

Submitter: Maureen Baldwin

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2002

I am Maureen Baldwin, a board-certified obstetrician and gynecologist physician and Complex Family Planning specialist, and Associate Professor in the Department of Ob/Gyn at OHSU. In my role as co-director of a specialty clinic treating adolescents with heavy menstrual bleeding, I frequently care for young teens with gender dysphoria related to their periods. In many cases their periods are not just causing them to feel like their body is wrong, but their periods are also resulting in iron deficiency and anemia.

I have one memorable teen patient who, prior to treatment, stayed at home with a towel between their legs during their period with severe depression and dysphoria, missing several days of school every month. Since treatment, this patient has thrived, completed high school and is living their best life.

The most successful treatment to reduce menstrual bleeding and gender dysphoria related to periods is with hormonal medications that are FDA approved as contraceptives. Only two hormonal medications are FDA-approved as treatment for heavy menstrual bleeding, and none are FDA-approved for menstrual suppression for gender dysphoria. This results in the situation where a 14-year-old who is bleeding through a towel and missing school does not have the same insurance coverage for their medication as a 14-year-old using the same medication for contraception.

The ability to prescribe evidence-based effective and safe medications for widely-accepted indications should be a matter of medical practice and not legal policy. However, the encroachment of many states into the practice of medicine requires legal protections. House Bill 2002 ensures that my patients with gender dysphoria can continue to use a contraceptive to treat their bleeding. Significantly, HB 2002 requires insurance coverage for the treatment that my patient and I determine is best for them.