



**Ohio State Senate Public Testimony
Government Oversight Committee**

December 6, 2023

Cahir Kristina Roegner, Vice Chair Niraj Antani, Ranking Member Paula Hicks-Hudson, and other members of the Government Oversight Committee:

My name is Dr. Rhea Debussy, and my pronouns are she/her. I'm the Director of External Affairs for Equitas Health. As you're likely aware, Equitas Health is a non-profit community healthcare system and one of the largest LGBTQ+ and HIV/AIDS serving healthcare organizations in the country. Each year, we serve tens of thousands of patients in Ohio, Texas, Kentucky, and West Virginia, and since 1984, we have been working to advance "care for all."¹ I'm thankful for the opportunity to address you all today, and I'm here to provide testimony in opposition to the proposed and so-called "Save Adolescents from Experimentation (SAFE) Act" (HB 68).

Simply put, the proposed legislation is troubling for a number of reasons. We are concerned about the medically inaccurate information that is being presented in this bill by Representative Gary Click and his fellow co-sponsors. In drafting this legislation – which seeks to remove existing access to gender affirming care for youth and young people across the state – Representative Click and his fellow co-sponsors have mistakenly presumed that they are correctly informed about the medical needs of transgender, non-binary, and gender expansive people. However, the poorly researched and error-riddled legislation, which is currently before this committee, stands as testament both to their lack of awareness on this subject and their refusal to acknowledge best practices for culturally humble medical care.

Regarding this inaccurate information, we would first like to share some insights on the language used in Section 2 of HB 68, which falsely claims that "no randomized clinical trials have been conducted on the efficacy or safety of the use of cross-sex hormones in adults or children."² First, hormone replacement therapy for adults has been a widely accepted practice for the treatment of gender dysphoria, and research on hormone replacement therapy for gender expansive people has a rich and detailed history. In fact, this history reaches back to the work of Magnus Hirschfeld in the 1910s to 1930s,³ and it is important to note that the discovery of both estrogen⁴ and testosterone⁵ occurred during this timeframe.

Moreover, this portion of the legislation also incorrectly claims that clinical trials on hormone replacement therapy have not been conducted, but this is categorically false. Within this 100-year history of this body of research, there have been hundreds of clinical trials conducted in both the United States and throughout the world. Clinical trials have included

¹ <https://equitashealth.com/about-us/>

² https://search-prod.lis.state.oh.us/solarapi/v1/general_assembly_135/bills/hb68/IN/00/hb68_00_IN?format=pdf

³ <https://makinggayhistory.com/podcast/magnus-hirschfeld/>; see also Susan Stryker's (2017) *Transgender History: The Roots of Today's Revolution*, revised edition and Robert Beachy's (2015) *Gay Berlin: Birthplace of a Modern Identity*.

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7334883/pdf/nihms-1603374.pdf>

⁵ <https://wchh.onlinelibrary.wiley.com/doi/pdf/10.1002/tre.277#:~:text=Ernst%20Laqueur%2C%20a%20scientist%20with,working%20with%20Schering%20in%20Berlin>

studies to confirm the efficacy of gender affirming care for youth,⁶ and leading medical institutions, such as the Mayo Clinic⁷ and Johns Hopkins Medicine,⁸ continue to publicize such clinical trials and research to better the health outcomes of transgender, non-binary, and gender expansive people. When considering this, Dr. Teagan Vaughn (she/her), who is the Director of Gender Affirming Care at Equitas Health, notes that:

“Indeed, not only are there well documented studies for safety and efficacy, but we also have insight into patients’ lived experiences with these medications. So-called ‘experimental treatments’ do not typically have continued use throughout a patient’s life—but a recently published study⁹ from the Netherlands in the *Lancet Child and Adolescent Health* showed 98% of 720 adolescents continued medical gender affirming care into adulthood—indicating patient satisfaction and efficacy.”¹⁰

