



**Dr. Shefali Mahesh, MD, MBA**  
**Akron Children's Hospital**  
**Opponent Testimony, Ohio House Bill 68 (HB 68)**  
**Ohio House Public Health Policy Committee**  
**Wednesday, May 24, 2023**

Dear Chairman Lipps, Ranking Member Liston and the Members of the Public Health Policy Committee:

My name is Dr. Shefali Mahesh, and I am the President of the Medical Staff and the Dr. Noah Miller Endowed Chair in the Department of Pediatrics at Akron Children's Hospital as well as the Chair of Pediatrics at Northeast Ohio Medical University. As the President of the Medical Staff, I am responsible for the quality and evidence-based practice of the providers at Akron Children's Hospital. As the Department Chair, I am responsible for all the clinical operations of the department. I am addressing you to express Akron Children's Hospital's opposition to Ohio House Bill 68 (HB 68).

Akron Children's Hospital has a mission to treat every child as if they were our own, to treat everyone the way they would want to be treated and to never turn any child away. True to our commitment, Akron Children's provides care to children and families who show up at our door for any medical condition, including issues related to gender identity. Some come asking about medications, and others are unsure of what path is right for them. We were founded on the principle of serving the needs of the community and, in accordance with our mission, we simply cannot turn these children away. Instead, we have developed a comprehensive approach to treating gender dysphoria which acknowledges its complexity and the need for a multidisciplinary approach to its management.

Despite the claim by many who have testified in favor of this bill and mischaracterized the gender clinics across the state, our Center for Gender Affirming Medicine has provided multidisciplinary and family-centered care to transgender youth through rigorous, thoughtful, evidence-based practices. Our comprehensive approach includes a detailed intake process, followed by numerous interactions with mental health professionals, social workers and adolescent medicine providers who are trained in the emotional, psychological, and developmental stages of these children. The purpose of this rigorous assessment is to evaluate the persistence of the child's gender preference and understand the social and psychological context of their gender identity and how it might intersect with other mental health conditions.

We acknowledge that there are associated psychological conditions that need to be evaluated and treated simultaneously. This is a sensitive and delicate time for these children, and this distress is only intensified as their bodies continue to develop in ways that exacerbate their disconnection to their birth gender. It is crucial to handle these children with dignity and respect so that they are willing to accept and embrace the education and mental health therapy that it is a significant part of their treatment. In most of our patients, this is the only

treatment needed. However, some children may require medications and extensive individualized counseling – accompanied by their parents – to ensure that the path they’ve chosen is best suited to their needs. Any medical treatment is initiated after parental consent, and unequivocally without intimidation or coercion.

Recently, we hospitalized a gender diverse patient who’d purchased “hormones” off the internet and was injecting this unknown substance into their body. By restricting access to care for our patients, we will not only see an increase in our already unmanageable mental health crisis, but we will likely see an increase in dangerous behavior that puts these children at risk for blood-borne diseases. This will also result in potential skin and fatal bloodstream infections due to youths self-administering unregulated “medications.” We argue that, rather than our government abandoning children and forcing them to treat their own medical conditions and live several years without medically based treatment, we continue to allow licensed, train professionals – with years of experience – to do so using the rigorous and thorough guidelines we’ve discussed above.

HB 68 bans not only medical and surgical treatment but also any conduct associated with gender care. The rigorous reporting by mental health professionals to the Ohio Department of Health (ODH) is a deterrent for any mental health therapist to engage in treatments that might be perceived as gender affirming care. While the bill acknowledges the importance of mental health, it also creates additional barriers to mental health therapy. A mental health provider who is already overwhelmed with the behavioral health crisis we are facing today will likely limit access to these patients due to the associated burden of reporting to ODH, as well as the new private right of action that is created by this bill.

Additionally, HB 68 raises significant concerns regarding HIPAA violations as it mandates the reporting of patient information to the ODH. Without the oversight of an Institutional Review Board (IRB), this type of data reporting can result in inappropriate sharing of Protected Health Information (PHI). Additionally, this type of rigorous reporting will limit access to care for mental health comorbidities that are listed in the bill. Any mental health condition that remotely references gender incongruence will limit or end mental health services for children that might not even present in a gender clinic – and these are the youth that most need this kind of support.

Limiting mental health therapists from providing services to these children will result in more minors presenting for emergency care, either due to a psychological breakdown or to the side effects of illegal medications. This will ultimately force our emergency medicine staff to provide these kinds of services without the skill set needed to manage the condition – virtually ensuring that our existing behavioral health crisis, and the impact it continues to have in our emergency departments, will worsen. This will result in more costly care and poorer outcomes for an already vulnerable population.

The debate about this issue has grossly mischaracterized the work being done across the state to help children. Continued comprehensive mental health assessments and therapies are important guardrails when pubertal blockers and cross sex hormones are used. Despite many claims by non-medical professionals, off-label use of medication is not improper and is common in the pediatric population. And, just like any other medical condition that is becoming more common, gender dysphoria should be monitored, studied, and analyzed using scientifically proven methodology. By banning gender affirming care, HB 68 will prevent any systematic and scientific study of this condition.

The assessment, care, treatment, and support of gender diverse children and adolescents, as well as their families, is complex and needs to be individualized. Sound decisions on appropriate care are made when patients and families work together in partnership with health care providers who have expertise in child and adolescent development. Critically important for this population is that youth with gender dysphoria have access to all proven treatments available and identified by their care teams. This is to ensure that the outcome of the treatment is best suited for the long-term interest of each individual patient.

HB 68 goes against the basic principle of medicine: that health care should be individualized based on each patient's internal and external environmental needs, with an emphasis of shared decision making by patient families and their health care professional. Because of that, I respectfully request that this committee not advance HB 68.