

Submitter:	Barbara Kahl DVM
On Behalf Of:	Parents and General Public
Committee:	House Committee On Judiciary
Measure, Appointment or Topic:	HB4088

HB 4088 represents a dangerous overreach by the state of Oregon, prioritizing ideological commitments over patient safety, medical evidence, and ethical healthcare standards. By declaring it state policy to shield and promote gender-affirming treatment—including for minors—and prohibiting cooperation with federal or out-of-state law enforcement in related cases, this bill entrenches access to interventions that multiple rigorous reviews have found lack strong evidence of long-term benefit and carry serious risks of irreversible harm.

Numerous international assessments, such as the Cass Review in the UK, have concluded that the evidence base for gender-affirming medical interventions in youth is "remarkably weak." Systematic reviews highlight low-quality studies, inadequate follow-up, and uncertain outcomes for puberty blockers and cross-sex hormones. Countries like the UK, Sweden, and Finland have restricted or paused these treatments for minors due to concerns over physical harms (e.g., bone density loss, infertility, impaired sexual function) and psychological risks.

Critically, emerging evidence and detransitioner testimonies show that gender-affirming care can lead to profound mental and physical trauma when individuals later realize the irreversible changes were misguided. Regret and detransition rates are not as negligible as claimed; methodological flaws in many "low regret" studies—including high loss to follow-up, narrow definitions of regret, and exclusion of those who discontinue care—mean true rates remain unknown and potentially higher, especially among youth with adolescent-onset gender dysphoria. Some analyses indicate regret can cause significant distress, with detransitioners reporting sterilization, chronic health issues, and delayed treatment of underlying mental health conditions like trauma or co-occurring disorders.

This bill effectively treats experimental interventions as settled medical fact, shielding providers from accountability while making records confidential and protecting even midwives from discipline for providing such care. It risks enabling hasty medicalization without adequate safeguards, potentially violating "first, do no harm." True protection for vulnerable individuals—especially children—requires evidence-based caution, comprehensive mental health support, and openness to desistance (where most childhood gender dysphoria resolves naturally).

Oregon should reject HB 4088 and instead prioritize policies grounded in high-quality science, patient protection, and parental rights over ideological shielding of controversial treatments that can cause lifelong regret and harm.