HB 454: Enact the SAFE Act
Opponent Testimony: Dawn C. Dillinger, DO
Ohio House Family, Aging, and Human Services Committee
November 14, 2022

I write in opposition to H.B. 454.

As recently as 2021, the American Medical Association wrote to the National Governor's Association urging the governors to avoid legislation prohibiting necessary care for gender diverse youth AMA to states: Stop interfering in health care of transgender children | American Medical Association (ama-assn.org) .

Clinical practice guidelines established by professional medical organizations should guide medical care, not legislation, opinions, and political divisiveness.

I am a local, Columbus, Ohio pediatrician. I have my own teenagers. Though neither of my children have described any gender dysphoria to date, I often tell them that I will love and support them no matter what they decide as they mature. This is the type of support all children need. They need to know that their parents, family, teachers, and legislators support them, no matter what they decide to do as they mature. They need to be loved and supported, not legislated into a mental health crisis and told that they don't belong and cannot express themselves as they most desire. Already, we have evidence that the longer the medical community waits to address gender concerns, the worse the mental health is for our patients Mental Health and Timing of Gender-Affirming Care | Pediatrics | American Academy of Pediatrics (aap.org) .

Pediatricians are in a very unique situation when it comes to the care of adolescents, and in particular, in the care of gender diverse youth. I care for quite a few patients who have gender identity issues. This is a very complex issue for both the patient and the family. These patients and families require compassionate care and privacy. If a physician's first rule is to Do No Harm, legislation dictating that we care for people based on an outsider's opinion of the situation is not helping us to provide the best care or avoid harm. There are published clinical practice guidelines that can be viewed, and are not opinion based, but evidence based. Clinical Guidelines and Training for Providers, Professionals, and Trainees (aacap.org)

I have seen patients who were unable to "come-out" to their parents, who have cutting marks up and down their arms. Once they have love and support and acceptance from their parents, doctors and teachers, the cutting stops, I have parents who proudly have agreed to change the pronoun they use to address their child, so it fits with their child's preference. These parents have a great relationship with their child! Many of these children are able to come off of their psychiatric medications simply because the anxiety and depression associated with their isolation from not being accepted, has vanished. Every child who has gender dysphoria in my practice, has been seen by a mental health provider before they disclose their gender dysphoria. They struggle with anxiety and depression. I have also seen children who have run away from home, abused drugs, and dropped out of high school due to a lack of support from parents and schools related completely to non-acceptance of their gender preference. I have seen suicidal teens who want to be loved and accepted for who they are.

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With epidemics of gun violence and school shootings, our legislators have been quick to point to mental health as the culprit and the path to a solution. With the COVID pandemic, our legislature has been quick to utilize the mental health crisis of our youth as reasoning to avoid public health measures. However, when our youth and their families are presenting with a mental health crisis related to an unaccepting society as it relates to gender diversity, our legislature is very quick to make the mental health crisis worse and further discriminate and segregate these children. We know this leads to more depression, anxiety and suicide.

Considering the unique position pediatricians are in while providing care for children from birth-adulthood, it would seem most prudent for legislation to either follow clinical practice guidelines or to simply leave the medical care up to the doctors and stop trying to legislate it. While it may be true that some of the treatments for gender diverse youth do not have randomized-controlled trials, we will not be able to accomplish those trials at all if providing care becomes illegal. There are often times when the care of pediatric patients is extrapolated from the care of adults. There are not a lot of times when a parent would agree to place their child in an experiment, especially a blinded-randomized trial where a parent does not know what is being given to their child. Banning all pediatric care that does not have randomized-controlled trials is not feasible. Pediatric care is very unique in this way.

Most physicians treat their patients in the same way they would want to be treated. I treat my patients the same way I would want my child to be treated. If my child was having a mental health crisis because of gender dysphoria and a lack of support and love from our society, I would hope they could minimally find support from their doctor before they attempt suicide. I would hope our legislature was not making the situation worse. I urge you to oppose H.B. 454