House Committee on Behavioral Health and Health Care

My name is Christina Milano. I am an OHSU (Oregon Health & Science University) faculty member in Family Medicine and have been a PCP (Primary Care Physician) for Oregonians of all ages and backgrounds since 2005. My primary practice is in Portland, but I have cared for patients in Ontario, John Day, and via telemedicine, in Medford, Boardman, Corvallis and beyond. Within the scope of Family Medicine, I have developed expertise in the two realms that bring us together today - reproductive health and gender affirming care.

Over two decades, I have shared in the joy of excited, expectant parents as we surveil their healthy pregnancies and I have grieved with patients over their pregnancy losses. I have placed hundreds of IUDs for patients seeking long-acting, reversible contraception, and provided first trimester abortion care for patients who are making the difficult personal choice, for whatever private reason, not to carry a pregnancy to term. I also provide gender affirming hormone therapy for countless Oregonians who finally have the benefit of insurance coverage for the treatment of gender incongruence, and regularly train learners and providers throughout the country in how to deliver this care.

These experiences inform my testimony in support of this bill. These are the Oregonians – *our* patients and *your* constituents – for whom the necessity of personal safety and privacy makes it highly unlikely they would stand before you to publicly share their experiences. They are engineers and programmers. They stock shelves and pull coffee. They are students at the community college. They are retirees. I am here on their behalf, to advocate for protected and expanded access to these services, whenever and wherever they are needed in our state. And I am here on behalf of my reproductive health and gender affirming colleagues, asking you to protect us from harassment and criminal liability for providing this care to our fellow Oregonians.

Gender affirming care is medically necessary when indicated, and for some, will be life-saving. (Coleman E et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8). It is concerning that a recent matched history cohort study out of Denmark revealed that cardiovascular and metabolic morbidity was higher across the board for transgender individuals in comparison with both members of their natal sex and affirmed gender. (Glintborg D et al. Cardiovascular risk in Danish transgender persons: a matched historical cohort study). When Oregon's policy changes opened doors for us to engage with transgender patients who had previously lacked incentive to engage with the medical system, in addition to witnessing the benefit of gender-affirming therapies on my patients' wellbeing, I also diagnosed a wide range of adjacent medical conditions that had long gone untreated - severe sleep apnea, an inherited clotting disorder, uncontrolled diabetes. These are just a few of the examples of serious medical issues that most certainly would have shortened the lives of patients whom I could newly support in all aspects of their care.

Despite Oregon's progress in expanding coverage for gender affirming therapies, ongoing gaps in coverage, particularly the lack of coverage for facial gender confirming procedures and hair removal, are perpetuating an inequity for transgender women seeking to ameliorate their gender dysphoria and increase their safety in public spaces. As our country is transforming into a patchwork of varying states of overt hostility towards transgender people, I am observing a growing urgency and panic among my patients for whom it feels reckless to step out their own front door with facial hair and features they fear will invoke an assault. HB2002 addresses these gaps in coverage, legislating mandatory comprehensive coverage for all available gender affirming therapies by all insurers.

At this critical juncture for our country, HB2002 gives Oregon a clear path to galvanize a commitment to protect Oregonians in accessing safe, evidence-based care for some of their most personal and human needs, and to protect the providers who deliver that care. Please support HB2002. For all of us. Thank you.

Christina Milano, MD Associate Professor, OHSU Family Medicine