

Submitter: Diannah Dolby

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2002

I am writing to you in strong opposition of this House Bill.

- Eliminates any age of consent requirements for “reproductive health care”, which includes abortion. Minors are in the care of their parents and still under restrictions for eligibility to work, drive, buy tobacco, alcohol, or firearms – but they can make reproductive care and ‘gender affirming’ decisions without parent guidance – I don’t think so!
- Requires written permission from a child of any age in order for a parent to know what reproductive health services—including abortion—are provided by a health care provider. Again, they are minors and still needing support for these difficult mental, physical and emotional decisions that will affect the rest of their lives.
- A pharmacist is authorized to provide abortion pills without regard to the age of the person. What happens if there are complications, allergic reaction? Who then becomes responsible?
- Removes almost all restrictions on Abortion, even criminalizing any interference with an individual getting an abortion.
- Removes all parental involvement in Gender-Affirming procedures, counseling, even criminalizing any attempt to share with the person the problems of this life-altering decision and removing any age requirement to notify the parents.
- Repeals the crime of “concealing the birth of an infant”, which may conceal cases of abuse, and infanticide.
- Expands taxpayer funding for abortion by converting abortion free FQHCs into abortion providers and requiring dispensing of abortion pills on every state college campus.
- It mandates that such treatments be covered by health insurance and the Oregon Health Plan. It also protects gender-affirming providers from being denied malpractice insurance or getting their license revoked. By mandating insurance coverage and protecting doctors, this bill sets Oregon up to provide treatments to patients from other states. Our insurance rates are high enough – we should not be saddled with the cost of treatments for out of state persons. And how are we, the taxpayers to be protected by insurance hikes from malpractice insurance increases. Why is Oregon expanding these gender treatments and encouraging them on youth, while the rest of the world is pulling back? Europe has been ahead of us with embracing gender treatments, but lately the alarm bells have been going off and they are beginning to question if they have allowed too much. Unfortunately, with HB2002, Oregon is doubling-down on gender-affirming treatments without fully understanding the damage being done to children and young adults. The rapid rise of transitions is also being accompanied by a rapid rise in detransitions – we are not exercising necessary care to determine who should and should not

receive treatment. 80-90% of the children with gender dysphoria grow out of it, why are we pushing them along to get transgender treatment? There are no long-term studies to support our approach.

These hormone and medical treatments commit our youth to a lifetime of chemical dependency. In some cases, they are made sterile or develop chronic symptoms as a result of their treatments. In too many cases, we are rushing to treatment at a time when our youth are the most vulnerable and confused. Instead of getting the care they deserve we are pushing them down a path of permanent change and regret.

Faithfully,  
Diannah Dolby