



OREGON HOUSE OF REPRESENTATIVES

COMMITTEES:
Behavioral Health &
Health Care,
Emergency
Management, General
Government &
Veterans, & Judiciary

May 2, 2023

Timothy G. Sekerak
Chief Clerk of the House
State Capitol Building, H271
Salem, OR 97301

RE: Vote Explanation for HB 2002 B

Dear Chief Clerk Sekerak,

HB-2002 is an omnibus Reproductive Health Rights bill that addresses numerous aspects of reproductive health care. I support this bill because, overall, I think its cumulative impact will strengthen Oregon's health care system. Specifically, it will provide support to people in need of critical healthcare services by allowing them to make the best decisions for themselves based upon their individual circumstances. The bill accomplishes this by providing legal protections for patients, providers, and staff while ensuring medically necessary treatments are covered by insurance.

A few key points in the bill include (all section references are to the B-engrossed bill):

1. Defines "Reproductive Health Care" (Section 2).
2. States "Every individual has a fundamental right to make decisions about the individual's reproductive health..." (Section 3).
3. Protects a person's right to make decisions regarding their reproductive health (Sections 4 - 6).
4. Allows public employees to abstain from providing reproductive health care information and services if they are contrary to their religious beliefs and establishes a process to ensure the patient receives the services (Section 7).
5. Prohibits insurance companies and coordinated care organizations from denying medically necessary gender affirming treatment that is prescribed in accordance with standards of care and directs them to contract with providers in their networks (Sections 20 & 24).
6. Provides legal protections for health care providers and individuals who provide legal reproductive health care in Oregon (Sections 31 - 38).

Reproductive Health Care

As a member of the House Behavioral Health and Health Care Committee, I voted "No" on advancing this bill to the floor due to my concerns about providing reproductive health care to minors, particularly children under 15 years old, without the involvement of their parents. After the work session, I continued researching and discussing my concerns with medical and mental health care practitioners. Although I remain cautious about the possibility of providing reproductive health services to minors without active involvement of their parents or

guardians, this bill does not change the treatment currently being provided – rather, it ensures equitable access to reproductive health care for all Oregonians. Polls show that 72% of Oregonians support abortion in most or all cases, and this bill *does not* alter abortion services currently being provided, but instead codifies existing practices and provides legal protections for service providers.

It became clear during the public hearings for this bill that my legislative colleagues share my concern about parental involvement in children’s crucial healthcare decisions. However, as a police officer for 14 years, I also know that many children have irresponsible or absentee parents who sometimes leave children to fend for themselves. In these situations, children are left to rely on kind and caring adults such as parents of friends or other members of their extended family to help them. I want to ensure these teenagers are not forgotten and have the option to receive the health care they need with the help and support of other responsible adults. So, while it is possible that some bad actors may take advantage of this lack of parental notification requirement, it is also true that doctors and other medical providers continue to have mandatory reporting requirements and standards of care to adhere to which provide protections for minors in these situations.

Gender-Affirming Care

Another main point of contention for this bill is the possibility of providing gender affirming care to minors with minimal or no parental involvement. Gender affirming care in the United States and in Oregon has been practiced for several decades, and this bill does not change the services that are already being provided. Further, most major U.S. medical associations, including those in the fields of pediatrics, endocrinology, psychiatry, and psychology, have issued statements recognizing the medical necessity and appropriateness of gender affirming care for youth, typically noting harmful effects of denying access to these services.

It is important to understand that there are several different categories of treatment that fall under this gender affirming care umbrella. Some are reversible, such as mental health counseling and choosing different clothing or pronoun usage, while others are partially reversible, such as hormone treatment. These treatments are the primary focus of treatment for those who experience gender dysphoria, especially young people, and are consistent with the current international “standards of care” (SOC) for gender affirming treatment as described by the World Professional Association for Transgender Health (WPATH) 8. Those who seek more permanent treatment are almost always older teens or adults who make these more significant choices after months or years of gender affirming care.

For people of all ages, these SOC recommend a multi-disciplinary team approach to treating people and adolescents with suspected gender dysphoria, including a primary care provider, endocrinologist, and behavioral health specialist, along with other disciplines. Per WPATH 8, the recommended SOC for treatment of adolescents includes clear standards which must be met prior to treatment, including:

- The adolescent must experience sustained duration of dysphoria/incongruence (6.12.b), and
- They need to demonstrate emotional and cognitive maturity (6.12.c), and
- Providers must ensure their mental health concerns are addressed (6.12.d).

My concerns are lessened knowing medical providers have adopted and are adhering to these standards. I trust that highly trained medical professionals and the respective licensing boards will address any lax practitioners that prove too eager to provide irreversible medical treatment to minors.

The subject matters addressed in this bill, abortion and gender affirming care, are emotional topics both nationally and in Oregon, particularly when minors are involved. The crux of this bill *does not change* existing

practices, which ensure that every patient's healthcare needs are met by protecting their freedom to make independent health care decisions with the support of their family and medical professionals. To meet people's needs, healthcare providers need the ability to provide services unfettered by public opinion and harassment, or by government interference.

My "Yes" vote is a vote supporting those who are facing difficult circumstances, supporting providers focused on ensuring equitable and appropriate healthcare is provided to people of all ages, and supporting people's rights to choose what is right for them.

Sincerely,

A handwritten signature in blue ink that reads "Charlie Conrad". The signature is written in a cursive style with a large, prominent "C" at the beginning.

Representative Charlie Conrad
House District 12