



To: Chair Nosse, Vice-Chairs Goodwin and Nelson, and Members of the House Committee on Behavioral Health and Health Care

From: Gwen O'Keefe, MD, Kelsi Manley, MD, Joel R. Burnett, MD, Jenny Silberger, MD and Marianne Parshley, MD on Behalf of the Oregon Chapter of American College of Physicians

Date: March 17, 2023

Re: In Support of HB 2002

The Oregon Chapter of American College of Physicians represents more than 1,600 medical students, residents/fellow-in-trainings, and practicing internal medicine physicians in Oregon. Internal medicine physicians are specialists in the care of medical patients both in the office and the hospital and apply their expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. On behalf of our organization, we write in **strong support of HB 2002**.

Abortion is healthcare, and safe healthcare. Medical decisions about reproductive healthcare, including termination of a pregnancy, are best made between patients and their physicians after weighing the risks and benefits. This is especially true when the well-being and health of a pregnant person is at stake. The risk of death from abortion is lower than that of running a marathon or of plastic surgery, and far lower than that of carrying a pregnancy¹, particularly in our time of rising maternal death rates in the United States. The fall of Roe and implementation of abortion bans in Texas and other states has already led to rising morbidity and mortality of patients². We must protect access to reproductive healthcare in the state of Oregon. To do that, we must protect the privacy of both patients and clinicians and their ability to make the appropriate decisions in all healthcare situations. HB 2002 will provide those protections.

Gender affirming care is provided as part of a therapeutic relationship between a physician and patient and can be lifesaving³. This trusted relationship should never be jeopardized by the actions of policymakers, and a physician should not be criminalized or penalized for providing care that is based on evidence, science, and standards of practice. Congress and legislatures have no business practicing medicine.

Oregon physicians see patients who may be temporarily residing in Oregon as students, have traveled here for business reasons, or who may have come here seeking access to healthcare not available in their own state. Some states, such as Idaho have now passed laws that may

allow felony criminal charges to be pursued against physicians from other states who provide abortions or other healthcare to their citizens, even if the patient is not in their home state at the time. This is a threat to the physicians of Oregon. Physicians in other states have deferred life-saving or standard-of-care procedures for their patients due to fear of legal retribution when state laws are vague or unclear⁴. The patients of Oregon deserve access to evidence-based, safe, and timely healthcare. HB 2002 preserves the right of patients to receive and physicians to provide medically appropriate care without fear of legal retaliation.

The Oregon Chapter of American College of Physicians and our parent organization, American College of Physicians, believe that the trusted relationship between a physician and their patient should never be jeopardized by the actions of policymakers. The insertion of non-scientific standards into clinical decision making and care interferes with the doctor patient relationship and prevents the provision of appropriate care. The Oregon Chapter of American College of Physicians and our parent organization, American College of Physicians, also believe that patients must have the freedom to travel across state or U.S. jurisdictional lines in order to access health care services and opposes restrictive laws and/or regulations that impose criminal and/or civil penalties for providing, receiving, referring, assisting, or otherwise facilitating clinically appropriate health care services that meet the standard of care.^{5,6}

HB 2002 will support the fundamental rights of clinicians of Oregon and protect them from imposition of potential criminal and civil penalties from other states. HB 2002 will protect the citizens of Oregon by protecting their privacy and confidentiality in all healthcare matters.

In the interest of Oregon's public health, we strongly urge you to protect the patient-physician relationship and vote yes on HB 2002. Thank you for your consideration, and please don't hesitate to contact us for additional information or support.

Sincerely,

Gwen O'Keefe, MD, FACP Member, Health & Public Policy Committee of the Oregon Chapter of American College of Physicians

Kelsi Manley, MD, Vice Chair, Health & Public Policy Committee of the Oregon Chapter of American College of Physicians

Joel Burnett, MD, Chair, Health & Public Policy Committee of the Oregon Chapter of American College of Physicians

Jenny Silberberger, MD, FACP, Governor of the Oregon Chapter of American College of Physicians

Marianne Parshley, MD, FACP, Member, Board of Regents, American College of Physicians

1. Raymond Contraception 2014; CDC MMWR 2019, 2020, Natl Academies of Sciences, Engineering and Medicine 2018
2. Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion Ambiar, Anjali Patel, Shivani et al. American Journal of Obstetrics & Gynecology, Volume 227, Issue 4, 648 - 650.e1
3. Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. *JAMA Netw Open*. 2022;5(2):e220978. doi:10.1001/jamanetworkopen.2022.0978
4. Hospital Investigated for Allegedly Denying and Emergency Abortion After Patient's Water Broke. Kaiser Health News. Nov 1 2022. Accessed at <https://khn.org/news/article/emtala-missouri-hospital-investigated-emergency-abortion/>.
5. Physicians Oppose Texas Efforts to Interfere in the Patient-Physician Relationship and Criminalize Gender-Affirming Care February 28, 2022 <https://www.groupof6.org/dam/AAFP/documents/advocacy/prevention/equality/ST-G6-OpposingTexasCriminalizationGenderAffirmingCare-022822.pdf>
6. Reproductive Health Policy in the United States: An American College of Physicians Policy Brief Position Paper Josh Serchsen, BA, Shari Erickson, MPH and David Hilden, MD, MPH for the Health and Public Policy Committee of the American College of Physicians. <https://doi.org/10.7326/M22-3316>