



TO: Oregon House Committee On Behavioral Health and Health Care  
FROM: Kiku Johnson, Executive Director and Luca Crabtree, Transgender Services Coordinator  
RE: Support for HB 2002

Dear Chair Nosse, Vice Chair Goodwin and Nelson, and Committee Members,

I am writing on behalf of Outside In to ask you to vote YES on HB 2002, because gender-affirming care is lifesaving care. This year will mark Outside In's 55<sup>th</sup> year of providing compassion, care, and shelter to some of the most vulnerable communities in urban Oregon; the populations that we serve include unsheltered youth, immigrants, and the LGBTQ+ community. Transgender and gender-diverse individuals comprise over 30% of our patient population at our medical clinic; we provide gender affirming care under an informed consent model to a substantial portion of the transgender community in the Portland metro area.

As an organization committed to making Oregon a safe and welcoming place for all people, we recognize the need to make gender-affirming care more accessible in our state.

Oregon is already a leader on trans health care access: Since 2015, the Oregon Health Program and private insurers have covered certain gender-affirming care procedures. But gaps in coverage still exist for care that is crucial for many trans people, including electrolysis (hair removal) necessary for safety and surgery, and facial affirmation surgeries.

These procedures are currently considered “cosmetic” under Oregon insurance policy, but I can assure you these are medically necessary procedures that improve life outcomes for this population. According to the 2015 US Trans Survey, transgender people are nine times more likely to attempt suicide compared to the wider US population—but access to gender-affirming care can greatly alleviate this problem.

At Outside In, we witness firsthand the preventable and tremendous grief, pain, and suffering that our participants endure after receiving a denial for one of these lifesaving procedures; having a physical appearance that is incongruent with one's gender has profound social implications that result in substantial distress, internal conflict, and risks to physical safety. Mental health-related quality of life has been shown to be significantly poorer in transgender women who have not received surgery when compared to those that have, as well as the general female population.<sup>1</sup> The 2015 USTS Oregon State specific report illustrated that 24% of respondents experienced some form of housing discrimination in the past year (such as eviction) due to being transgender, 32% of respondents who had experienced homelessness in the past year avoided staying in a shelter because they feared being mistreated as a transgender person, and 33% of respondents who visited a place of public accommodation where staff thought or knew they were transgender experienced at least one type of mistreatment in the past year—17% reported being denied equal treatment or service, 25% reported being verbally harassed, and 2% reported being physically attacked due to being transgender.<sup>2</sup>

Please remember our story when you are voting on this bill, and please vote YES on HB 2002.

Thank you,

Kiku Johnson  
Executive Director

Luca Crabtree  
Transgender Services Coordinator

<sup>1</sup> Ainsworth, T. A., & Spiegel, J. H. (2010). Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery. *Quality of Life Research*, 19(7), 1019–1024. <https://doi.org/10.1007/s11136-010-9668-7>

<sup>2</sup> 2015 U.S. Transgender Survey: Oregon State Report. (2017). Washington, DC: National Center for Transgender Equality.