Chairman Lipps, Vice Chair Stewart, Ranking Member Liston, and members of the House Public Health Policy Committee. My name is Nick Lashutka, and I am the President & CEO of the Ohio Children’s Hospital Association (OCHA). I also have the privilege of serving as President of Children's Hospitals Solutions for Patient Safety, an international effort that began here in Ohio over a decade ago and has now grown to over 140 children’s hospitals around the world dedicated to eliminating patient & employee/staff harm.

I am here today to testify in opposition to HB 68.

Ohio has the world’s best statewide network of children’s hospitals – Akron Children’s Hospital, Cincinnati Children’s, Dayton Children’s, Nationwide Children’s Hospital, UH/Rainbow Babies & Children’s Hospital and ProMedica Russell J. Ebeid Children’s Hospital. Several of our institutions are ranked among U.S. News & World Report’s best children’s hospitals, and all our members are ranked best in class in the nation in various aspects of pediatric care. Ohio is the only state in the nation with a flagship children’s hospital within a two-hour drive of every family, including our most rural parts of the state.

We serve all of Ohio’s 2.6 million children, regardless of their family’s ability to pay. Our mission is to save, protect, and enhance children’s lives. Our members are committed to improving all aspects of children’s health – including behavioral and mental health. We are experiencing a pediatric behavioral health crisis and are working every day to address the growing number of kids in need of inpatient and outpatient behavioral health services. The workforce shortage is severe and is causing families to experience unacceptable wait times and limited access to care. We are extremely concerned with the new mental health restrictions that are included in HB 68.

The allegations made against children’s hospitals by supporters of HB 68 are deeply offensive and disappointing. Children’s hospitals across Ohio are filled with pediatric experts who have dedicated their lives to caring for kids. We serve the most vulnerable in our state. From the beginning of this legislative process, which began in the last General Assembly, we have been willing to meet with any individuals or legislators who would like to learn more about care for this population.

All service lines within our hospitals follow standards of care to ensure quality, safety, and deliver best outcomes. Our clinics and clinicians who provide gender affirming care are no exception. Every individual and family who comes to one of our facilities does so voluntarily. We have no agenda other than to serve patients and utilize the best available research to optimize their well-being.

We have been accused of establishing gender clinics to make money. This is false. The majority of our care in these clinics is mental health. Any provider can tell you that across all types of insurance, behavioral health services are provided at a financial loss.
We DO NOT perform ANY surgeries on minors for the condition of gender dysphoria. The previous General Assembly considered a version of this bill, HB 454. We provided the House Families & Aging Committee with all information requested by the sponsor. This includes information about the population of minors we have served in our gender clinics over the last 10+ years. Our fact sheet, shared with you as an attachment to my testimony, shows our members have served approximately 3300 individuals whose first appointment at a gender clinic took place when they were under the age of eighteen. The average age at their first appointment was sixteen years old. Of the 3300 individuals, only 7% were prescribed a puberty blocker, and only 35% were prescribed hormones. This means of the patients under the age of eighteen who come to our clinics for treatment, 65% are never prescribed medication.

The latest version of this legislation, HB 68, includes completely new language that would have extremely concerning effects on the access to mental health services for all kids – not just those served in gender clinics. This bill puts onerous requirements on all mental health professionals and creates a pathway for them to be sued for up to 20 years if an individual feels their therapist did not comply. We cannot fathom the implications of the General Assembly supporting restrictions and creating a new private right of action for kids’ mental health professionals.

An overwhelming amount of misinformation has been shared about the nature of our clinics and the care we provide to patients and families. Here are the facts:

1. Children’s hospitals in Ohio have responded to a need in the community to serve a very small, but complex population.
2. All medical gender dysphoria treatment requires parental consent. It is supported by a multi-disciplinary team of professionals, including pediatric specialists in psychiatry, adolescent medicine, and endocrinology.
3. Again, we DO NOT perform surgeries on minors for the condition of gender dysphoria.
4. Individuals diagnosed with gender dysphoria are consistent, persistent, and insistent for a lengthy period of time. The notion that kids declare a feeling and are immediately medicated at one of our clinics is false.
5. Patients do not self-diagnose their gender dysphoria; they present with symptoms of gender dysphoria. Their health care providers evaluate these symptoms, and only their health care providers make diagnoses.
6. All comorbid mental health conditions are screened and evaluated before determining if additional treatment is needed.
7. Patients do not receive blockers or hormones at their first appointment.
8. The average age of a patient is sixteen at their first appointment.
9. There are 2.6 million kids living in Ohio.
10. Around a third of the individuals diagnosed with gender dysphoria begin medical treatment under the age of eighteen. This is 0.0003% of the population of minors in Ohio.
11. All our care is safe, age-appropriate, and aligned with clinical practice guidelines based on research and developed for this population.

In general, we are opposed to HB 68 because it uses false information to strip away parental rights and impose non-scientific based restrictions on pediatric health care specialists. HB 68 bans all medical treatment on age-appropriate medications that are used in extremely limited but critical circumstances, while creating broad sweeping barriers for access to mental health care without justification.

Thank you for the opportunity to testify on HB 68. I appreciate your careful consideration of the harmful implications this bill would have on kids and would be happy to answer any questions.