Rachel Snedecor, M.D. 1331 Vine Street Cincinnati, OH 45202

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 Rachel Snedecor and I am a practicing pediatrician. I have over 8 years' experience in caring for patients and am currently licensed to practice in Ohio.

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 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. I often see this when parents agree to admission to the hospital when patients are very ill.

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.

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 large part of my career is dedicated to caring for adolescents who may be experiencing a variety of concerns including gender dysphoria. 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 have seen time and time again the benefits of patients and families having access to gender affirming care. I have patients who may go from a significant state of depression, even attempting suicide, to coming out of their shell and envisioning a brighter future after being seen by a professional team and gaining access to trained mental health providers. Recently, I had this exact scenario occur with the child of a friend. He is now happy, social, and thriving in school after his social transition. Individuals fail to realize the many resources offered by gender clinics outside of medical interventions. They also provide education, support groups for patients and families, resources for spiritual needs via pastoral care, primary care, and mental health support, among others.

I implore you to vote no on HB454. This bill sets a dangerous precedent.

Sincerely,

Rachel Snedecor, M.D.

Rall