



House Bill 68  
Opponent Testimony  
Ohio House of Representatives, Public Health Policy Committee

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

As a board-certified child and adolescent psychiatrist, I have dedicated myself and my career to supporting the mental health of young people. As the Chief of the Department of Psychiatry and Behavioral Health at Nationwide Children's Hospital, I am charged with not only serving the patients and families I interact with personally, but also in building systems and programs to deliver best outcomes for all patients and families in our region. Our hospital's THRIVE Gender Development program (THRIVE) is an excellent example of this work, and the work we do stands in sharp contrast to the characterization of gender diverse care that has been presented since the introduction of this legislation.

Nationwide Children's Hospital is a not-for-profit free-standing pediatric health care system, providing unique expertise in pediatric population health, behavioral health, and genomics as the next frontiers in pediatric medicine, leading to best outcomes for the health of the whole child. Nationwide Children's has a staff of more than 13,000 providing state-of-the-art wellness, preventive and rehabilitative care and diagnostic treatment during more than 1.6 million patient visits annually.

Nationwide Children's treats every child regardless of their family's ability to pay and regardless of the stigma associated with their condition. Stigma is one of the many factors, along with lack of access to care, a shortage of providers and others, contributing to the current crisis in children's mental health. Even before the pandemic, 1 in 5 children struggled with a mental health issue; of the 7.7 million children who needed services, less than half were receiving them from a mental health provider.

Nationwide Children's has made significant investments prioritizing behavioral health care over the last decade. In 2014, we had 418 staff members dedicated to children's behavioral health. Today, that number is over 1,100. We have made this and number other investments because we are dedicated to ensuring our patients are healthy and thriving in all aspects of their lives. We are fully committed to child wellness, addressing both children's physical and mental health needs with age-appropriate, ethical treatments that adhere to national and international standards of care.

Since 2014, Nationwide Children's Hospital has provided care for patients and families with gender identity questions, gender dysphoria, Differences of Sexual Development, and complex urological

conditions through the THRIVE program. THRIVE is an acronym for **Team-driven Healthcare that Respects Individuals and Values Emotions**, and it is committed to providing individualized, evidence-based care in a manner that values physical and mental health. For the purposes of this testimony THRIVE will be used to describe the gender development component of the program.

In this testimony, I will present a summary of the THRIVE program, explain the prioritization of mental health treatment, highlight family participation in this care, and show how the standards of care are incorporated into our work.

First, I would like to address a number of claims that have been made in the course of past hearings that are not an accurate reflection of the THRIVE program.

- *Parents are excluded from therapy and/or health care decisions.*  
**False. At Nationwide Children's Hospital, parental consent for minors is required for all care within the THRIVE program.**
- *Patients receive medical treatment for gender dysphoria without assessment or treatment for underlying mental health issues.*  
**False. All patients accepted into the THRIVE program receive an extensive mental health assessment. Patients with mental health needs are provided mental health treatment prior to considering a gender dysphoria diagnosis.**
- *Patients are treated with puberty blockers at the first appointment.*  
**False. Prior to ANY medical treatment (hormones or puberty blockers) a patient must meet all criteria for medical treatment of gender dysphoria. No medical treatment is provided at the first appointment.**
- *Children as young as 5 are receiving "gender reassignment surgery".*  
**False. Nationwide Children's Hospital does not perform any surgeries relating to gender transition or gender dysphoria.**
- *The THRIVE clinic and other providers encourage all kids with gender confusion to transition socially, medically, and surgically.*  
**False. The THRIVE clinic exists to support families with gender development questions. In the vast majority of cases, families receive mental health care and no medical treatments. Since the inception of the THRIVE program 2/3 of THRIVE patients received only mental health therapy.**
- *The THRIVE clinic and others provide gender dysphoria are motivated by the opportunity for significant revenues related to medical treatments.*  
**False. We provide this care because it is supported by the preponderance of relevant medical evidence and because families are seeking help. As demonstrated in the preceding point THRIVE care is predominately mental health therapy. These are non-procedural services that**

**are reimbursed at low levels. Over the last few years Nationwide Children's hospital has incurred substantial losses on the provision of mental health services.**

### **THRIVE Gender Development Program**

The THRIVE program provides care to families whose children are experiencing gender identity questions and gender dysphoria. It is a multidisciplinary clinic that is sought after by families from across Ohio, given the expertise of our highly skilled team of providers. The clinic prioritizes the mental health of the patients and works through difficult mental health issues that impact a young person's decision-making capacity.

The care provided is patient- and family-centered, meaning we value all perspectives within the family system and work within this system to promote the safety and well-being of youth. Our team meets families where they are and works with patients and families of all backgrounds and beliefs to help foster this understanding and positive family environment. No treatment in the clinic proceeds unless legal guardians and caregivers agree.

