

OHIO HB 454 - Save Adolescents from 5 Experimentation (SAFE) Act **SUPPORT**

The Gender Care Consumer Advocacy Network (GCCAN) is a patient rights non-profit registered in Ohio. Our mission is to empower recipients of gender-transition related care to become healthy and whole.

Over the past several years, state legislatures across the United States have introduced bills in response to what is essentially an unregulated and experimental medical practice of chemically and surgically altering healthy children to assume or emulate the sexual characteristics of the opposite sex. In fact, in 2020 GCCAN opposed Ohio HB 513 which would have criminalized provision of gender care services to minors. At the time, GCCAN urged Ohio to

empower gender care consumers who currently find it difficult to bring malpractice actions against providers who have come to see themselves as immune to repercussion

and we are glad to see that HB 454 takes an approach which enhances the rights of patients rather than criminalizing medical providers.

Legislators in Ohio should understand two sets of developments that have occurred in the past year. The first is that American gender clinicians have broken their silence and have started to express concerns about the lack of safeguarding and proper qualification of patients before being prescribed experimental procedures. Psychologists Laura Edwards-Leeper and Erica Anderson, former president of United States Professional Association for Transgender Health, co-wrote an opinion piece for the Washington Post titled [The Mental Health Establishment is Failing Trans Kids](#), which identifies the lack of evidence-based care and the gaps of research which would justify medical or surgical approaches to curing gender identity disorders in children. The second development is the clarity that outright criminalization and bans are a losing strategy for protecting vulnerable children and their families. These families have sought out professional advice from therapists, social workers, and doctors, who in turn often must look to their professional associations for advice on providing care. Attempts by legislators to terminate ongoing care, particularly when the providers are able to provide credible arguments for the necessity of care, will ultimately be resolved in the court system and litigated by well-funded advocacy groups.

GCCAN supports HB 454 because it takes a better approach to regulating gender care services to minors. As HB 454 lays out across Sec. 3129.01, gender affirming medicines and procedures produce risk for the patient. Minors cannot consent to these practices, and so it falls on the parents to consent on behalf of the child, based on

professional guidance. As of now, the child carries the entire burden of risk, and even if the child is harmed due to well-known side effects of hormone treatments or is injured in the course of surgery, that child has no recourse to be made whole. HB 454 addresses this inequality through Sec. 3129.08 which permits an individual to obtain relief for having been medicalized as a minor for twenty years past the age of majority. This provision will be a giant relief for minors who, after adolescence, come to regret having their gender dysphoria treated medically. In turn, it will also cause doctors and surgeons to be more circumspect in their prescriptions for medical interventions.

There are two amendments GCCAN recommends making to Sec. 3129.08 (A) which declares that any provision of gender transition procedures to minors should be subject to disciplinary review under unprofessional misconduct. Although the current landscape of transgender medical services is mostly unregulated, and that the standards of care lack scientific or medical rigor, and that even the meager standards of care are generally disregarded by gender clinicians, we are optimistic that this situation can and must improve, and we believe that if the gender transition industry begins to assume more of the risk for its prescriptions, that better standards and practices will emerge. We would like to keep the door open for the possibility that rigorous diagnostic criteria will be developed that may justify medical procedures in extraordinary cases. The second amendment would be a requirement for physicians, mental health care providers, and other medical health care professionals mandating an annual report to the Ohio department of health the number, age, and sex of minor patients who are receiving gender transition services of any type. It is in the state's interest to monitor this demographic information and is invaluable to public health researchers.

Thank you for reviewing our written testimony. We are firmly in favor of legislation that improves patient's rights and which shifts more responsibility and risk onto health care providers, and we see Ohio HB 454 as a model for national reform.

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