Chairman Lipps, Vice Chair Stewart, Ranking Member Liston and members of the Ohio Public Health Policy Committee, thank you for your consideration of this testimony in opposition to HB 68.

My name is Armand Antommaria. I am a pediatrician and medical ethicist. My formal ethics training includes earning a PhD in religious ethics from the University of Chicago Divinity School. I have over 20 years of experience and I am currently the Director of Ethics Center at Cincinnati Children's Hospital Medical Center.

If HB 68 were to pass, it would threaten the safety of some of Ohio's most vulnerable children; it would threaten the mental health of adolescents with gender dysphoria. It would also place Ohio's health care providers in the untenable position of either violating their ethical duties to their patients or losing their licenses.

Gender dysphoria is a medical diagnosis made by health care providers after a thorough, individualized evaluation. While health care providers rely on adolescent's and their parents' reports of the adolescent's symptoms, this is not unique. For example, health care providers must rely on patients with migraine's self-reports; there are no laboratory or radiographic tests for migraines. Individuals with gender dysphoria no more self-diagnose than you or I do when we suspect we have pneumonia when we experience a fever, cough, and shortness of breath. It is a health care provider who makes the diagnosis and recommends treatment.

Treatment for gender dysphoria is not experimental. Mental health care, gonadotropin releasing hormone (GnRH) analogs, and testosterone or estrogen have been used to treat gender dysphoria in adolescents for 25 years.[1] The use of medications is based on prospective observational studies.[2] This is the same type of evidence that supports many other treatments in pediatrics. HB 68, for example, permits the use of GnRH analogs to treat central precocious puberty—a condition where the brain tells the body to start puberty too soon—which is also based prospective observational studies.[3]

Emphasizing that pharmacological therapy for gender dysphoria is "off-label" is misleading. Off-label use of US Food and Drug Administration-approved medications is legal,[4] common,[5] and often evidence based.[6] At least 1 medication was prescribed off label in 28% of visits to

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[1] Cohen-Kettenis PT, van Goozen SH. Pubertal delay as an aid in diagnosis and treatment of a transsexual adolescent. Eur Child Adolesc Psychiatry. 1998;7(4):246-248.

[2] de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *J Sex Med*. 2011;8(8):2276-2283; de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, Cohen-Kettenis PT. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics*. 2014;134(4):696-704.

[3] Mul D, Hughes IA. The use of GnRH agonists in precocious puberty. *Eur J Endocrinol*. 2008;159(Suppl 1):S3-8.

[4] U.S. Food & Drug Administration. Understanding unapproved use of approved drugs "off label." February 5, 2018. Accessed March 23, 2022. https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label.

[5] Yackey K, Stukus K, Cohen D, Kline D, Zhao S, Stanley R. Off-label medication prescribing patterns in pediatrics: An update. *Hosp Pediatr*. 2019;9(3):186-193.

[6] Frattarelli DA, Galinkin JL, Green TP, et al. Off-label use of drugs in children. *Pediatrics*. 2014;133(3):563-567.

children's hospitals in which medication was prescribed[3] and this rate increases to 75% of treatments in inpatient pediatric cardiac care.[7] Banning all off-label use of medications would harm innumerable patients.

There are rigorous, widely accepted clinical practice guidelines for the treatment of gender dysphoria.[8] The Endocrine Society, for example, vets potential authors for conflicts of interest and uses a widely accepted method for evaluating evidence and making recommendations.[9] A disclaimer in these guidelines regarding the standard of care says more about malpractice ligation in our country than about acceptance of these guidelines.

Some legislators complain that clinical practice guidelines' approval does not require a vote a professional society's full membership. The legislature itself is a representative, rather than a direct, democracy and does not require unanimity. It is unclear why professional organizations should function differently. While proponents of this Bill emphasize colleagues' reluctance to speak publicly, the politicization of gender-affirming medical care, to which this Bill contributes, has resulted in serious treats against health care providers.[10]

The clinical practice guidelines recommend that adolescents diagnosed with gender dysphoria receive mental health care prior to and concurrent with pharmacological treatment.[8] While mental health care is necessary, for many adolescents with gender dysphoria, research tells us it is not sufficient.[6] Guidelines must make recommendations on the best, currently available evidence. Health care providers cannot tell patients to come back later when there is more evidence.

The proponents of this bill have pointed to European policies. No European country has banned gender-affirming health care as would this bill. England[11] and Finland[12] emphasize the importance of multidisciplinary care; the same type of care provided by Ohio's children's

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[7] Back J, Wahlander H, Hanseus K, Bergman G, Naumburg E. Evidence of support used for drug treatments in pediatric cardiology. *Health Sci Rep*. 2021;4(2):e288.

[8] Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2017;102(11):3869-3903; World Professional Organization for Transgender Health. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. World Professional Association for Transgender Health (WPATH); 2012.

[9] Endocrine Society. Practice guidelines: Methodology. Accessed May 25, 2022. Available at https://www.endocrine.org/clinical-practice-guidelines/methodology.

[10] Wiggins C. Death threats made to children's hospital over gender-affirming care. Advocate. August 17, 2022. Accessed May 16, 2023. Available at https://www.advocate.com/news/2022/8/17/death-threats-made-childrens-hospital-over-gender-affirming-care.

[11] The Cass Review. Independent review of gender identity services for children and young people: Interim report. February 2022. Accessed May 25, 2022. Available at https://cass.independent-review.uk/wp-content/uploads/2022/03/Cass-Review-Interim-Report-Final-Web-Accessible.pdf.

[12] Council for Choices in Health Care in Finland. Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendations. June 16, 2020. Accessed May 25, 2022. Available at https://palveluvalikoima.fi/documents/1237350/22895008/Summary_minors_en+(1).pdf/fa2054c5-8c35-8492-59d6-b3de1c00de49/Summary_minors_en+(1).pdf?t=1631773838474.

hospitals. They also emphasize the benefit of additional research; research that proponents of the bill themselves intimate is needed, but that HB 68 would prohibit.

Decisions regarding treatment of gender dysphoria should be left to parents and their adolescents in consultation with their health care providers. It is parents, not their children, who consent to these treatments. This is done only after multiple conversations about the potential benefits, risks, and alternatives to gender-affirming medical care. Parents frequently make other medical decisions with comparable levels of evidence or types of risk. Their rights regarding this decision should not be usurped by the legislature.

Not receiving gender-affirming medical care is not a neutral decision. It results in the development of secondary sexual characteristics inconsistent with an adolescent's gender identity. The development of some of these characteristics is irreversible and others may require surgery to reduce. While a small number of individuals with gender dysphoria may later regret receiving gender-affirming medical care,[13] a much larger number of individuals would be harmed by banning it.

If some parents feel pressured in making decisions regarding the treatment of their child's gender dysphoria, this may be due to the severity of their child's illness. There are other, better ways to address the adequacy of consent.

If HB 68 were to pass, it would threaten the mental health of adolescents with gender dysphoria. It would also cause health care providers who fulfilled their ethical duties to their patients to lose their licenses. Based on my training and experience, I strongly urge you to vote against this bill.

[13] Efforts should be made to reduce this number and individuals who experience regret should be provided support and treatment.