

Date: 12/4/2023

Regarding House Bill 68:

Chair Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, and Members of the Senate Government Oversight Committee:

My name is Sarah Pickle and I am a Family Medicine Physician practicing in Ohio. Over half of my patients are transgender, gender diverse, or non-binary. My experience with these patients has informed my understanding, evaluation and considerations of gender dysphoria and gender affirming care, and it is why I write to you today to ask that you vote to **oppose House Bill 68**. The opinions expressed in this letter are solely my own.

Gender Dysphoria can occur when an individual's gender identity does not align with their assigned sex.¹ When an individual's experienced gender does not align with their assigned sex, it can have detrimental effect on their overall health, both mentally and physically.¹

The standard of care for individuals with gender dysphoria is not a one-size fits all approach but may include gender affirming interventions. In youth, these can be wide- ranging and may include puberty blocks or hormone therapy. The decision to use any of these treatments is done through a collaborative approach after extensive discussion, education, and assessment involving multiple care providers, young people, and their families. Not all patients require or even desire all the above therapies. Instead, the standard of care is to individualize therapy and utilize the interventions that are best suited for each individual patient and their desire to affirm their own gender identity¹. Most transgender youth do not receive surgery.

The standards of care were not created by happenstance but are rooted in the evidence found throughout the medical literature, like other medical guidelines. Gender affirming care has demonstrated efficacy in treating individuals with gender dysphoria and results in improved quality of life and reductions in anxiety, depression, suicidality, and substance use.¹ Additionally, regret following gender transition is rare, ranging from 0.3 to 3.8 percent and is typically related to poor social support after transition.¹ Lack of access to treatment for gender dysphoria has been associated with an increased risk for depression, anxiety, and suicidality. Highlighting the impact of inadequate access to gender-affirming therapy on suicidality is vital as 82% of transgender individuals have considered suicide and 40% have attempted suicide.² In addition, the risk of suicidality is highest among transgender youth, the same population that would lose access to these treatment options if house bill 68 took effect.

Prohibiting healthcare providers from providing evidence-based, guideline directed treatment can decrease the quality of care that transgender youth receive, increasing the risk of anxiety, depression, substance use, and suicide among a vulnerable population that is already at heightened risk. As discussed above, the medical and surgical treatments that are specifically prohibited by house bill 68 are not currently nor are they intended to be provided to all youth with gender dysphoria. However, for the subset of transgender youth that requires them, their ability to access these treatments and find a supportive community is paramount to their overall health and wellbeing. I would call upon all members of this committee to **oppose house bill 68**.

At a time when transgender youth are experiencing anxiety, depression, and suicidality at rates much higher than their peers, we cannot afford to remove these important, evidence-based treatment for our patients.

Thank you for your time and consideration,

A handwritten signature in black ink that reads "Pickle". The signature is written in a cursive, flowing style.

Sarah Pickle, MD

Family Medicine Physician

References:

1. Coleman E, Radix A, Bouman W. et al. (2022) Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI: [10.1080/26895269.2022.2100644](https://doi.org/10.1080/26895269.2022.2100644)
2. Austin A, Craig SL, D'Souza S, McInroy LB. Suicidality Among Transgender Youth: Elucidating the Role of Interpersonal Risk Factors. J Interpers Violence. 2022 Mar;37(5-6):NP2696-NP2718. doi: 10.1177/0886260520915554. Epub 2020 Apr 29. Erratum in: J Interpers Violence. 2020 Jul 29;:886260520946128. PMID: 32345113.