

June 2, 2022

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 Mary Greiner and I am a practicing pediatrician. I have over 15 years' experience in caring for patients and am currently licensed to practice in Ohio.

The Ohio General Assembly is not qualified or licensed to practice medicine and should leave that to licensed healthcare providers. 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 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 in my own personal life was making the decision to give my son chemotherapy for his kidney cancer, diagnosed at age 2. The choice was not obvious – not all children with kidney cancer do chemotherapy – but our particular case (a family history – my brother died of the same cancer) led us to decide with our experienced and expert Pediatric Oncologist that chemotherapy was the right decision for our child and our family. My son has now been cancer free for 13 years.

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. Refraining from providing evidence based care to these youth actually increases the risk of depression and self-harm, including suicide, in this population. **I cannot imagine another diagnosis where legislators would tell doctors how to practice medicine and prohibit us from delivering evidence-based care.**

In a time when the demand for child and adolescent mental health care is at its highest, HB454 makes the demand even higher. I address patients' mental health every day as a foster care health pediatrician providing care to youth who have experienced incredible trauma. Gender dysphoria is actually overrepresented in the foster youth population as these children can be rejected from their families of origin. 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.

Sincerely,

Mary Greiner, MD, MS