

## HB 4088

I am Brick Lantz M.D, M.A. (Bioethics) and have been in practice for 34 years in Oregon and OMA (Oregon Medical Association) member. I am also national director of American Academy of Medical Ethics and Vice President of Christian Medical & Dental Associations (CMDA). CMDA has over 14,000 healthcare professional members in the U.S. and 100s in Oregon. In my role and in communication with members I know there are 1000s of patients that struggle with gender dysphoria and unplanned pregnancies. Many of them have regrets of permanent decisions that they have made. My constituents want the best care possible for their patients and treat them with respect and dignity.

HB 4088 does not follow current evidence and ethics. It does not help patient safety and will allow abuse. Protection of patients and healthcare professionals comes from accountability, upholding parental rights, collecting good medical data, and following the rule of law.

Dozens of hospitals and clinics have ceased sex rejecting procedures because of the science not because of legalities. The desistance rate of prepuberty gender dysphoria is 80-90% from WPATH's own data. These adolescents identify with their biological sex after going through the natural process of puberty. There is nothing else in medicine in which irreversible treatment is done when the natural course corrects the problem at this rate. There are significant long-term complications with sex rejecting procedures including infertility, cardiovascular, neurological, musculoskeletal, and more. Those with gender dysphoria have an overwhelming probability of mental health issues, adverse childhood experiences, autism spectrum disorders, and trouble family dynamics. These are what need our attention and treatment. It is increasingly the standard of care for mental health evaluation and treatment and support for the patient and family without sex rejecting procedures. Transition affirmation is not proven to be safe or effective long term, does not reduce suicides, and does not repair mental health issues and trauma. This is why clinics have closed in Europe. Minors do not have a fully formed brain and cannot give truly informed consent. It is inappropriate informed consent to tell the patient and family that there is an increase suicidality without sex rejecting procedures.

I am concerned about the malpractice environment in Oregon. Last week a 22-year-old won a \$2 million lawsuit against the psychologist and surgeon because she had her breasts removed at age 16. There is another lawsuit pending this week.

Abortions have changed dramatically the past few years with near 70% performed with chemical abortion. A claims data analysis of nearly one million patients released in May 2025 demonstrates a 10.93 % (11%) severe complication rate with chemical abortion. We need to make this safer for women. Again, there is nothing in medicine in which this would be allowed without guidelines or protection for patients in which the complication rate is this high. Claims data is very accurate and shapes the way we practice medicine. HB 4088 does not allow us to track the data to make women safer. This also creates more opportunity for human trafficking and abuse.

I would hope our Oregon legislators would follow the science, reason, and medical data especially with procedures that have high risk, are controversial, and are irreversible.

This bill was rushed into a hearing with little notification. I am the messenger when I say that many healthcare professionals believe that you are nefarious or deceptive in the way this bill was brought forth. Healthcare should be trustworthy and it appears you are trying to hide the data, providing immunity when harm can be done, limiting disclosure of medical practice, and not cooperating with other branches of government. This implies you are planning not on

appropriate healthcare but on ideology. I would hope for more open dialogue on issues in which so much divisiveness exists.

Thank you, Brick Lantz M.D.