

**TO:** House Public Health Policy Committee  
**FROM:** Micah Mitchell, Policy Fellow, ACLU of Ohio  
**DATE:** June 7, 2023  
**RE:** House Bill 68 Opponent Testimony

Chair Lipps, Vice Chair Stewart, Ranking Member Liston, and members of the House Public Health Policy Committee, thank you for the opportunity to provide opponent testimony on House Bill 68. My name is Micah Mitchell, and I serve as a Policy Fellow at the ACLU of Ohio.

Last session's version of this bill, House Bill 454, died in committee after 291 witnesses submitted opponent testimony, while only 12 provided proponent testimony. Many more attended hearings to support transgender youth. This session, 18 individuals provided proponent testimony. As evidenced by the hundreds of people who, again, submitted opponent testimony, folks who have taken time out of their busy schedules to demonstrate their opposition to this bill, House Bill 68 is not popular legislation that Ohioans want or need. We did not ask for this. It did not stem from parents or otherwise concerned constituents. In fact, it did not come from Ohio residents, at all; House Bill 68 stems from national groups with fundamental opposition to civil liberties and freedoms for the transgender community. Groups that deny the very existence of transgender people.

Medical care for gender dysphoria is evidence-based, medically necessary, and backed by major medical associations across the nation. In the interest of time, I will avoid restating testimony from the medical experts tirelessly working towards the safety, well-being, and health of all Ohioans.

Transgender youth, together with their doctors and families, should have access to medical care just like anyone else. House Bill 68 discriminates against these Ohioans and their families by taking away medically necessary care used regularly and without concern by their cisgender peers. Families should be able to make these private, personal decisions free from government interference.

Transgender youth who are affirmed in their gender do better in school, feel safer in their communities, establish healthy relationships with their parents and peers, and are better equipped to plan for their future. In contrast, denying them this support increases their likelihood of dropping out of school, increases their risk for substance use, worsens symptoms of depression and anxiety, and gravely increases their risk for



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suicide. As a trans person, my lived experience aligns with the research. I grew up without access to gender affirming care and, as a result, struggled with substance abuse for a decade while I watchfully waited for gender dysphoria and suicidality to subside. It did not on its own; only when I sought medical intervention did my symptoms reduce and my quality of life improve. Only when I accepted myself as transgender and received support from my peers did I successfully achieve sobriety, find my passions in life, and finally felt the freedom of authentic expression. Gender affirming care saved my life.

I do not believe any parents intend harm by not understanding gender dysphoria and available evidence-based care, and I also I do not believe it is this body's intention to harm Ohio's youth. But I implore you to listen to, and prioritize, the lived experience of transgender youth, their family members, and to the doctors providing this care. Listen to the stories of resiliency within the transgender community amidst ongoing attacks against our personal freedoms and liberties. And most importantly, please listen to the stories of joy and success within the transgender community. We are more than our medical interventions and the negative narratives amplified in these attacks against our livelihood. When we are afforded the same opportunities as our peers, the freedom to express ourselves authentically, and equal access to evidence-based medicine, we thrive.

Thank you again for the opportunity to provide testimony today. I am happy to answer any questions you may have.

