

Submitter: Erin Rasmussen

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2002

Chair Nosse, Vice-Chairs Goodwin and Nelson, Members of the Committee:

My name is Erin Rasmussen and I am writing to express support for House Bill 2002, Reproductive Health and Access to Care.

I like that this bill correctly labels reproductive healthcare, as health care, because it really is. There is very little distinction medically between the types of procedures that are necessary to preserve the life of the mother when a fetus has died, or may have grown all of the parts and pieces necessary for survival, and the medically assisted abortion which may be undertaken by women and families due to a variety of circumstance including, but not limited to just not being able to afford an additional child in the household.

As a mother of teens, and has gotten to know them and their friends, I feel like complex decisions of gender identity and care for kids really should be made by medical providers and by family members, and most importantly include the person that lives with those decisions. A young girl with a precocious puberty may not be ready to handle all of the body changes that happen when her period comes too early, and helping her delay puberty a little until her mind catches up with her body is gender affirming care. Hormone therapy is more frequently used for older women and men to help them cope with age related changes to their bodies, and that's also gender affirming care. I am pleased to see that a wide variety of gender affirming care is included in these provisions. There are a lot more conventional use cases for it than ones that include transgender folks - and I like to see that these rule changes are very inclusive of those needs, and allow medical professionals to do what they do best, to provide treatment based on the needs of their patients and the very best standards of care, unimpeded by legislation that creates conditions that either delay or prohibit healthcare.

We have seen in on other states that making laws based on fear mongering and panic over specific types of healthcare for women and children has lead to death in some cases, near fatal experiences in others, and women who yearned to have a child ultimately losing the ability to have all children. It's no surprise that 2022 saw dramatic increases in maternal mortality in states where abortion was made illegal, because there are many cases in which abortion is necessary to preserve the life and health of the individual carrying that child. In addition to that, making abortion illegal has the subsequent effect of making the providers of OBGYN care face such high risk that many of them are driven out of business or must relocate to other states.

This is a very difficult long term problem to solve, and by taking this pro-active step Oregon can help improve the retention of doctors with these necessary lifesaving skills.

Please vote yes on HB 2002, both to better serve the citizens of OR but also to retain our medical talent in the state.

Thank you for your time.

Sincerely

Erin Rasmussen

Beaverton, Oregon