



**OREGON STATE SENATE**

**Opposition to SB 711-A**  
**House Committee on Health Care**  
**May 13, 2021**

Members of the House Committee on Health Care. Thank you for the opportunity to provide written testimony in opposition to SB 711-A. This bill passed the Senate on a 100% partisan vote several weeks ago. I spoke against the bill on the floor and urge your opposition to the A-Engrossed version of the bill.

On the surface, Senate Bill 711-A seeks to find ways to alleviate disparities, real or perceived, in drug pricing between the genders (**specifically, the genders of men and women**). As written, the bill is problematic in that we should be looking at pharmaceutical costs in aggregate, and not based on preconceived notions of what “female” drugs or “male” drugs are. In classifying drugs this way, without looking at the real reasons behind the costs of the drugs, we fail to consider that drugs aren’t used **specific to gender, specific to men or specific to women**. Drugs are used to treat medical ailments, or to promote positive health outcomes for those to whom they’ve been prescribed.

For an example, there are multiple reasons why a woman could be prescribed testosterone, a hormone we often associate with male health. A woman may be prescribed this for quality-of-life issues and to reduce fatigue. Also, it is used in older women in conjunction with estrogen, a hormone we usually relate with female health, to deal with post-menopausal and surgically-induced menopausal symptoms. However, estrogen production, and the need for estrogen hormonal therapy, isn’t limited to biological women. Men whose levels of estrogen are too high can require medicine to bring it down, and some may need their estrogen boosted and they are prescribed estrogen. **If we start categorizing these types of hormone therapies as men’s and women’s drugs, we are missing the point that the goal should be to treat patients where they’re at with their health, with their medical conditions, and not try to segment their conditions perceived on “this” being for a man or “that” being for a woman.**

Moreover, **there are some Oregonians who have explicitly rejected the traditional male/female dichotomy and the binary choices of men or women—being one or the other.** It would be inconsistent for this body to wrap up the debate about drug costs under the auspice of gender segmentation based on traditional notions of male and female. This bill ignores those Oregonians who many members of this body have sought to support. There has been a multitude of other bills contemplated by this Legislature that moves us in the opposite direction of SB 711-A with its gendered language. Instead, this body has been slowly eliminating this language from our statutes. Senate Bill 711-A, refers to their being differences between drugs for men or drugs for women. This bill seems like an outlier in the direction this body has chosen to take over the last few sessions.

- In 2015, the legislature removed gendered terminology from statutes, in HB 2478, it removed dated language about what defined spouses.
- In 2017, Oregon became the first state in the nation to allow people to deselect traditional gender in place of an “X” on their driver’s licenses, that was HB 2673.
- HB 3041 which passed the House unanimously actually redefines what gender identity is in statute, and then applies that definition to all other related statutes. The new definition of gender according to HB 3041 is as follows: “Gender identity” means an individual’s gender-related identity, appearance, expression or behavior, regardless of whether the identity, appearance, expression, or behavior differs from that associated with the gender assigned to the individual at birth.”

I'll admit, as a conservative, I am still learning and processing all the new theories around gender. But a friend recently shared a story with me about a relative, an uncle, who has been for several years, transitioning to female. He's an older adult who is biologically male, and her health is a combination of traditional men's health issues like prostate matters and what have you, but now overlaid with hormonal concerns related to transitioning to female. And my friend's comment to me in our discussion of Senate Bill 711-A was:

*"What problem are you trying to solve? Our aunt is affected by drug prices regardless because the hormone therapies she uses are attributed to both the biological aspects of being born male, and psychological and physiological aspects of her health in transitioning to female. Politicians constantly bite around the edges on high drug costs with do-nothing bills. A study about drug prices based on traditional gender concepts – male and female – ignores the fact that our health isn't so neatly-packaged anymore based on sex. If you want to bring down drug costs, help companies innovate, not hamstring them with more do-nothing, feel-good laws."*

We have done a lot in the last decade to try to find ways to deliver appropriate medical care to people based on their needs and where they are. This bill is well-intended but because of bills this body has chosen to pass, the terms "men" and "women," are no longer relevant in Oregon law. It's a little confusing this body would choose to use these terms now, regardless of past policy precedent.

I agree we need to do better in addressing the high cost of drugs as I know our voters and constituents want us to work on that issue. Senate Bill 711-A isn't the bill to do that, though. We need thoughtful solutions to address rising drug costs, and we need to achieve that parity in a way that doesn't stereotype patients or ignore the health needs of individuals like my friend's aunt.

**I urge the committee to reject SB 711-A and that we look for ways to be more inclusive and support legislation that has a meaningful impact on ALL Oregonians.**

**Senator Kim Thatcher**



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