

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

I urge the House Public Health Policy Committee NOT to allow HB 68 to move forward. This bill is rife with assumptions and short on common sense.

Assumption: There are no standards of care for transgender minors. Therefore, the Ohio legislature must make medical decisions to protect minors from harm.

Questions:

1) In order to uphold the oath they took when licensed, doctors must subscribe to certain standards of treatment. Should doctors who follow these standards be prohibited from exercising medical judgment regarding the patients in their care?

2) Are there standards in place for transgender care? Yes. Guidelines for transgender healthcare have been set by the World Professionals for Transgender Health (WPATH), founded in 1979. The eighth edition of WPATH's Standards of Care is 260 pages long and was compiled by more than 3,000 members worldwide to provide scientific and medical professional consensus about best practices care.

3) Should Ohio legislators replace the judgment of these 3,000 contributors with their own and expect children's best interests to be served?

Assumption: Parents, doctors and others are forcing minors, against their will, to undergo unnecessary, life-altering therapies. These minors must be saved.

Question:

1) When faced with difficult choices regarding the care of children, who is best equipped to make important life decisions?

2) Can a law that does not differentiate among various factors and circumstances and discourages doctors from treating patients for fear of being sued be expected to save anyone? According to the *Journal of Adolescent Health*, gender-affirming hormone therapy has resulted in lower rates of depression, suicidal thoughts, and suicide attempts among older transgender and nonbinary teens. See <https://www.glaad.org/blog/fact-sheet-evidence-based-healthcare-transgender-people-and-youth>

3) What about harm caused when state laws target LGBTQ+ youth? Will lawmakers also be willing to "save" those young people from the increasing physical and emotional threats that follow the passage of such laws?

Assumption: No good can come from "gender-affirming care."

Questions:

1) If this were true, would every leading medical association, including the American Medical Association, the American Academy of Pediatrics, the American Psychiatric Association, The Endocrine Society, and The American Academy of Child and Adolescent Psychiatry, support such care? From the American Academy of Pediatrics:

“There is strong consensus among the most prominent medical organizations worldwide that evidence-based, gender-affirming care for transgender children and adolescents is medically necessary and appropriate. It can even be lifesaving. The decision of whether and when to start gender-affirming treatment, which does not necessarily lead to hormone therapy or surgery, is personal and involves careful consideration by each patient and their family.”

2) If this were true, would families be eager to share their success stories? See <https://www.strongfamilyalliance.org/hopeful-voices/family-stories/>

I'd like to offer a scenario to illustrate why HB 68 should not be passed.

Forty-plus years ago, friends of our family had a baby. My first question when I got the news was, “Is it a boy or a girl”? I'm guessing it's still the question most people ask first.

The answer? “We don't know.”

How is that possible? Aren't babies always one sex or the other?

No. Some babies are born with both male and female characteristics. While this is fairly rare, it's certainly nothing new. See <https://www.openmindmag.org/articles/lgbtq-a-guide>. Lawmakers who haven't personally encountered such occurrences should learn more before making laws that would affect transgender people.

How do parents make similar medical decisions to serve the best interests of their children? What would YOU do?

I'm guessing you would consult with medical professionals – perhaps get several opinions from a variety of sources - and then come to a conclusion about how to treat your child. Based on the best medical judgment available at the time, our friends decided their baby would be identified as female and consented to treatment that included surgery. They could not know for certain if that decision would be a “perfect” one, but failing to make a decision would also have serious consequences for their child. Parents can only exercise their best judgment, with help from medical professionals and others, to do what they can to help their children be as happy and productive as possible.

Can any lawmakers possibly believe they are equipped to make such decisions for families? Do they want the responsibility that comes with replacing parental and medical judgement with their own?

I hope, for the sake of families across Ohio, that you will seriously consider the harm that HB 68 could do in the name of “saving” minors.

Sincerely,

Deborah Cooper
Worthington, Ohio