded, as their effects are found to be reversible in the literature.

Dr. Daniel Weiss is an endocrinologist, but he specializes in diabetes management and not reproductive endocrinology, which makes his claims of treating patients for gender dysphoria curious. His claims of diagnosis, care, and consent are not mutually exclusive with gender affirming care. Diagnosis of gender dysphoria is made by a medical professional, not the patient, just as any psychiatric diagnosis, and medical literature supports that gender affirming care is often the best medical care for these patients. Finally, consent is for gender affirming care is given by both the parents and child; this has always been the requirement with minors. While it

is true that GnRH analogues are not FDA approved for treating gender dysphoria, they are approved for use in adolescents with precocious puberty so they are not as experimental as Dr. Weiss claims. Guidelines for their use in patients with gender dysphoria involve close and frequent monitoring to minimize any possible risks, because again, the patient's health is of utmost importance.

The SAFE act would create an additional barrier to inclusive, patient-centered care in Ohio by going against current clinical practice guidelines and medical literature. Furthermore, it risks worsening health outcomes for transgender youth and those questioning their gender identity in Ohio. HB 454 will prevent physicians from practicing evidence-based medicine and limit the quality of care available to Ohioans. I urge the committee to support the science of good medicine and **vote NO on HB 454**.

Sincerely,

Jyothika Yermal

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