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Matt Sharp

Senior Counsel, Alliance Defending Freedom

Testimony on H.B. 454

House Families, Aging, and Human Services Committee

Chair Manchester, Vice Chair Cutrona, Ranking Member Denson, and Members of the House Families, Aging, and Human Services Committee:

Every child deserves a natural childhood—one that allows them to experience puberty and other normal changes that shape who they will become. And a child who experiences gender dysphoria or identifies as the opposite sex deserves compassionate help, including counseling from professionals equipped to help a child navigate the difficult adolescent years.

Children should not be pushed to receive experimental procedures that can leave them permanently sterile and physically marred for life. Indeed, there is nothing natural or healthy about pumping kids full of puberty blockers and cross-sex hormones or performing sterilizing surgeries on them. No studies have shown that these drugs and procedures are safe for children. But the permanent harm they can do is undeniable. The use of puberty blockers, hormone replacement, and radical, irreversible surgery is a dangerous, poorly understood experimental procedure. It pushes vulnerable children down a one-way street that leads to permanent sterility and a lifetime of medical intervention. Even worse, one study from Sweden showed that individuals who underwent gender transition surgery had suicide rates almost 20 times higher than their peers.

Science further shows that giving children puberty blockers and cross-sex hormones results in diminished bone density and increased risks of cardiovascular disease, thromboembolic stroke, asthma, COPD, and cancer. The full effect of these unnatural and radical procedures on brain development and cognition are yet unknown.

Our laws have long protected children from things that society has determine are harmful or that a child lacks the maturity and experience to handle. Children cannot comprehend and fully appreciate the risks and life implications—including permanent sterility—that result from the use of puberty blockers, cross-sex hormones, and drastic surgical procedures. If a child lacks the maturity to sign a

contract, vote, or even get a tattoo, how can they be mature enough to consent to experimental, irreversible medical procedures that lead to permanent sterilization?

That is why Ohio should act to protect children and parents from being pressured by ideologically and financially motivated gender clinics into agreeing to these harmful, experimental procedures.

Courts have long recognized that states have a compelling interest in protecting the physical and psychological well-being of children. *Sable Communications of Cal., Inc. v. FCC*, 492 U.S. 115, 126 (1989) (“[T]here is a compelling interest in protecting the physical and psychological wellbeing of minors.”). “States validly may limit the freedom of children to choose for themselves in the making of important, affirmative choices with potentially serious consequences.” *Bellotti v. Baird*, 443 U.S. 622, 635 (1979). Human experience has repeatedly proven that “during the formative years of childhood and adolescence, minors often lack the experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them.” *Id.*

Ohio’s interest in protecting its youth also extends to regulating the use of experimental medical procedures on Ohio’s daughters and sons. *See Gonzales v. Carhart*, 550 U.S. 124, 157 (2007), (recognizing that states have “a significant role to play in regulating the medical profession”). The State’s authority to regulate the medical field is even stronger “in areas where there is medical and scientific uncertainty.” *Id.* at 163.

In fact, courts have rejected arguments that an individual has a constitutional right to obtain experimental medical treatments. *See, e.g., Abigail All. for Better Access to Developmental Drugs v. von Eschenbach*, 495 F.3d 695, 697, 711 (D.C. Cir. 2007) (finding no “right to procure and use experimental drugs that is deeply rooted in our Nation’s history and traditions” including requests by “terminally ill patients” to obtain “experimental drugs that have passed limited safety trials but have not been proven safe and effective”).

When regulating experimental procedures like gender transition procedures—where the science is rapidly shifting as more and more countries are reversing course and advising against the efficacy and ethics of these treatments—the Ohio legislature is given greater discretion and deference as it sets policy to protect the health and safety of children. As the Supreme Court noted, “it is precisely where such disagreement exists that legislatures have been afforded the widest latitude in drafting such statutes.” *Kansas v. Hendricks*, 521 U.S. 346, 360 n.3 (1997).

Notably H.B. 454 is finely tuned to address the state's interest in protecting minors from experimental gender identity treatments while specifically permitting counseling, psychotherapy, and other treatments for gender dysphoria in minors that have been proven safe and effective.

Putting children on puberty-blockers and cross-sex hormones and subjecting them to gender transition surgeries can have devastating effects across a lifetime. And the Ohio legislature has full authority to conclude that these experimental gender identity procedures are neither safe nor effective for minors based on the currently available medical research. The State can further prohibit medical professionals from administering these harmful procedures on minors, who lack the capacity to consent to such procedures.