Ohio Psychological Association
Testimony on HB 68
Ohio House Public Health Policy Committee
May 24th, 2023

Chairman Lipps, Vice Chair Stewart, Ranking Member Liston and members of the House Public Health Policy Committee, thank you for the opportunity to offer testimony on House Bill 68.

I am Dustin McKee, the CEO of the Ohio Psychological Association (OPA). OPA represents the nearly 3,500 licensed psychologists in Ohio. Our state's psychologists practice in community and private settings, hospitals, businesses, and academia. Psychologists in Ohio are the scientist practitioners of the behavioral health (BH) system, producing the scientific research, innovation, and knowledge about the best practices in behavioral healthcare. Our members leverage this psychological science and our clinical experience in both clinical and non-clinical settings to improve the mental health and wellness of Ohioans.

The Ohio Psychological Association strongly opposes HB 68. Our members view the bill as harmful to the well-being of our clients. HB 68 also makes unfounded claims and prejudicial statements for its rationale and ignores a solid body of research about the dangers inherent in depriving a vulnerable population of needed medical and psychological care.

HB 68 takes the wrong approach to a very complicated set of psychological and medical issues. In fact, the research data that is quoted by the authors of HB 68 is misinterpreted and "cherry-picked" to support the viewpoints of the bill's proponents while ignoring research that does not support their viewpoints.

The Ohio Psychological Association is particularly opposed to the following provisions in HB 68:

Prohibitions on Mental Health Care for Minors with Gender Related Conditions

The bill prohibits mental health professionals from diagnosing or treating a minor for a gender-related condition without first obtaining the consent of the minor's residential parent and legal custodian or the minor's guardian and without assessing the client for a specific list of comorbidities.

Parental Consent

In prohibiting mental health care for minors experiencing gender dysphoria without parental consent, we are reversing existing Ohio law, which allows minors who are 14 years or older to receive outpatient counseling without the consent of parents. This law is in place because we know that

there are situations where a child may need to seek psychotherapy without parental consent. This includes situations where a child is being abused and neglected by a parent, or where a parent is struggling with a substance use disorder or other mental health problems. There are also circumstances where a child may be experiencing suicidal ideation or symptoms of other mental health conditions and is afraid to tell a parent about these troubling thoughts or feelings for a myriad of reasons.

A Member of OPA Leadership, who is a practicing psychologist with decades of experience treating clients, including youth with gender dysphoria, provided this quote to sum up the complexity of this issue:

> "As a psychologist, I don't know most of the time that gender issues will arise until I have established a rapport. At that point will I need to tell the parents? What if the child fears abuse if it is shared? The teen will likely never come back. I always screen for a variety of mental health issues because usually those are the presenting problems. It makes seeing teens even more risky as a professional than they already are."

Comorbid Condition Screening

By prohibiting mental health care for minors experiencing gender dysphoria without screening for an arbitrary list of co-morbid conditions, this provision clearly attempts to substitute the legislative judgement of the Ohio General Assembly – a body composed of mostly lay people from various professional backgrounds – with the professional judgement of psychologists, who are highly trained mental health professionals who undergo many years of graduate and post graduate specialty training. This would set a precedent that would be harmful to the effective practice of mental health care in Ohio. Furthermore, this requirement is redundant and unnecessary because psychologists routinely screen for comorbid conditions as part of the assessment process that is conducted for every client for which they complete an intake.

Reporting Requirements

The bill requires each mental health professional who diagnoses or treats a minor for a gender-related condition to annually report to ODH detailed information regarding minors diagnosed or treated for a gender-related condition. Such reporting requirements are not only onerous to mental health practitioners during a historic mental and behavioral healthcare workforce crisis – where there are not enough mental health professionals to meet the demand for vital mental health services – but it also sets a tone legislatively that adds to the well documented distress that transgender individuals are experiencing due to a politically polarized and generally hostile social environment for this already marginalized group.

