

**4/19/2023**

State Representative Scott Lipps  
Public Health Policy Committee Chair  
77 South High Street  
Floor 13  
Columbus, OH 43215

**Regarding House Bill 68:**

Chairman Lipps, Vice Chair Stewart, Ranking Member Liston, and members of the House Public Health Policy Committee,

My name is Daniel Arendt, I am a board-certified pharmacotherapy specialist practicing as a clinical pharmacist in the field of pain management and addiction at The University of Cincinnati and UC Health. In my practice, I treat a variety of patients who represent every facet of our society. In this role, I am committed to serving and supporting the patients I see directly, and developing programs and practices to improve outcomes for all patients in the Greater Cincinnati region who are impacted by pain or substance use disorders. Many of the patients I see, either in my pain management practice or my work within the realm of overdose prevention, are transgender, gender diverse, or non-binary. My experience with this vulnerable patient population has informed my understanding, evaluation and considerations of gender dysphoria and gender affirming care and it is why I write to you today to ask that you vote to **oppose House Bill 68**. It should be noted however, that the opinions expressed in this letter are solely my own and do not necessarily reflect the view or opinions of my employer/practice site (The University of Cincinnati and UC Health).

Gender Dysphoria is a mental and physical health condition that occurs when an individual's gender identity does not align with their anatomical sex.<sup>1</sup> When an individual's experienced gender identity does not align with their assigned sex, it has a detrimental effect on their overall health, both mentally and physically.<sup>1</sup>

**The standard of care** for individuals with gender dysphoria is not a one-size fits all approach. Gender affirming care interventions include hormone therapy, surgery, facial hair removal, speech therapy, as well as behavioral modifications.<sup>1</sup> Not all patients require, or even desire, all the above therapies, and therapy should be individualized to each individual patient and their desire to affirm their own gender identity. For adolescent patients who request gender affirming care with medications or surgery, it is recommended by health care professionals only if all of the following conditions are met: the adolescent meets the diagnostic criteria for gender incongruence, the experience of this incongruence is marked and sustained over time, the adolescent demonstrates the emotional and cognitive maturity required to provide informed consent, and the adolescent has been informed of the reproductive effects and their options. Additionally, when gender-affirming medical or surgical treatments are indicated for adolescents, health care professionals must involve parents/guardians in the assessment and treatment process unless their involvement is determined to be harmful to the adolescent. Treatment decisions

are made collaboratively between patient and provider through a process of extensive discussion, education, and assessment.

The standards of care did not come to be by happenstance but are rooted in the evidence found throughout the medical literature, like other medical guidelines. Gender affirming care has demonstrated efficacy in treating gender dysphoric individuals and results in improved quality of life and reductions in anxiety, depression, suicidality, and substance use in gender dysphoric individuals.<sup>1</sup> Additionally, regret following gender transition is rare, ranging from 0.3 to 3.8 percent and is typically related to poor social support after transition.<sup>1</sup> Lack of access to treatment for gender dysphoria has been associated with an increased risk for depression, anxiety, and suicidality. Highlighting the impact of inadequate access to gender-affirming therapy on suicidality is vital as 82% of transgender individuals have considered killing themselves and 40% have attempted suicide.<sup>2</sup> In addition, the risk of suicidality is highest among transgender youth, the same population that would lose access to these treatment options if house bill 68 took effect.

Prohibiting healthcare providers from providing evidence-based, guideline directed treatment can decrease the quality of care that transgender youth receive, increasing the risk of anxiety, depression, substance use, and suicide among a vulnerable population that is already at heightened risk. As discussed above, the medical and surgical treatments that are specifically prohibited by house bill 68 are not currently nor are they intended to be provided to all youth with gender dysphoria. However, for the subset of transgender youth that requires them, their ability to access these treatments and find a supportive community is paramount to their overall health and wellbeing. With this in mind, I would call upon all members of this committee to oppose house bill 68. At a time when transgender youth are suffering from anxiety, depression, and suicidality at rates much higher than their peers we cannot afford to remove these important, evidence-based treatment options from our arsenal.

Thank you for your time and consideration,

*Daniel Arendt*

Daniel Arendt, Pharm.D. BCPS

References:

1. Coleman E, Radix A, Bouman W. et al. (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: [10.1080/26895269.2022.2100644](https://doi.org/10.1080/26895269.2022.2100644)
2. Austin A, Craig SL, D'Souza S, McInroy LB. Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors. J Interpers Violence. 2022 Mar;37(5-6):NP2696-NP2718. doi: 10.1177/0886260520915554. Epub 2020 Apr 29. Erratum in: J Interpers Violence. 2020 Jul 29;886260520946128. PMID: 32345113.