I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole.

As a father of a transgender child, I can say with absolute certainty that gender affirming care is a critical and life saving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood". This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Craig Geary 10 February 2023 Susan Gerth Private Citizen, Senate District 22 Opponent Testimony of SB 12 For the Senate Committee on Public Health and Welfare

February 14, 2023

Members of the Senate Committee on Public Health and Welfare,

I am writing in opposition to SB 12, which discriminates against transgender children, youth, and young adults, as well as their guardians and medical care providers. The bill not only attempts to solve a problem which does not exist, but it creates very real and life-threatening problems. The medically necessary care includes only mental health care for younger children. It adds reversible hormonal treatment and blockers for prepubescent youth in order to delay the onset of puberty and development of secondary sex characteristics. It does not include gender-affirming surgery for children and prepubescent youth. For post puberty young adults and adults of legal age (18-21), gender-affirming surgery becomes a viable option when considering effective medically necessary care.

As the mother of an adult transgender woman, I am aware of the myriad challenges faced by transgender persons. Many of these problems are created by a society that refuses to see their humanity and their right to receive healthcare necessary to live authentically. My daughter has suffered greatly due to open hostility toward transgender persons in general and her specifically. She has attempted suicide on more than one occasion. If she had been denied the ability to receive gender-affirming care, I know that she would not be alive today. She has confirmed this to me on more than one occasion.

This topic is important in Kansas, because gender-affirming care is not only medically necessary, but safe and effective for young Kansans suffering from gender dysphoria. It is, in fact, the only effective, life-saving treatment. This law would take away parents' rights to make medical decisions they deem to be best for their children. Calling this bill the Kansas Child Mutilation Act is fear-mongering ignorance. Oddly enough, some people might consider circumcision, when not performed for religious reasons, to be child mutilation. Some might also consider sex reassignment surgery on intersex infants to be child mutilation. Pierced ears for infants? Is that also mutilation? Who is to decide if mutilation only applies to life-saving treatment of young transgender Kansans?

Additionally, this bill would take away the rights of legal adults, aged 18-21, to make medical decisions for themselves not only to survive, but to thrive. The bill denies them the right to seek mental healthcare, hormonal treatments, and gender-affirming surgery. It also strips away the right of medical professionals to provide critically necessary care without fear of criminal prosecution.

Please oppose this bill which seeks to deny access to necessary healthcare for survival for transgender children, youth, and young adults. It would be especially discriminatory to those without the financial means to seek such treatment out of state.

Sincerely,

Susan Gerth Manhattan Dear Committee,

My name is Kameron Goff, I am a University of Kansas (KU) student studying environmental studies and sociology. I am writing to ask that you oppose SB 12. I attend church on Sundays, take my dog on walks every day and am transgender. I knew from the age of three but came to the realization that being myself was a possibility at age seventeen and then spent two years deciding if hormones were the right option for me. After spending most of my teen years on different anti-depressants, anti-anxieties, trying different diets and work outs I was relieved at seventeen to feel as though I could breathe because I felt like myself for the first time. I spent a lot of time seeing a therapist before I began using my correct pronouns, and spoke extensively to doctors at the Kansas University Health System before I started hormones. I spent two years finding the person I knew I wanted to be from three years old, and I am very lucky because when I was finally ready to start hormones I was in college. Now at twenty years old I am healthy, happy, and the person that three-year-old me discovered, I am lucky to have survived to meet my twenty-year-old self. Had I realized that being myself was an option sooner and not had the choices that I had at nineteen then I fear if I would not have made it to learn at KU, be an active member at my church, or teach my dog new tricks. I ask that you give other transgender children the same opportunities I had and oppose SB12.

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Raiden Gonzales Resident

SB12 – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. Opponent, Written Only

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Raiden Gonzales, and I am a resident of Emporia Kansas I rise today in opposition of senate bill, 12. This bill is dangerous and and should be deemed unconstitutional by contrast because your playing with someone's life and tying the hands of medical professionals along the way

What are the implications of access restrictions.

State policy is restricting youth access to gender affirming care could have significant health and other implications for LGBTQ plus youth, their parents, healthcare providers, and in some cases other community members.

For LGBTQ plus youth they experience, higher rates of depression, anxiety and suicidality than their non-LGBTQ plus peers and one CDC study of youth, in 10 states and nine urban school districts a higher share a transgendered students reported suicide risk and outcomes across a range of metrics than cisgender students. In addition, LGBTQ plus people report higher rates of negative experiences with medical providers, so creating a barrier to ending gender, affirming care further challenged transgendered peoples relationships with the healthcare system.

For parents In several states with bills under consideration, parents who facilitate access to evidence-based and potentially lifesaving gender affirming services for their children could face penalties. Under the Texas directive, because it is defined as child abuse, parents who facilitate access to gender affirming care for their children, could be subject to penalties, including losing custody of their children. This may place parents in the position of either supporting their children in accessing care supported by medical evidence and facing penalties or denying their children access in an effort not to make their family vulnerable to investigation and potential separation. Each option for parents in this scenario has the potential to be traumatic for the family, and for youth in particular.

