

12/4/23

Dear Senators on the Ohio Senate Government Oversight Committee,

My name is Jennifer Williams and I am the first transgender council person elected in New Jersey. I am also a lifelong Republican who believes in freedom, limited government, and strong families. H.B. 68 is deeply contrary to all of these values. Exercising government control to restrict the rights of parents to make medical decisions for their family is antithetical to a free society, and limiting the medical options available to help keep kids and teenagers alive and families whole, weakens our country. In fact, 76% of likely voters believe that the decision regarding access to care for transgender youth should rest with parents or medical practitioners.

As Executive Director of GRACE, I submit the following documents that address misinformation in the discourse surrounding gender-affirming care. I hope that these documents will reveal to you the benefits of gender-affirming care, and that the Senate Government Oversight Committee will stop this harmful bill from advancing to the Senate floor. As a transgender person and as a fellow elected official, I hope you will give them serious consideration.

Please email me at [jennifer@grace-now.org](mailto:jennifer@grace-now.org) for any questions. Thank you.

Sincerely,

Jennifer Williams  
Executive Director,  
GRACE

## Gender-Affirming Care Reduces Depression and Suicide Attempts by Youth

Gender-affirming care (GAC) is defined as any kind of medical care that people receive to align their body with their gender identity. This includes therapy, consultations with doctors, hormones, medication, or surgery for those over the age of 18. **Gender-affirming care is life-saving medical care for the majority of people who receive it.**<sup>1</sup>

- Trans youth who receive the GAC are **73% less likely to attempt suicide** and **60% less likely to experience depression** and report feelings of hopelessness about their future.<sup>2</sup>
- Gender-affirming hormones were found to **decrease anxiety levels by 33%** for trans youth prescribed the treatment.<sup>3</sup>
- Trans youth are at higher-risk of experiencing mental health issues. Data from 2022 reveals that that **nearly 66%** of transgender youth reported experiencing symptoms of depression, **more than half** seriously considered suicide, and nearly **20% of transgender youth attempted suicide.**<sup>4</sup> Legislators must protect access to life-saving treatment given the risk factors associated with this population.
- [The American Academy of Child & Adolescent Psychiatry](#), [American Academy of Pediatrics](#), [American Medical Association](#), and other major medical associations have released statements in support of GAC for youth, citing the beneficial mental health outcomes of treatment and decreased risk for suicidal ideation.

*Do not restrict life-saving gender affirming care for the overwhelming majority of youth who need the care. These decisions should be left in the hands of the child's parents and doctors, not the government.*

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<sup>1</sup> Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

<sup>2</sup> Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978

<sup>3</sup> Kaltiala, R., Heino, E., Työläjärvi, M., & Suomalainen, L. (2020). Adolescent development and psychosocial functioning after starting cross-sex hormones for gender dysphoria. *Nordic Journal of Psychiatry*, 74(3), 213-219.

<sup>4</sup> The Trevor Project (2022). 2022 National Survey on LGBTQ Youth Mental Health. <https://www.thetrevorproject.org/survey-2022/#intro>

## Fewer Than Three Percent of Those Who Receive Gender-Affirming Medical Care Discontinue or Regret that Care

Gender-affirming care is defined as any kind of medical care that people receive to align their body with their gender identity. This includes therapy, consultations with doctors, hormones, medication, or **surgery for those over the age of 18**. However, despite high rates of patient satisfaction, misinformation on regret and detransitioning has been cited as a reason to limit all gender affirming care.

- Gender-affirming care is associated with **low rates of patient regret**. A review of 27 studies, pooling 7,928 transgender patients who underwent gender-affirming surgery, revealed only **1% of those receiving care reporting regret**.<sup>1</sup> By way of context, approximately 20% of people regret their knee replacement surgery, and the regret rate across all surgeries is approximately 14%.<sup>2</sup>
- **Detransitioning is a small exception and is not common**. A 2022 longitudinal study revealed that five years after their initial social transition only **2.5%** of youth reverted to identifying as the gender they were assigned at birth.<sup>3</sup> A 2018 retrospective study from a leading Dutch pediatric clinic revealed that 20 years after beginning care, only **1.6%** of transgender adolescents on puberty blockers discontinued their use.<sup>4</sup>
- Doctors do not prescribe gender-affirming medical care without thorough screening to avoid treatment for those who do not need it. In fact, **only 0.002% of trans youth under 18 will receive surgery**. Parents, transgender youth, and their doctors are best left to decide the proper medical course of action, not lawmakers.

