



Ohio Children's Hospital Association

Saving, protecting and enhancing children's lives

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Substitute House Bill 68 Opponent Testimony before Ohio Senate Government Oversight Committee

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Chairwoman Roegner, Vice Chair Antani, Ranking Member Smith, and members of the Senate Government Oversight Committee. My name is Nick Lashutka, and I am the President & CEO of the Ohio Children's Hospital Association (OCHA). I also have the privilege of serving as President of Children's Hospitals Solutions for Patient Safety, an international effort that began here in Ohio over a decade ago and has now grown to over 140 children's hospitals around the world dedicated to eliminating patient & employee harm.

I am here today to testify in opposition to Substitute House Bill 68.

Ohio has the world's best team of children's hospitals – Akron Children's, Cincinnati Children's, Dayton Children's, Nationwide Children's, UH/Rainbow Babies' and Children's, and ProMedica Ebeid Children's. All of our members are ranked best in class in the nation in various aspects of pediatric care. Two of our members are ranked in the top 6 – one of them, who joins me today, has earned the ranking of the #1 children's hospital in the entire country. We represent child health experts and specialists, all dedicated to serving kids.

We serve all of Ohio's 2.6 million children, regardless of their family's ability to pay. Our mission is to save, protect, and enhance children's lives. Our members are committed to improving all aspects of children's health – including behavioral and mental health. We are experiencing a pediatric behavioral health crisis and are working every day to address the growing number of kids in need of inpatient and outpatient behavioral health services. The workforce shortage is severe and is causing families to experience unacceptable wait times and limited access to care. We are extremely concerned with the section of Sub. HB 68 that would require a higher threshold for kids to access mental health services.

The allegations made against children's hospitals by supporters of Sub. HB 68 are deeply offensive and disappointing. Children's hospitals across Ohio are filled with pediatric experts who have dedicated their lives to caring for kids. We serve the most vulnerable in our state. All of our care is family centered. Since 2021, when this legislation was first introduced, we have been willing to meet with any individuals or legislators who would like to learn more about care for this population of children.

Sub. HB 68 uses false information to strip away parental rights and impose non-scientific restrictions on pediatric health care specialists. Sub. HB 68 bans all medical treatment with age-appropriate medications that are used in extremely limited, but critical, circumstances. Sub. HB 68 creates broad, sweeping barriers for access to mental health care without justification. This is a small, but extremely vulnerable and high-risk population. Our hospitals have devoted, multidisciplinary teams of specialists to support their well-being. Importantly, Sub. HB 68 does not



distinguish current patients from new patients. We are deeply concerned about what will happen to these kids should Sub. HB 68 becomes law.

All service lines within our hospitals follow standards of care to ensure quality, safe, and effective care. Our clinics and clinicians who provide gender affirming care are no exception. Every individual and family who comes to one of our facilities does so voluntarily. We have no agenda other than serving patients and using the best available research to optimize their well-being.

We DO NOT perform ANY surgeries on minors for the condition of gender dysphoria. Children's hospitals gender clinics were established to respond to the needs of families and youth who needed help. The foundation of our clinics is to support families and youth with their mental health needs, first and foremost. Each patient undergoes a rigorous mental health assessment to determine if these clinics are even the right place for them. In over 10 years, Ohio's children's hospitals have served approximately 3300 individuals whose first appointment at a gender clinic took place when they were under the age of eighteen. The average age at their first appointment was sixteen years old. Of those 3300 individuals, only 7% were prescribed a puberty blocker, and only 35% were prescribed hormones. This means that of the patients under the age of eighteen who comes to our clinics for treatment, **65% are never prescribed medication prohibited by Sub. HB 68.** While the majority of patients are never prescribed medication as minors, those who do take medication consider it lifesaving and crucial. It is a dangerous precedent for government to dictate when medication is appropriate in pediatrics.

Sub. HB 68 is specific to minors and has no impact on adult gender affirming care. Yet adult experiences continue to be highlighted by the proponents of this bill. Most individuals whom you have heard from did not take hormones or receive gender affirming procedures until they were adults. Their experiences are not relevant to this bill. If anything, hearing from individuals who made inadequately informed decisions after turning 18 reinforces the importance of allowing this care to happen **WITH** parental consent, while parents still have a legal say in their child's care.

Children's hospitals, and other stakeholders who care for kids, know better than anyone how often policies can be inappropriately determined by adult experiences. Please do not make that mistake here. The 2011 Swedish study that has been referenced by proponents was conducted with adults. The average age of the participants was 35 and the youngest participant was 20 years old. This research is irrelevant to pediatrics and Sub. HB 68.

Proponents of Sub. HB 68 also continue to reference the evolution of gender affirming care in European countries. To be clear, those countries have not banned gender affirming care for minors as Sub. HB 68 proposes to do. Ohio's children's hospitals have always taken a conservative and cautious approach to this care. We have led by example, prioritizing behavioral health first and foremost. European countries are proposing more research on gender affirming care for minors- research that would be banned in Ohio should HB 68 become law.

An overwhelming amount of misinformation has been shared about the nature of our clinics and the care we provide to patients and families. Here are the facts:

1. Children's hospitals in Ohio have responded to a need in the community to serve a very small, but complex group of children.
2. There are 2.6 million kids living in Ohio. Around a third of the individuals diagnosed with gender dysphoria begin medical treatment under the age of eighteen. This is 0.0003% of the population of minors in Ohio.
3. All medical gender dysphoria treatment requires parental consent. It is supported by a multi-disciplinary team of professionals, including pediatric specialists in psychiatry, adolescent medicine, and endocrinology.
4. Again, we DO NOT perform surgeries on minors for the condition of gender dysphoria.



5. Individuals diagnosed with gender dysphoria are consistent, persistent, and insistent for a lengthy period of time. The notion that kids declare a feeling and are immediately medicated at one of our clinics is false.

6. Patients do not self-diagnose their gender dysphoria; they present with symptoms of gender dysphoria. Their health care providers evaluate these symptoms, and only their health care providers make diagnoses.

7. All comorbid mental health conditions are screened for and evaluated before determining if additional treatment is needed.

8. Patients do not receive puberty blockers or hormones at their first appointment.

9. The average age of a patient at their first appointment is sixteen.

10. All our care is safe, age-appropriate, evidence-based, and aligned with clinical practice guidelines.

At a minimum, we ask that you support us in addressing the pediatric behavioral health crisis through the following changes to the bill:

1. Include a grandfather clause for current patients.
2. Remove barriers to access mental health care.
3. Allow physicians to provide comprehensive care information to patients.
4. Create a pathway for medication treatment to be utilized in extremely limited circumstances.

Thank you for the opportunity to testify in opposition to Sub. HB 68. I appreciate your careful consideration of the harmful implications this bill would have on kids and urge you to not support the bill in its current form. I would be happy to answer any questions.