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Susan Manchester, Chair
Ohio House Families, Aging and Human Services Committee
Ohio House of Representatives
77 South High Street
Columbus, Ohio 43215

Dear Chairwoman Manchester, Vice Chair Cutrona and Ranking Member Denson,

My name is Deborah Elder, MD and I have been a practicing Pediatric Endocrinologist at Cincinnati Children's Hospital Medical Center for over 20 years. I acquired my Ohio Medical License in 2001 with over 23 years of education.

I would like to submit my **OBJECTION** to The Save Adolescents from Experimentation (SAFE) proposal. This is so offensive on many levels. The Ohio General Assembly should leave the practice of medicine to licensed healthcare providers. I am gravely concerned that HB454 sets a dangerous precedent by interfering with medical decision making and parent/caregiver autonomy to discuss care options in consultation with their child's medical provider.

As I practice medicine, I perform a thorough and comprehensive evaluation on each patient and make treatment recommendations based on the best available evidence for that individual's situation. In my experience, parents/caregivers do the best they can, often in difficult circumstances, to make decisions they believe are in their child's best interest. An example of this is the surgical removal of the thyroid gland as a treatment option for hyperthyroidism versus taking medications with known serious side effects.

HB454 would place medical professionals in an ethical dilemma: we would have to refrain from providing evidence-based care to patients struggling with a diagnosis of gender dysphoria or lose our medical license. **I cannot imagine another diagnosis where a state law would prohibit us from delivering evidence-based care. This goes AGAINST our medical training, science-based evidence from the medical literature and consensus statements on gender dysphoria supported by pediatric and subspecialty medical societies.**

In my experience, there is consideration to use puberty blockers such as Gonadotropin Releasing Hormone Agonists as the anxiety of pubertal progression is often unbearable for a child with gender dysphoria. This type of medication is **reversible** and allows the individual and their family time to formally address mental health issues and determine long term treatment strategies for gender dysphoria.

In a time when the demand for child and adolescent mental health care is at its highest, HB454 makes the demand even higher. As a provider to children with chronic medical conditions, I address a patients' mental health every day. We actively screen for depression and anxiety in our diabetes clinics and are able to provide some support and refer to behavioral health at an outpatient. Often my patients will have to endure long referral time to secure an appointment and if there is a crisis, prolonged waits in the emergency rooms are common as in-patient psychiatric beds are limited. I was trained to treat the whole child; ignoring a child's mental health or a diagnosis like gender dysphoria is simply not responsible care.

I implore you to vote no on HB454. This bill sets a dangerous precedent and is overall extremely offensive to your licensed physicians in the State of Ohio who are well trained pediatric endocrinologists.

Sincerely,

Deborah Elder, MD

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