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On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2002

The issue at hand for House Bill 2002 revolves around the concept of autonomy, choice, ownership of one's own body, and supporting the right to do so. The fact that this bill comes before you, arguing for the protection of such basic rights, is a strong indication of the current state of affairs. It speaks to the fact that our communities have historically prevented or obstructed (by intention or ignorance) people from being able to engage in their healthcare in a way that secures and improves the quality of their lives.

Access to quality of life, medical security, and respect for autonomy and choice are critical on an individual level that further impacts the health and well-being of our community. We know from management principals that when a team feels respected, supported, and acknowledged that production, innovation, and happiness also increases. We know from ecological and ecosystem principals that diversity, safety, and healthcare needs being met results in resilient communities. What's presented before you is no different. This bill asks that people be allowed to engage in the pursuit of care critical to their needs, their strengths, and their personhood.

Additionally, barring access to services such as choice in reproductive care and gender-affirming procedures has a range of short-term, long-term, individual, and community ramifications. The impingement of the right to bodily autonomy has been a multi-generational trauma women have suffered. It is common for abusive partners to rape, sexually assault, and/or impregnate their victims as a means to force ongoing contact and control over them. The abuse does not stop after the initial act, but continues within the family court system, in the way the woman is forced to interact or co-parent with her abuser, the impact on her body from carrying the conception of sexual attacks, the impact on her life plans, wants, desires, career, and education because someone else forced a choice on her. The ability to conceive has become weaponized to those able to conceive. To the point that having procedures and resources to control conception has become a critical point of escaping abuse and a source of relief. Not because you don't connect with your body. Not because you never want to consider having children. Not because you have a medical condition. Because women are sexually attacked and targeted so much for their potential ability to conceive and our own government has not secured our safety from this abuse.

The majority of sex crimes are perpetrated by known individuals in close, frequent access to the victim. The majority of sex crimes are perpetrated by men against women and girls. This dynamic creates a series of social, logistical, and safety

concerns when someone is trying to care for themselves after being attacked. Being prevented or placing obstacles in the way for someone to access safety and care within an abusive dynamic is very often complicated and frequently dangerous. This makes it extremely difficult to receive access to the care needed in a quick manner, if at all. Restricting access to sexual healthcare effectively supports this abuse strategy along with the stand-alone issue of someone's bodily autonomy being restricted. At present, a woman has more rights to the use of their dead body than they do a living one.

House Bill 2002 asks that our community be protected, acknowledged, and respected for our right to be individuals.