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Testimony to House Health Committee

Ohio H.B. 214

132nd General Assembly

Thank you for the opportunity to testify today. My name is Jane Gerhardt and I live in Cincinnati.

I'm an attorney and the policy specialist for LEND (Leadership Education in Neurodevelopmental and related Disabilities) based at Cincinnati Children's Hospital Medical Center. So I tend to look at legislation with a lens of policy, as well as the personal perspective of how it impacts people.

I am the parent of a 20 year old daughter with Down syndrome. Anne is a lovely young woman and we're extremely proud of her. Some of you may have seen her before. She had her 15 minutes of fame in a commercial with Urban Meyer and the State Treasurer, discussing the benefits of the Ohio STABLE Account. I drove to Columbus this morning, not to talk about Anne or about Down syndrome. Because that's not really what HB 214 is about.

This bill sends a very clear message. That message is that the Ohio House has determined that some disabilities are more worthy of life than others. This bill tells us that one disability – Down syndrome-should be prioritized.

With this bill, the Ohio House tells us that individuals with Spina Bifida, Fragile X, achondroplasia, CF, OI, and every other genetically based disability, aren't worthy of protection. This bill creates a hierarchy of disabilities, with Down syndrome at the top, receiving state sanctioned protection and stigmatizes every other disability, not deserving of that same protection. Legislation that pits disability against disability is misguided and results in bad public policy.

What message does this send to the prospective parent who receives a prenatal diagnosis of a nonprotected, non-Down syndrome disability? HB 214 sets up conditions to actually encourage terminations of pregnancies with these diagnoses, as the state doesn't deem these disabilities as worthy of protections. I'm sure this is an unintended consequence but when you start making arbitrary decisions about which diagnoses deserve protections, you automatically make decisions about which do not, showing profound disrespect for these lives.

Further, this bill creates a wedge in the disability community, declaring Down syndrome as the "better" disability, the one worth saving, against all other disabilities. Again, I doubt this is the public policy outcome intended.

I certainly don't know the Committee's collective experience and education with respect to developmental and other related disabilities. But I'd venture to guess very few of the members are

living this life. Because if you were, I very much doubt you'd presume to judge on behalf of the entire State of Ohio which disability we should protect and save.

Thank you for your time and consideration.

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