Providers just like parents providers may be torn between what the medical literature supports, and what is the best interest for their patients and facing potential sanctions, including violating, professional, ethics around confidentiality.

I'm asking the members of this committee to rethink their positions on this the implications of this bill passing would be devastating and huge and if it goes to the courts it will have a lasting impact on our state for years to come let's not be like Texas or Arkansas let's be Kansas

I oppose this legislation, because I think of the implications this will have on the lives of many in our state, and I believe those who are for this bill should reconsider take some time to do the research

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Sandra Guglielmo Parent & Kansas Resident

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

I am a parent of two children and a Kansas resident. I am speaking out today to make sure all children get the medical, life saving care they need.

It is overwhelming to me to think that a politician instead of a parent would be able to dictate what medical decisions can be made for their children. Gender-affirming care is medically necessary, safe, effective, and the only evidence-based care for treating trans youth, it can literally save lives.

My child's friend is transgender and it angers and saddens me to think of their future if this bill is passed. We cannot let this bill become a reality in Kansas. Our youth and families deserve every opportunity to receive the healthcare they need without the interference of the government.

Everyone should have the right to access the healthcare they need to survive and thrive without government interference. Passing this bill does not represent the Kansas I know and love.

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Peter Herrmann Kansas Resident

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Peter, and I was born and raised in Kansas. I've watched as state legislatures across the country seek to commit genocide against the trans population for no other reason than that they exist. I strongly oppose SB 12 and its equivalent legislation in other states for this reason.

If this bill were to be passed, many of the people I have come to care for and admire would cease to exist. More than that, I don't expect Senators like Thompson or Steffen to be able to help themselves if this bill were allowed through. We've routinely seen states like Oklahoma make the legislative leap from banning access to trans medical care to effectively forcing their populations to detransition, at any age, regardless of if they've actually received care, and regardless of how long a person has been openly trans. Some have even gone so far as to attempt to demand genetic testing to "prove" a person's gender, a decision that would harm nearly everyone in the state, and is not rooted in science in any way.

We should be strengthening the position of the trans community, not weakening it. These are people that need and deserve access to healthcare treatments that have definitively been proven to improve their mental health and safety. Kansas should be passing legislation that eases the process of altering their birth certificates, licenses, and other legal documentation to reflect their identity. Kansas could choose to be a bastion for the right to self-determination and the pursuit of happiness, but instead, it seems this governing body is more than willing to cave to pressure from a far-right culture war.

Under no circumstances can this bill be allowed to pass. If you really want to say that you serve the people of Kansas, stop taking actions that actively harm its inhabitants.

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Amy Hill Kansas Resident / Parent of 3 children

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

I am a parent of three children and an adult who has gay and transgender friends in my life. I oppose SB 12. These friends are kind and wonderful people who just want to be true to who they are. These bills that present being true to yourself and having the support of your family and medical professionals (who take an oath to do no harm) to be who you are, are harmful to youth who are questioning how they fit into this world. It is not the decision of anyone but a child and their family to seek the care they need to be comfortable in their own mind and body.

Every major medical association, including the American Medical Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry, supports gender-affirming care for transgender youth and opposes bill SB 12.

All of the forms of care for youth are safe and reversible. No prepubescent trans children are receiving gender affirming surgeries. They are receiving support from adults who believe in them and trust them and want to help guide them through their questions. Being a kid who is not sure of their body must be scary and having adults in their life who can help them can make all the difference in their world. Making them feel like something is wrong with them and criminalizing those who help them is the worst message you could send.

I oppose SB 12. Thank you for your consideration.

Janvary 22,2023

TESTEMONY TO THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARES

As a Christian and a follower of Jesus, I vahemently oppose Senate Bill 12. For years, legislative indies across the country have vilified the thans community and have sought to interfere will the right to safe trusting doctor - rationt - parent. velationsly. Contrary to the example set by Jesus, who welcomed children sans judgement they have chosen a atlack the person hood and dignity of trans youth, attempting to strip them of their basic human rights.

As a Christian i an attendee of Plymouth Congregational Church (thingh I do not speak an behalf of the church), I find SB12 despicable. The Legislature is forcing <u>children</u> to carry the weight of this anti-thans agenda on their backs, and it is killing people.

Trans youth are not an abstract concept. They are among the populations most @ rist of suicide in the U.S. today. This is impart do to the viscious i sustained bullying being carried out by people who hope to use these attacks against this volnerable Community of children for their own personal i political gain. Children's bodies are not Legislative junsdiction.