Additionally, the proposed legislation also utilizes outdated language related to “sex,” fails to acknowledge the best practices of care for intersex people¹¹ and protects perpetrators of human rights abuses against intersex children. By using terms like “biological sex” throughout this legislation and as defined in the proposed language for Section 3109.054, HB 468 fails to acknowledge both intersex people and their healthcare needs. As defined by interAct Advocates for Intersex Youth, “intersex is an umbrella term for unique variations in reproductive or sex anatomy.”¹² By proposing that words like “biological sex” be codified in state law, the proposed legislation also directly contradicts the mission of the Ohio Dept. of Health (ODH), which states that the agency is focused upon “advancing the health and well-being of all Ohioans” and “address[ing] health inequities and disparities.”¹³ Furthermore, the proposed legislation – which purports to be ‘protecting children’ – actually protects medical providers who commit human rights abuses against intersex children, and these disturbing blanket protections for such human rights abuses are clearly listed as proposed language within Section 3129.04(A-B).¹⁴

At its core, HB 68 seeks to reduce access to gender affirming care, which is *quite literally* life saving care for many transgender, non-binary, and gender expansive people. By prohibiting access to this care, this proposed legislation has failed to acknowledge the medically recommended standards of care for gender expansive populations, which are widely available via the World Professional Association of Transgender Health’s (WPATH’s) *Standards of Care for the Health of Transgender and Gender Diverse People*, version 8.¹⁵ In reflecting upon the restrictions against gender affirming care that are listed in the proposed language for Section 3129.03 and other places within HB 68, Dr. Teagan Vaughn (she/her), who is the Director of Gender Affirming Care at Equitas Health, further notes that:

“Access to healthcare is a longstanding right and tradition in the United States of America. Multiple international guidelines recommend use of these medications and therapies for appropriate candidates, and it is both unethical and unprofessional to suggest otherwise given the lack of endocrinologists, behavioral health experts, and gender experts amongst this esteemed legislature. Yes—there are needs that should be addressed amongst this population, but those needs are rooted in support for safe and affirming households, quality education, and all the tools needed to grow up to be healthy and functioning young people—including those rights related to recommended medical care.”¹⁶

⁶ <https://clinicaltrials.gov/ct2/show/NCT03557268?term=transgender&draw=6&rank=181>; see also <https://clinicaltrials.gov/ct2/results?cond=&term=transgender>

⁷ <https://www.mayo.edu/research/clinical-trials/diseases-conditions/gender-dysphoria>

⁸ <https://www.hopkinsmedicine.org/center-transgender-health/clinical-trials.html>

⁹ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(22\)00254-1/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00254-1/fulltext)

¹⁰ Quotation provided on November 14, 2022.

¹¹ <https://www.lambdalegal.org/publications/intersex-affirming>

¹² <https://interactadvocates.org/faq/>

¹³ <https://odh.ohio.gov/about-us>

¹⁴ <https://www.hrw.org/news/2017/07/25/us-harmful-surgery-intersex-children>

¹⁵ <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>; see also <https://www.wpath.org/publications/soc>

¹⁶ Quotation provided on November 14, 2022.

And finally, we also remain opposed to the proposed legislation’s attempt to ban coverage for gender affirming care services via both Medicaid and private health insurance plans, which are respectively noted in the proposed language for Section 3129.07. By refusing to acknowledge that gender affirming care is life saving care, this action would adversely impact the health outcomes of transgender, non-binary, and gender expansive youth, in addition to intersex youth. In doing so, the proposed legislation also seeks to empower private health insurance companies in denying access to medically recommended healthcare services. And of course, it remains important to note that this would position the state of Ohio’s laws to be in direct opposition to federal law – i.e. Section 1557 of the Affordable Care Act¹⁷ and the forthcoming associated rule from the Dept. of Health and Human Services.¹⁸ As such, this proposed legislation would simply create further health inequities for transgender, non-binary, and gender expansive youth, who already face challenges in access to care.¹⁹

With all of this in mind, we remain in firm in opposition to the proposed and so-called “Save Adolescents from Experimentation (SAFE) Act” (HB 68), and we urge this committee to oppose the proposed legislation and to ensure that it does not reach the floor of the Ohio State Senate.

Respectfully submitted,

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P.S. Please continue for testimony related to the so-called “Save Women’s Sports Act,” which has been amended into this bill about healthcare.