Misleading Position Discussion

The Ohio Psychological Association has included and discusses some of the misleading positions taken by the authors of HB 68 below:

Desistance in Transgender Children

The Bill states in Section 2:

> (B) Only a tiny percentage of the American population experiences distress at identifying with their biological sex. According to the American Psychiatric Association, prevalence ranges from 0.005 to 0.014 per cent for natal adult males and from 0.002 to 0.003 per cent for natal females.
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> (C) Studies consistently demonstrate that the vast majority of children who are gender nonconforming or experience distress at identifying with their biological sex come to identify with their biological sex in adolescence or adulthood, thereby rendering most medical health care interventions unnecessary.

A 2022 study reported in the journal Pediatrics (2022) found that on average, 5 years after their initial social transition, most youth ultimately identified as binary transgender youth (94%). The authors of the study concluded that retransitions are infrequent.

"A comprehensive critique of the literature showed little evidence to support the large percentages of desistence claimed by anti-transgender advocates (Newhook, et.al, 2018).

Moreover, F. Ashley (2022) provide evidence that the "wait-and-see" corrective models of care harmful and more detrimental to youth's health than re-transitioning. The purported frequency of re-transitioning and the relevance of re-transitioning to trans youth care is erroneous and inconsequential. Thinking critically about the relationship between research observations and clinical models of care is essential to progress in trans health care.

Puberty Blockers and Hormone Therapy

Section 2, F-N of HB 68 suggests that use of puberty blockers and hormone therapy are experimental and dangerous. These are not experimental treatments as the authors of HB 68 suggest in the legislation.

Puberty blockers and hormone therapy have been used for years to treat precocious puberty and other growth-related conditions in the pediatric population. The use of hormones to treat growth and other endocrine conditions is well-established as being safe and effective (Scientific American April 9, 2021).

The possible adverse effects of puberty blockers and hormone therapy listed within HB 68 are extremely rare. All medications have possible adverse effects, and these must be identified within the literature that accompanies prescriptions. Even over-the-counter medications, pain-relievers like Tylenol, and many herbal remedies have rare adverse effects. The listing of many possible side effects in HB 68 creates a distorted picture of the actual risks of using puberty blockers and hormones with children and teens.

Mental Health Issues and Suicide among teens who are gender non-conforming.

Two statements made in Section 2 of the legislation are false and unsupported in the present professional literature:

C) Studies consistently demonstrate that the vast majority of children who are gender nonconforming or experience distress identifying with their biological sex come to identify with their biological sex in adolescence or adulthood, thereby rendering most medical health care interventions unnecessary.

D) Scientific studies show that individuals struggling with distress identifying with their biological sex often have already experienced psychopathology, which indicates these individuals should be encouraged to seek mental health care services before undertaking any hormonal or surgical intervention.

E) Suicide rates, psychiatric morbidities, and mortality rates remain markedly elevated above the background population after inpatient gender reassignment surgery has been performed.

In the DMS-5, the American Psychiatric Association clearly stated that one's gender identity being different than one's biological gender is not a mental disorder. Moreover, the DSM-5 specifically indicates that individuals experiencing distress around issues of gender identity are not mentally ill.

When dysphoria is experienced, it is related to the lack of support and understanding that youth receive from their family and surrounding community, and not their gender identity itself. Likewise, among persons who identify as transgender or gender non-conforming, suicidal thoughts and behaviors results from the absence of support and availability of medical care and psychological care that affirms the identity to which a person ascribes.

The following is from the American Psychological Association's Guidelines for the Psychological Treatment of Transgender and Gender Non-conforming People (American Psychological Association, 2015).

> Many TGNC people experience discrimination, ranging from subtle to severe, when accessing housing, health care, employment, education, public assistance, and other social services (Bazargan & Galvan, 2012; Bradford, Reisner, Honnold, & Xavier, 2013; Dispenza, Watson, Chung, & Brack, 2012; Grant et al., 2011).
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> In a national representative sample of 7,898 LGBT youth in K-12 settings, 55.2% of participants reported verbal harassment, 22.7% reported physical harassment, and 11.4% reported physical assault based on their gender expression (Kosciw, Greytak, Palmer, & Boesen, 2014). In a national community survey of TGNC adults, 15% reported prematurely leaving educational settings ranging from kindergarten through college as a result of harassment (Grant et al.,2011).

Conclusion

Thank you for this opportunity to testify in opposition to HB 68. We urge members of the Ohio General Assembly to oppose this harmful legislation. We would be happy to answer any questions you may have.

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