

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 5/19/2023

Name: Heather Michelle Petee

Are you representing: Yourself Organization

Position/Title:

Address: 7 Willow Street

City: Mount Vernon State: Ohio Zip: 43050

Best Contact Telephone: 740-504-0242 Email: elixir_petee@hotmail.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: Trans Care for Trans Youth

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? NA

Please provide a brief statement on your position: I believe it is not up to politicians to make the calls on supplying health care availability and care needs to be handled by trained professional health care doctors, CNP's, CLPN's and Psychologists, Therapists.