

2/14/2023

I am a PROPONENT of Senate Bill 12

Chairwoman Gossage and Senate Public Health and Welfare Committee Members:

I have compassion for individuals that struggle with feeling uncomfortable in their own bodies but medical care that causes long lasting physical and psychological harm while commodifying patients is unethical. As I mentioned in my last testimony, when the medical profession is politicized and corporatized and not based on unbiased scientific facts this leads only to bad outcomes for those societies.

While other countries are closing their gender affirming care clinics (Tavistock, Sweden, Finland, France, Belgium, Australia, New Zealand) we in the United States are doubling down. Why?

I will let **WPATH** speak for itself. It stands for “World Professional Association for Transgender Health, an international, multidisciplinary, professional association whose mission is to promote evidence-based care and clinical practice guidelines for transgender and gender diverse people. Most recent guidelines: Care version 8 - 2022

“Despite the slowly growing body of evidence supporting the effectiveness of early medical intervention, the number of studies is still low and therefore are few outcome studies that follow youth into adult hood therefore, **a systematic review regarding outcomes of treatment in adolescents is not possible.**”

“A 2014 long-term follow-up study is the **ONLY study** that followed youth from early adolescence (pretreatment, mean age 13.6) through young adulthood (posttreatment, mean age of 20.7). This was the first study to show gender affirming treatment enabled transgender adolescents to make age-appropriate developmental transition with satisfactory objective and subjective outcomes in adulthood.” (DeVries et. al 2014)

“Currently there are **only preliminary results from retrospective studies** educating transgender adults and the decisions they made when they were young regarding the consequences of medical affirming treatment on reproductive capacity.”

“There is **limited data** on the optimal timing of gender affirming interventions as well as the long-term physical, psychological and neurodevelopmental outcomes in youth.” (Chen et al., Chew et al, Olson – Kennedy et al 2016)

“Currently, the only existing longitudinal studies evaluating gender diverse youth and adult outcomes are based on a specific model (the Dutch approach) that involved a comprehensive initial assessment with follow-up. It is not clear if deviations from this approach would lead to the same or different outcomes. **Longitudinal studies are currently underway** to better define outcomes as well as the safety and efficacy of gender affirming treatment in youth. (Olson – Kennedy, Garofalo et. al 2019, Rosenthal et. al 2019).

Of note, the Dutch Protocol study was 55 children which met very specific criteria (dysphoria as children for years, and no other mental health problems) that does not apply to those being treated today (dysphoria started in teen years and extensive mental health issues) and more importantly there was no control group. There are numerous studies now showing that 80% of patients not offered medical or surgical options have resolution of their dysphoria.

“The 2017 study of 20 WPATH affiliated surgeons in the US reported slightly more than half had performed vaginoplasty in minors. **Limited data** are available on the outcomes for youth undergoing vaginoplasty (Karasic 2017). **Small studies** have reported improved psychosocial functioning and decreased gender dysphoria in adolescence who have undergone vaginoplasty (Becker et al 2018).

“While the **sample size is small**, these studies suggest there **may be a benefit** for some adolescence to having their procedures performed before age 18. **Given the complexity and irreversibility of these procedures** an assessment of the adolescence ability to adhere to postsurgical care recommendations and to comprehend the long-term impacts of these procedures in reproductive and sexual function is crucial (Boskey et al 2019)

“Given the complexities of Phalloplasty and **current high rates of complications** in comparison to other gender affirming surgical treatment, it is not recommended this surgery be considered in youth under 18 at this time.”

The examples of various quotes taken from **WPATH** speak for themselves. There is absolutely no reason why Kansans should support harmful medical care for these vulnerable patients in our state. I would ask for your support of Senate Bill 12 until it becomes law in our state.

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