¹⁷ <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

¹⁸ <https://www.hhs.gov/about/news/2022/07/25/hhs-announces-proposed-rule-to-strengthen-nondiscrimination-in-health-care.html>

¹⁹ <https://www.thetrevorproject.org/survey-2022/>



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My name is Dr. Rhea Debussy, and my pronouns are she/her. I'm the Director of External Affairs for Equitas Health. As you're likely aware, Equitas Health is a non-profit community healthcare system and one of the largest LGBTQ+ and HIV/AIDS serving healthcare organizations in the country. Each year, we serve tens of thousands of patients in Ohio, Texas, Kentucky, and West Virginia, and since 1984, we have been working to advance "care for all."²⁰ I'm thankful for the opportunity to address you all today, and I'm here to provide testimony in opposition to HB 6, which would perpetuate discrimination against transgender, non-binary, gender expansive, and intersex student-athletes across the state. As a reminder, this has been amended into HB 68, as mentioned previously.

First, I would like to note that the so-called "Save Women's Sports Act" – which pushes transgender, non-binary, gender expansive, and intersex youth and young adults out of school athletics – could not be passed in a standalone form, given the troublesome components of the legislation. Instead, some members of the House of Representatives have – on multiple occasions including in December 2022 – co-opted another piece of legislation, which is unrelated to sports teams for youth and young adults.²¹ This attempt to pass the so-called "Save Women's Sports Act," via this underhanded and clandestine method, is highly concerning. Even so, the actual text of HB 6 is even more alarming than the method by which some legislators are trying to pass it into law.²²

As the committee may be aware, I have been a leading national voice in the fight for trans-inclusive policies in sport. Prior to joining Equitas Health, I enjoyed a nearly decade-long career in higher education, and I have been nominated multiple times for the National Collegiate Athletics Association's (NCAA's) Division III LGBTQ Administrator-Staff-Coach of the Year Award.²³ From 2019 to early 2022, I also held a position as one of less than 60 facilitators for the NCAA's Division III LGBTQ OneTeam Program, which is a national training program that fosters LGBTQ+ inclusion in NCAA Division III athletics.²⁴ Upon my coming out as transgender and non-binary, I was then one of the few gender expansive facilitators and the only trans feminine facilitator. During this time, I trained hundreds of coaches, athletics administrators, and student-athletes about LGBTQ+ inclusive policies in sport.²⁵ In April 2021, I led a group of my fellow facilitators to condemn discriminatory legislation like the "Save Women's Sports Act,"²⁶ and this quickly became national

²⁰ <https://equitashealth.com/about-us/>

²¹ <https://www.whio.com/news/local/ohio-house-passes-bill-that-would-ban-transgender-female-athletes-playing-female-only-sports/BUKYCK7715BGPPU4UKMLMSANGY/>

²² <https://www.legislature.ohio.gov/legislation/135/hb6>

²³ <https://twitter.com/NCAC/status/1349519050238550018>

²⁴ <https://www.ncaa.org/sports/2019/4/12/division-iii-lgbtq-oneteam-program.aspx>

²⁵ <https://www.dispatch.com/story/news/education/2019/11/11/denison-kenyon-training-other-colleges/2314422007/>; See also <https://www.outsports.com/2019/10/25/20931099/ncaa-oneteam-program-division-iii-kenyon-college-athletics-small-school> and <https://kenyoncollegian.com/sports/2019/10/coaches-participate-in-lgbtq-inclusion-training-for-d-iii-sports/>

²⁶ <https://www.hrc.org/press-releases/ncaa-lgbtq-oneteam-facilitators-publish-open-letter-condemning-anti-transgender-legislation>

news.²⁷ Ultimately, the NCAA fell to the pressure of some legislators,²⁸ who have been fixated on stripping away the rights of transgender, non-binary, gender expansive, and intersex student-athletes across the country.²⁹ In doing so, the NCAA passed an updated “Transgender Participation Policy,” which perpetuates misinformation about gender expansive and intersex athletes. Following the passage of this in January 2022, I made national and international headlines by publicly critiquing the NCAA’s actions and resigning from my position with the NCAA’s Division III LGBTQ OneTeam Program, via an open letter that was published by Athlete Ally³⁰ and profiled internationally by *Sports Illustrated*³¹ and others.³²

While that background information isn’t directly related to HB 6, it is important for you to know that I – as a leading national expert on this topic – am here to share information about the dangers of this specific bill. I hope that these insights will help to ensure that you all do not advance this bill from the committee or schedule it for further hearings. Regarding the impact of HB 6, we know that it – like the previous NCAA policy that I spoke about – relies upon outdated presumptions about gender expansive and intersex athletes, while also using factually incorrect ‘science’ in an attempt to justify this discrimination. While there have been one or two highly publicized studies that claim that trans-feminine people retain an ‘athletic advantage’ even after transitioning, these articles have flaws in their methodology, and one example of this flaw is that such articles often don’t account for training routines of all athletes in the study.

