



Chair Lipps, Vice Chair Stewart, Ranking Member Liston, and Members of the House Public Health Policy Committee, Thank you for having me today. My name is Kathryn Poe, I'm the Public Policy Manager at Equality Ohio, and I use they/them pronouns. **House Bill 68** violates the rights of parents, youth, and families to make choices about their bodies and futures in a way that we would never accept in any other medical situation or aspect of Health care.

As an organization dedicated to pursuing the lived and legal equality for all LGBTQ+ Ohioans, Equality Ohio is opposed to **HB 68** because it would be harmful to transgender youth, it would set a dangerous precedent of banning medical best practices, and it's based on junk science. In my written comments, I have more thorough information about the statistics, research, biggest logical fallacies, and potential collateral consequences of legislation, but today I'd like to talk about why this matters to me as someone intimately familiar with navigating the healthcare system as a young person in need of care.

Supporters of **HB 68** appear to have two main arguments: **1)** that young people and their families are simply too immature or uninformed to make these kinds of life-changing medical decisions. And **2)** that the practices and medications used in gender affirming care are dangerous and damaging.

But today, I'd like to share my personal story that illustrates why these arguments are completely unfounded by placing this issue back into the broader context of pediatric medicine. I didn't have a typical young adult life. I spent much of my teen years living in pediatric hospitals, fighting a rare life-threatening blood disease. And I ultimately became the first successful bone marrow transplant of someone with my underlying disease in North America in 2018.

So, if anyone in this room today understands what it's like to consent to irreversible, life-altering medical procedures as a minor, it's me. My treatment required years of off-label use of drugs, mental health treatment, hormones and fertility treatments, and difficult discussions about my life, all of which meant that I made big, complex medical decisions about my body between the ages of 13 and 18. Today, I live with the effects of the medical decisions I made at 16. And I simply do not believe the stories of transgender youth and their families within our medical system seeking treatment are any different than mine.

I do understand that when we say this care is "lifesaving", we need to specify what we mean. Medical care is a long series of ongoing personal decisions that, cumulatively,



become significant enough to be considered “lifesaving care” for any person. In my case, it was the opportunity to pursue – on my own terms – the treatments my parents and I wanted. It was lifesaving not because it explicitly saved me from death at that moment, but because it greatly improved my day-to-day quality of life.

It’s very easy for people in good health to overlook just how much someone’s quality of life can affect a person in these situations. In fact, many choices my parents and I made, even in treating a life-threatening rare illness, were focused on my quality of life and perception of myself. **Those choices too, were lifesaving, and they’re lifesaving for transgender youth too.**

Trans and gender nonconforming youth and their parents are making life-affirming and life saving decisions together, one at a time, with the advice and support of a holistic medical and mental care team. The idea that youth, like myself, are incapable of understanding and weighing those decisions is insulting to the Ohio families and medical providers that make those kinds of decisions every day in different contexts. It is insulting to young people to state that they are unable to weigh decisions about their own lives and hopes for their future.

In fact, the experience of receiving gender affirming care is incredibly typical in the broader scope of American pediatric medicine. Take it from someone who grew up in pediatric hospitals for a rare disease! For example, while “off-label use” of medication is often painted by opponents of gender affirming care as proof that treatment is experimental or rare, it is estimated that up to 60-70% of all medications prescribed for minors are for [off-label use](#). This is because the FDA approval process is expensive, and it’s much more expensive to approve it explicitly for minors. If one categorizes the off-label use of medication in pediatrics as truly experimentation, then they would be effectively arguing that all pediatric medicine as we know it is one big science experiment. And yet, you would never accuse my oncologist of experimentation for giving me my bone marrow transplant. Because we all know that’s not true.

Other criticisms raised by opponents are common systemic issues within our healthcare system for patients of all kinds, such as too short of time spent with doctors, long wait times, or lack of proper mental health resources and diagnosis.. But these are also all problems that would be exacerbated, not mitigated, by banning treatment completely.

All over our state, young people, with the help of their parents, make serious medical choices about their bodies every day. The idea that families can’t make hard choices is false and insulting to Ohio families. This is normal, safe, fact-based,



really-actually-very-boring-and-normal, physician recommended medical care. American healthcare is not perfect. But it's important to see that that's what this is.

Medical decision-making is never easy. But I trust the families, youth, social workers, and medical professionals making these choices. I know these Doctors are good people who care about kids that come to them to get healthy. I know this because once upon a time, I was one of those kids.

We believe that House Bill 68 is harmful for the following reasons:

- **Instead of protecting children, HB 68 does the exact opposite.** It attempts to ban evidence-based care supported by medical professionals under the guise of protecting children. This is based on bad science and misinformation, and just plain won't work.
- **This bill is an attack on parents' rights to help their kid get lifesaving medical care.** This is government overreach at its worst. Lawmakers are not qualified to make medical decisions for private citizens, and they shouldn't take that freedom from parents.
- **This bill is even more extreme than last year.**
 - **HB 68 is a total ban on gender affirming care for minors in Ohio (under 18), including referrals for mental health care treatment.** It prohibits physicians from performing or *even beginning the consultation process* for surgical interventions for the purpose of gender affirming care on patients under the age of 18, even if the patient would be 18 by the time any surgery is performed.
 - **It overreaches into court proceedings & family law,** prohibiting courts from considering the parents' decisions or stances related to gender dysphoria when ruling on child custody cases.
 - **It bans political subdivisions from banning conversion therapy,** even though so-called "conversion therapy" has been consistently found to actually be harmful to children.
 - **The bill creates significant liability for medical professionals and hospitals** with an unheard-of 20-year statute of limitations. The increased legal liability will deeply affect the ability of Ohio physicians to get insurance altogether.



- **It even goes so far as to prohibit physicians from referring patients under 18 to out-of-state affirming care providers**, in an attempt to exercise draconian control over parents and families.
- **It opens the door to more weaponized government surveillance on patients and professionals.** It mandates tracking “anonymized” data that could be weaponized against kids, parents, doctors, and other affirming care providers.¹
- **Harmful, malicious bills like this deter businesses from investing in the state and workers from moving here.** We’ve got so many amazing businesses, big and small, who are always trying to recruit an energetic, talented workforce. This bill will only harm those efforts.

Institutions & Associations Backing Gender Affirming Care

- [American Academy of Pediatricians](#)
- [Endocrine Society](#)
- [American Academy of Child and Adolescent Psychiatry](#) (AACAP)
- [American Psychiatric Association](#) (APA)
- [Columbia University Department of Psychiatry](#)
- [Cleveland Clinic](#)
- [Ohio Children’s Hospital Association](#)

Other Relevant Testimony:

- [Hospital Association Testimony from House Bill 454](#)
- [Pediatric Gender Care in Ohio: Fact List](#)
- [Bias Science: The Yale Report, Comparing Anti-Trans Legislation Around the Country and Medical Inaccuracies](#)

Helpful Data and Studies on Gender Affirming Care:

- [Do Clinical Data from Transgender Adolescents Support the Phenomenon of “Rapid Onset Gender Dysphoria”? \(No\)](#)
- [Dubunked: No, 80% of Trans Youth Do Not DeTransition](#)
- [Young Adult Psychological Outcome After Puberty Suppression After Gender Reassignment](#)

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