



To clarify and correct the record on statements made about gender affirming care in the HB 2002 hearing on March 20th:

HB 2002 does not change the medical standards of care for transgender health (at any age), nor does it change the age of medical consent in Oregon. HB 2002 merely requires insurance coverage of health care that is determined to be medically necessary by a health care provider acting within accepted standards of practice.

Major national medical associations support gender affirming care:

Major medical organizations, including the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry, the Endocrine Society, the American Medical Association, the American Psychological Association and the American Psychiatric Association, have published policy statements and guidelines on how to provide age-appropriate gender-affirming care. All of those medical societies find such care to be evidence-based and medically necessary.

Major health care providers in Oregon support HB 2002: In addition to these major national medical organizations, here in Oregon HB 2002 is supported by: the Oregon Medical Association, Oregon Health and Sciences University, the Oregon Nurses Association, the [Oregon Pediatric Society](#), Oregon Chapter of the American College of Emergency Physicians, [Oregon Chapter of American College of Physicians](#), [Legacy Health](#), the Oregon Academy of Family Physicians, Oregon Primary Care Association, American College of Obstetricians and Gynecologists, Planned Parenthood, and Cascade Aids Project/Prism Health.

As a bill that deals with gender affirming care squarely focused on insurance coverage of medically necessary care, HB 2002 is also supported by the Oregon Department of Consumer and Business Services, Oregon's insurance regulator.

At the hearing there were references to recent actions in other countries related to gender affirming care, including the NHS in the United Kingdom, but those actions aren't supported by the experts in transgender health care.

The World Professional Association for Transgender Health (WPATH)* released a [statement in response to NHS](#), rebutting their actions with significant scientific evidence. As WPATH relays in their statement:“(NHS) makes assumptions about transgender children and adolescents which are outdated and untrue, which then form the basis of harmful interventions”... “Overall... (we) find serious flaws in this (NHS) document, which sets out a plan for a service for gender diverse children and young people in England that is likely to cause enormous harm and exacerbate the higher rates of suicidality experienced by these young people in the context of ongoing... discrimination.”

A clear distinction can be drawn between the NHS action and the gender-affirming care bans currently being proposed and passed in many US states. These restrictions are not based on best medical practices—rather, they are based on ideology and a culture of discrimination. It's crucial Oregon continue to lead the way in LGBTQ2SIA+ equality.

*Note: WPATH is the worldwide health provider professional organization devoted to the understanding and treatment of gender identity and gender dysphoria, and creating standardized treatment for transgender and gender variant people. WPATH publishes the [Standards of Care for the Health of Transgender and Gender Diverse People](#), and provides ethical guidelines for professionals. The first version of the Standards of Care were published in 1979. Version 7 was published in 2011. WPATH released Version 8 in 2022.

Rates of regret for gender affirming care are low.

There is a regret rate for any medical procedure, but the regret rate for gender-affirming surgery is less than one percent, [according to this medical study](#). For comparison, the regret rate for knee replacement surgery is [around 18 percent](#).

That said, of the small percentage of individuals who “detransition,” they do so for a variety of reasons, largely external. From the [largest study in 2021](#) of folks who detransition, of those who had detransitioned, 82.5% of those who have detransitioned attribute their decision to at least one external factor such as pressure from family, non-affirming school environments, not being able to afford medical care, and increased vulnerability to violence, including sexual assault. Not being able to afford medical care to successfully pass as their true gender identity means for some it’s safer for them to live as their assigned sex at birth. These findings show that detransition and transition regret are not synonymous, despite the two phenomena being frequently conflated.

Gender affirming care for transgender youth is often misunderstood.

There is a lot of misinformation out there that transgender youth are undergoing irreversible medical changes. This is a fundamental misunderstanding about gender affirming care for transgender youth, which is primarily about providing support to allow youth to present in a way that is consistent with their gender identity, like using preferred name, pronouns, clothing, etc.

This affirmation can be lifesaving care, as transgender youth are at higher risk of suicide: almost a third of trans 8th graders in Oregon reported having attempted suicide in past year and nearly half contemplated suicide, and are at higher risk of being bully and assaulted, according to the latest [Oregon Healthy Teens Survey](#).

Gender affirming care for transgender youth involves therapists, parents and health care providers all working together with the youth to determine what is in their best interest. These are deeply personal decisions that should be made with access to trained and knowledgeable health care providers working together with youth and their families - not by politicians.

HB 2002 is grounded in Oregonian values:

- Everyone should have access to the healthcare they need, regardless of gender.
- Oregonians should have the freedom to make their own healthcare decisions and access the care they need to survive and thrive without political interference.
- Everyone, regardless of gender identity, should be able to live, work, and make these deeply personal decisions about their lives with dignity and respect.
- Everyone should have the same protected rights to access healthcare, regardless of how they identify, who they love, what they look like, or how much money they have.
- You should have the freedom to make your own decisions about your health and your future.