Submitter: Noelle Lamberton

On Behalf Of: Parents

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2002

Please consider that gender diverse teens need parent involvement with medical care (including medical interventions such as testosterone and estrogen, top surgery. Right now in Oregon there is not a standard protocol for psych evaluations and there needs to be better screenings for gender diverse kids prior to introducing medical interventions which can cause permanently lifetime sterilization. We need better screenings, better mental evaluations and better trained clinicians to do thorough psych evaluations prior to consideration of any medical interventions. I don't agree that kids as young as 15 are ready to make decisions about their bodies without parents involved. This is misguided and this bill isn't set up to help make sure kids are getting good evaluations prior to medical interventions. We know there has been 70% increase from 2020 to 2021 in gender clinic in referrals in the US (Reuters) we also know there are far more natal girls (AFAB) seeking to medically transition and we don't know why. That needs to be studied and better understood before we give docs a green light pass for every kid to go on cross sex hormones and possible surgical interventions. We need to understand why there has been such an increase in kids self identifying as trans (Reuters). Drs need to be cautious and right now only one one therapist letter of approval is required for natal girls to be put on testosterone and AMAF to be prescribed estrogen. The current psych screenings are not adequate and kids deserve better psych evaluations but clinicians don't have the time (bc there has been a tsunami of kids coming out as trans and gender post Covid lockdown) we need more information as to why exponentially more kids are self identifying as trans many clinicians don't have the training or time to do thorough evaluations prior to putting kids on hormones. Leaving parents out of the equation is dangerous and misguided…kids need parents' input bc care more about kids than therapists or docs. Therapists need to always include family input when doing a good psych evaluation which should include more than one appointment. It should be an extensive and extremely thorough evaluation bc almost all of trans ID'd kids have psychiatric co-morbidities. WPATH 8 SOC for pediatric gender diverse kids recommends that all additional psychiatric Co-morbidities should be addressed before gender affirming care is considered. That is not happening right now in Oregon. Anyone working with this population knows the screenings are not adequate drs don't require an excellent psych evaluations recommended by WPATH 8 guidelines and should not be protected from malpractice lawsuits. We need a cautious approach. Our gender diverse kids deserve to have better mental health support to rule out false positives (kids who aren't really trans) the stakes are too high.

Also I know that many primary care providers are prescribing testosterone and estrogen to kids and they aren't even endocrinologists. There are local OBGyns,

pediatricians, family practice docs, nurse practitioners etc who need more training and also we should remember that testosterone is level 3 controlled substance. Right now it's too easy to a write a script. I see drs monetising off of this population and not every medical clinician is altruistic. If they aren't being careful with kids healthcare we make it easier for docs to disregard their oath of "First do no Harm", that isn't some trite saying. Good docs use caution when it comes to a pediatric population of gender diverse kids. There are experts that know how to do excellent screenings but I know gender clinics have dropped the protocols (OHSU see Reuters) bc they are overwhelmed with patients. Every kid deserves an individualized approach to gender care.

Read "Time to Think" about England's Tavistock. The clinicians in England repeatedly said "at least we are more cautious than Americans".
Thank you, Noelle Lamberton