

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 23 May 2023

Name: Rob Hart

Are you representing: Yourself  Organization

Organization (If Applicable): \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: 7290 Berwood Dr

City: Madeira State: OH Zip: 45243

Best Contact Telephone: 513-484-1485 Email: robby.hart@gmail.com

Do you wish to be added to the committee notice email distribution list? Yes  No

## Business before the committee

Legislation (Bill/Resolution Number): House Bill 68

Specific Issue: HB 68 harms health and endangers life

Are you testifying as a: Proponent  Opponent  Interested Party

Are you testifying: In-Person  Written-Only

Will you have a written statement, visual aids, or other material to distribute? Yes  No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 5 minutes

Please provide a brief statement on your position: Transgender people have the right to seek and obtain health care without interference from the state government. This bill seeks to abolish that right and runs contrary to medical science and best practice. It will harm transgender people, damage the community, and be a detriment to our state.

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*