In fact, Dr. Timothy Roberts – a high-profile author of a study that is routinely and *erroneously* cited by people proposing these discriminatory sports bans – has directly said that:

“I’m definitely coming out and saying, ‘Hey, this doesn’t apply to recreational athletes, doesn’t apply to youth athletics.’ ... At the recreational level, probably one year is sufficient for most people to be able to compete. ... [For instance, a transgender woman who transitions before or at puberty] doesn’t really have any advantage [in athletics,] ... so that young lady should be allowed to compete with all the other people who are born women [sic]. ... [Regarding Olympic competitions and not youth to college sports,] we need to do a few more studies to see if that’s a permanent effect.”³³

There has also been an evolving body of research about gender expansive and intersex athletes. The bulk of this research demonstrates that gender expansive and intersex athletes do not have an advantage over cisgender and non-intersex athletes,³⁴ while also noting the intense discrimination that many of these athletes face.³⁵ For instance, 2015 research from the *Journal of Sporting Cultures and Identities* – which focused on race times specifically – shows that transgender women do not have a competitive advantage over cisgender women.³⁶ Additionally, 2018 research from the academic journal, *Endocrine Reviews*, demonstrates that a testosterone – when suppressed to the standardized range of cisgender women – does not provide an inherent advantage for trans-feminine and intersex athletes.³⁷ Similarly 2019 research from *The Lancet* notes that the notion of ‘biological sex’ is often incorrectly used to exclude these athletes,³⁸ and this is often done with pseudo-scientific presumptions about hormones and secondary sex characteristics. In short,

²⁷ <https://abcnews.go.com/Sports/ncaa-group-condemns-anti-transgender-sports-bills-open/story?id=76880702>

²⁸ <https://www.hrc.org/press-releases/human-rights-campaign-condemns-ncaa-for-failure-to-take-responsibility-unresponsiveness-in-calls-to-protect-lgbtq-athletes>

²⁹ https://www.lgbtmap.org/equality-maps/sports_participation_bans

³⁰ <https://www.athleteally.org/ncaa-facilitator-resigns-in-protest-over-trans-policy/>

³¹ <https://www.si.com/college/2022/01/24/lgbtq-one-withdrawal-letter-dorian-rhea-debussy-transgender-eligibility>

³² <https://www.them.us/story/ncaa-lgbtq-facilitator-resigns-trans-college-basketball-player-rights>; see also

<https://www.thepinknews.com/2022/01/25/ncaa-trans-employee-quits/>.

³³ <https://www.nbcnews.com/feature/nbc-out/trans-women-retain-athletic-edge-after-year-hormone-therapy-study-n1252764>

³⁴ <https://www.science.org/content/article/scientist-racing-discover-how-gender-transitions-alter-athletic-performance-including>

³⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5357259/>

³⁶ https://www.researchgate.net/publication/307766116_Race_Times_for_Transgender_Athletes

³⁷ <https://academic.oup.com/edrv/article/39/5/803/5052770>

³⁸ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32764-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32764-3/fulltext)

the scientific literature clearly demonstrates that there is no problem to fix; instead, legislation, like HB 6, simply targets gender expansive and intersex youth with discrimination.

Regarding the text of HB 6, there are a number of problematic elements that rely upon faulty pseudo-scientific research and discriminatory presumptions about transgender, non-binary, gender expansive, and intersex people. With all of this in mind, Equitas Health opposes HB 6, which would perpetuate discrimination against transgender, non-binary, gender expansive, and intersex student-athletes across the state. As such, we urge this committee to not advance this bill from the committee or schedule it for further hearings, as it is both unnecessary and discriminatory in nature.

Respectfully submitted,

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