## December 6, 2023 Testimony of Delia M. Sosa, MS, MD Candidate House Bill 68

Chair Roegner, Vice Chair Antani, Ranking Member Hicks-Hudson, and members of the Senate Government Oversight Committee, thank you for the opportunity to testify today in strong opposition to House Bill 68. My name is Delia Sosa, and I am a proud medical student in the great state of Ohio. I also happen to be transgender, and I have had the privilege to work with Ohio's transgender community as a trainee and volunteer over the course of my time in medical school.

One of the crucial bioethical pillars upon which medicine is practiced is that of autonomy, meaning that each person has a say in what care they do or do not receive. This applies to both adults and minors, as minors who are old enough to communicate their wishes must assent to care in addition to parental consent. We also rely on the principles of beneficence, which is a duty to do good, and non-maleficence, which is the duty to do no harm. Finally, we have justice, which is the duty to equitably and fairly distribute resources.

House Bill 68 violates every single bioethical pillar of medicine. It violates autonomy by ripping decisions about medical care out of the hands of young transgender people and their families and forcing only one option onto them: either consent to receive life-saving care and risk imprisonment, or receive no care. It takes the ability to make medical decisions away from transgender youth and the family members they know and trust and places it solely in the hands of the government, where medical decision-making does not belong.

It violates beneficence by preventing young transgender people, their families, and the healthcare providers who know them best from making clinically sound decisions in these young people's best interest. We know that gender-affirming healthcare is both life-saving and overall beneficial to young transgender people, and withholding such care denies this community the life-saving benefits they deserve. Of course, it may not be the right decision for every individual person, but that is up to the patients, their families, and their providers to decide, not a governmental branch who has never met these people.

It violates non-maleficence by directly putting transgender youth in harm's way. Everything in medicine involves assessing the risks and benefits of the care we provide, and no medication, surgery or treatment comes without risk, including risks we are not always aware of. This includes gender-affirming care, which has less than a 10% regret rate (a lower regret rate than most surgeries and procedures). Peer-reviewed research has demonstrated that although we may not know every single side effect of puberty blockers or gender-affirming hormone therapy, the benefits of survival and improvement in psychosocial wellbeing it provides far outweigh the risks.

And finally, it violates justice not just for transgender youth, but also for intersex youth. A common narrative people hear is that gender-affirming care is being forced upon transgender people, and this is just not true. Gender-affirming healthcare is only provided to transgender youth who have assented to receiving this care themselves. Intersex youth, however, are often subjected to surgeries and hormone therapy without their assent, some of them even before they are able to speak. House Bill 68 contains a clause which specifically permits genital surgeries and hormone therapy to be forced on intersex kids. As such, House Bill 68 reinforces this paradox of transgender youth being unable to access care they have explicitly asked for and that same care being forced on intersex youth who do not want it. How is this just? How is this autonomous? How is this doing any good to either group of young people?

House Bill 68 was never about protecting or saving children. It is focused on forcing transgender and intersex youth to conform to the fear of adults who do not even know them, who have never even asked these youth what they want or need. It is focused on taking a very personal, individual choice away from youth and their families, a choice which should not be tainted by a blanket law. It is focused on governmental overreach which denies patients their right to receive evidence-based, clinically sound medical care which is decided upon in collaboration between patients and providers.

I urge you, as a transgender person and a medical trainee, not to pass House Bill 68. Please continue to allow transgender youth to receive the standard medical care established by professional medical organizations. The blood of any transgender or intersex young people who are harmed from House Bill 68 will be on your hands should you let this pass.