The care that is provided is ethical and follows the latest evidence and standards of care in the field, including those from mainstream professional societies such as the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Endocrine Society, to name a few. These organizations represent tens of thousands of experts and are the very same ones that guide childhood care of influenza, of diabetes, of depression, and of countless other pediatric issues and conditions. They bring the same conscientious deliberation to their standards of gender diverse care as they do to these other concerns.

The care provided by THRIVE is also individualized to meet the unique needs of each patient and family. The care of gender diverse children and adolescents can be complex. Given this complexity, decisions about care are best made when patients and families work in partnership with health care professionals who have expertise in child and adolescent development.

With the help of Nationwide Children's experts, patients and families can make decisions about their care that best meet their needs. For all patients, care includes mental health assessment. A mental health assessment informs the pace, priority, and sequence of treatments as it helps to establish a psychological profile for the young person and enables the providers to individualized care according to the needs of each patient and family. Following the mental health assessment some patients may receive mental health therapy as treatment for a mental health condition. It is absolutely crucial that appropriately-assessed youth with gender dysphoria are able to access all clinically appropriate treatments that they and their care teams believe are in the best long-term interest of the young person, including treatments that HB 68 would ban outright.

Restricting the available treatments for gender dysphoria is similar to saying that *only* therapy can work for depression, when we know that there are many additional types of treatments that are appropriate for some patients.

Our immediate goal is to give patients and families the information and support their need to decide what is right for them, after a process of mental health assessment.

## **Parent Support and Consent**

Limiting the provision of this care for children and adolescents would reduce opportunities to engage parents and family members in mental health therapy and discussions about these important life decisions. Adolescents who are struggling to communicate with parents may choose to pursue this care independently without any family involvement at the age of 18 when they are legally considered adults. It is not uncommon in our clinic to see patients and family members who have difficulty communicating with each other on these sensitive topics. Through work with our team, these patients and families have been able to share and process their thoughts, feelings, and concerns and preserve family relationships.

HB 68 would insert government into health care decisions between a parent and provider.

## **The Standards of Care**

Gender Dysphoria is a mental and physical health condition occurring when a person's experienced gender identity differs from the anatomical makeup of their sex. Gender identity is an aspect of identity that all humans experience. A sense of harmony between gender identity and sex is important and contributes positively to a person's overall psychological and emotional wellness. Fundamental to our understanding of gender dysphoria is understanding and recognizing that medically, it is *absolutely possible* that a person's gender identity can differ from their body for many reasons, and that these experiences are not choices or ideologies.

Families who seek care in the THRIVE clinic are initially screened to determine whether THRIVE is the most appropriate program to receive services. For those who enter our THRIVE program, care starts with comprehensive assessment in the Behavioral Health component of the program. Following the initial mental health assessment, our expert team of child and adolescent psychiatrists and therapists spend a significant amount of time understanding the youth, their families, and their needs. Only a subset of these families move on to engage with the medical portion of the program. By the time medication therapies are reviewed, families have already been through a long screening, assessment and mental health therapy process. A highly detailed informed consent process, with discussions about all risks, benefits, and short and long-term effects of the treatments, takes place prior to any medical treatment.

Clinical criteria for medical treatment of gender dysphoria are extensive and result in appropriately cautious care. The criteria utilized in the THRIVE clinic are established in the Endocrine Society guidelines for care of gender incongruent persons. Criteria include:

- **Diagnosis of Gender Dysphoria**
- **Persistence of Gender Dysphoria**
- **Mental Health Assessment and Treatment**
- **Cognitive/Emotional Maturity**
- **Understanding of Risks/Benefits**
- **Parent/Caregiver Consent**
- **Discussion on Fertility/Reproduction**
- **Understanding of Evolution of Future Priorities**
- **Multidisciplinary Team Participating in Care**

The puberty blocking and hormone treatments that our program uses are ethical and based on the best available scientific evidence. Proponents of the bill have suggested that “off-label” medications are unethical, experimental, and dangerous. In general, modern pharmacological treatments are powerful, with incredible therapeutic value, and can be dangerous when used inappropriately or outside the oversight of an appropriately trained prescriber. Many medications that are commonly used for children are used “off-label,” for example. “Off-label” terminology indicates the pharmaceutical company has not submitted data to the FDA information necessary to amend the medication label. However, evidence exists in the form of studies and/or clinical practice that the medication is safe and effective.

Multiple studies have documented high rates of off-label medication use in the pediatric population, including 80% of prescriptions among newborns and 30-40% in adolescents.

If enacted, HB 68 will likely result in the closure of the THRIVE gender development program and similar clinics providing care to our most vulnerable patients, prohibit medical providers from referring patients and families to other resources, and sanction medical providers who provide counseling or treatment to patients and families.

Chairman Lipps, Vice Chair Stewart, Ranking Member Liston, members of the committee thank you for your attention.