Gender affirming medical care is life-saving for the overwhelming majority of youth who need the care. The fact that an incredibly small minority (less than 2.5%) of people later choose to discontinue care should not result in this care being denied to the other 97.5%.

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<sup>1</sup> Bustos VP, Bustos SS, Mascaro A, Del Corral G, Forte AJ, Ciudad P, Kim EA, Langstein HN, Manrique OJ. Regret after Gender-affirmation Surgery: A Systematic Review and Meta-analysis of Prevalence. *Plast Reconstr Surg Glob Open*. 2021 Mar 19;9(3):e3477. doi: 10.1097/GOX.0000000000003477. Erratum in: *Plast Reconstr Surg Glob Open*. 2022 Apr 28;10(4):e4340. PMID: 33968550; PMCID: PMC8099405.

<sup>2</sup> Bourne RB, Chesworth BM, Davis AM, Mahomed NN, Charron KD. Patient satisfaction after total knee arthroplasty: who is satisfied and who is not? *Clin Orthop Relat Res*. 2010 Jan;468(1):57-63. doi: 10.1007/s11999-009-1119-9. PMID: 19844772; PMCID: PMC2795819; Wilson A, Ronnekleiv-Kelly SM, Pawlik TM. Regret in Surgical Decision Making: A Systematic Review of Patient and Physician Perspectives. *World J Surg*. 2017 Jun;41(6):1454-1465. doi: 10.1007/s00268-017-3895-9. PMID: 28243695.

<sup>3</sup> 2 Kristina R. Olson, et al., Gender Identity 5 Years After Social Transition, *Pediatrics* 150(2) (July 13, 2022).

<sup>4</sup> Maria ATC van der Loos, et al, Children and Adolescents in the Amsterdam Cohort of Gender Dysphoria: Trends in Diagnostic and Treatment Trajectories During the First 20 Years of the Dutch Protocol, *Journal of Sexual Medicine* 398-409 (Jan. 26, 2023).



Gender Research Advisory Council + Education

## The Truth About Puberty Blockers

Puberty blockers can be used to delay the changes of puberty and are a form of gender affirming health care for those experiencing gender dysphoria. **Puberty blockers are essential and clinically approved life-saving medical care.**

- Puberty blockers are a clinically proven form of gender affirming care to treat gender dysphoria, and are only used when prescribed by a doctor.<sup>1</sup>
- The effects of puberty blockers are **temporary and reversible**. Blockers act to pause secondary sex characteristics and fertility, which **will recommence if the blockers are discontinued**.<sup>2</sup>
- Puberty blockers can be seen as **surgery sparing**, since they delay puberty and the physical effects from taking place. In male-to-female they can reduce the need for future facial feminization surgery and facial hair removal. For female-to male they can obviate the need for mastectomies.
- Puberty blockers are not threatening to youth. In fact they have been found to **improve mental well-being, ease depression and anxiety, improve social interactions** with others, lower the need for future surgeries, and ease thoughts and actions of self-harm.<sup>3</sup>
- Trans youth who receive the gender-affirming medical care they need are **73% less likely to attempt suicide** and **60% less likely to experience depression** and report feelings of hopelessness about their future.<sup>4</sup>

*Do not restrict life-saving gender affirming medical care for the overwhelming majority of youth who need the care. These decisions should be left in the hands of a child's parents and doctors, not the government.*

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<sup>1</sup> Cohen-Kettenis, P. T., Steensma, T. D., & de Vries, A. L. (2011). Treatment of adolescents with gender dysphoria in the Netherlands. *Child and Adolescent Psychiatric Clinics*, 20(4), 689-700.

<sup>2</sup> Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal S.M., Safer J.D., Tangpricha V., & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, 102(11), 3869-3903.

<sup>3</sup> Health Education & Content Services. Puberty blockers for transgender and gender non-conforming youth. Mayo Clinic; 2022.

<sup>4</sup> Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978