



Opponent Testimony HB 454
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Chairwoman Manchester, Vice Chair Cutrona, Ranking Member Denson, and members of the Ohio House Families, Aging, and Human Services Committee, thank you for the opportunity to provide testimony today in opposition of House Bill 454. My name is Gerard Isenberg, MD, and I am President of the Academy of Medicine of Cleveland and Northern Ohio (AMCNO). I am also a practicing gastroenterology physician at a major health system in Cleveland.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), founded in 1824, is the region's professional medical association and the oldest professional association in Ohio. We are a non-profit 501(c)6 representing physicians and medical students from all the contiguous counties in Northern Ohio. We are proud to be the stewards of Cleveland's medical community of the past, present, and future.

The mission of the Academy of Medicine of Cleveland & Northern Ohio is to support physicians in being strong advocates for all patients and promote the practice of the highest quality of medicine. On behalf of our 6,000 members and their patients, I ask you to oppose HB 454.

Transgender individuals are those whose sex, or biological category based on their reproductive organs, does not align with their gender identity, or self-representation based on their feelings and behaviors. Gender-affirming care includes social, psychological, and medical interventions designed to support and affirm an individual's gender identity when it conflicts with the sex they were assigned at birth.

According to a study published in the National Library of Medicine, 82% of transgender youth have considered committing suicide, and 40% have attempted it. For decades, gender-affirming care has been the standard of care for individuals with gender dysphoria, or distress related to a desire to be of another gender. This care looks different for each patient depending on what treatments are deemed medically necessary by their team of health care providers in order to affirm the patient's identity mentally and physically and let them feel safe in their own body.

A study published last month in the Journal of Adolescent Health found that compared to transgender and nonbinary youth who wanted gender-affirming hormone therapy but could not get it, transgender

and nonbinary minors who received gender-affirming hormone therapy had lower odds of recent depression and of a past-year suicide attempt.

The bottom line is that these treatments can and often do save lives, and denial of this care would likely result in increased levels of suicide and depression in this already vulnerable population.

HB 454 would prohibit medical health care professionals from providing gender affirming care for minors or referring them to medical professionals for this care with penalties and prevent health insurance coverage of gender affirming care for minors.

This legislation could have a negative impact on the mental health of transgender youth in Ohio. According to The Trevor Project, the suicide attempt rate for LGBTQ people was 13% lower for those who lived in communities that were very accepting of LGBTQ people compared to those that lived in communities that were very unaccepting of LGBTQ people.

As physicians, we must be allowed to make clinical decisions that are in the best interest of each patient, especially when numerous studies show the overwhelmingly positive impacts of gender affirming care in reducing rates of suicide and depression in transgender youth. Additionally, we are concerned with the potential precedent this legislation could set for other pediatric patients who need hormonal therapy to treat other medical conditions.

Physicians take an oath to first, do no harm. It is the pillar that holds up the medical community and the promise that protects the sacred physician-patient relationship. It is not the role of government to intervene in this relationship. Health care decisions must be made between physicians, patients, and their parents or guardians without the fear of government intrusion.

We must and will do all we can to protect physicians, the physician-patient relationship, and the health of our pediatric patients. And, above all, we must honor medicine's most essential oath and creed: first, do no harm.

It is for all these reasons that we stand in opposition of HB 454. Thank you for the opportunity to testify on this important issue.