I also oppose SB 12 on the grounds that it singles out medical professionals, criminalizing them for simply doing their jobs. Doctors who seek to provide assistance and medical care to youth in the trans community seek to provide assistance and medical care to youth in the trans community seek to provide assistance and medical care to youth in the trans community seek to provide assistance and medical care to youth in the trans community seek to provide assistance and medical care to pass have the Kansas will now be felons or a risk of losing their medical license. The Kansas Legislatore lacks the expertise in medicane to pass have that govern the ability of doctors to provide adequate care for their patients. Given the ability of doctors to provide adequate care for their patients. Given the dangers posed by such discriminatory legislation and the high level of dangers posed by such discriminatory legislation and the high level of danger tise required to make medical decisions, I believe that the health of transgender youth othewed remain a matter between the youth in question, their parents, and their doctor.

It is for the reasons that I oppose SBIZ. Respectfully, Kate Hobson, Kate M. Alep

## Kira Holden SB12 Testimony 2/14/23

Members of the committee, I strongly oppose Senate Bill 12 for a number of reasons but primarily because of my own personal experiences. A little background on myself, I grew up in a town of less than 300 in rural Missouri. Throughout all of middle and high school I felt isolated and alone because of who I was. Everywhere I went felt more and more unsafe, and I knew that if just one person in any one of my classes knew that I was queer, I could be hurt. Before my junior year I ended up dropping out of high school and getting into college early, here in Kansas, in order to be in a place where maybe I could be looked at as just a normal person. I didn't do it out of academic interest. I did it out of fear. I would also be able to have proper access to gender-affirming care that I would not be able to access purely because of bigotry and hatred, and out of fear of my safety. Now, why am I telling you all this? I want to bring up a statistic from the Seattle Children's Gender Clinic that I think is very important here, and that is the fact that children and adolescents that receive gender-affirming care have a 73% lower risk of suicide. I bring this up, again, because of personal experiences. When I was a teenager, I attempted suicide. Twice. Because I felt like no matter where I looked, I never would be welcome or wanted. And I'm glad that I'm still here, because when I moved here to Kansas, I was able to find people that cared, and now, I am able to receive the gender-affirming care that I need. I just recently started hormone replacement therapy, and I already feel so much better because of it. However, I worry, not only for the children in this state who are now desperately afraid, but for even adults like myself. As I'm sure you are aware this bill not only targets gender-affirming care for minors, but also the same care for anyone under the age of 21, which includes myself. Let me be clear. I am an average Kansan. I'm a college student at Washburn University. I work a normal job in a field that I absolutely adore. I pay the same taxes to this state as anyone else. So please, why is it that my medical care as an adult, the business between me and my doctor, is on trial because of government overreach and unjustified fear? And why is this same legislation trying to even strip parents of the right to get the gender-affirming care that their children so desperately need so they don't wake up one morning and have to bury their daughter because the Kansas government said no.

I want you to look at me, and look at my story, and the story of everyone else in this room, and know exactly who you are hurting with this bill. I know that nothing I said here will do anything effective to change your mind. But I think it's very clear to me, and hopefully to you, that things like this don't make me feel welcome and safe in Kansas anymore. And I am sure not proud to live here right now.

Thank you, members of the committee, for your time.

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole. I am opposed to Senate Bill No. 12.

As an individual concerned for the medical health and wellbeing of transgender individuals, I support gender affirming care. Senate Bill No. 12 does not support gender affirming care. Gender affirming care is a critical and lifesaving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood". This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Katharine Hunter 13 February 2023

I am writing regarding my opposition to Senate Bill No.12. As a psychologist, I am concerned for the medical health and wellbeing of transgender individuals. Gender affirming care is critical health care. I has personally witness the anguish of young people struggling to fit into gender expectations that are not right for them. In addition, I believe that personal medical decisions should be between individuals and doctors. Parents and doctors need to make these difficult medical decisions when a child is involved. I believe that Senate Bill #12 takes away the rights of parents to make decisions about their children' healthcare. I find it ironic that this bill would have republican support when it takes away the rights of parents.

In my opinion, this bill is stunningly ill-informed. How many legislators have had years of medical training and specialize in the needs of transgender individuals. If this issue affected their own family, they would recognize the cruelty behind the proposal. I am asking that they empathize with the families of others.

Debra Johnson, Ph.D. February 12, 2023

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole. I am opposed to Senate Bill No. 12.

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A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Martha Johnson Lenexa, KS 11 February 2023

#### 02/12/23

#### Statement of Opposition of Kansas SB12

Upon recent efforts by lawmakers to restrict gender-affirming access to Kansans aged 21 years and under, the Kansas Art Therapy Association has a duty to speak out against the harmful Kansas SB12 and similar drafts of legislation. Gender-affirming care encompasses many facets of healthcare including medical, surgical, non-surgical, mental health, and psychosocial services for transgender and and/or gender nonbinary (TGNB) individuals. This bill would take away life-saving resources from TGNB youth and young adults, which is especially concerning after data released from The Trevor Project, an American nonprofit organization focused on suicide prevention efforts among LGBTQIA+ youth, found that 54% of TGNB youth seriously considered suicide and 29% of TGNB youth attempted suicide in 2019 (The Trevor Project, 2020). The Kansas Art Therapy Association, along with other major medical and mental health organizations such as the American Medical Association (AMA), American Academy of Pediatrics (AAP), and the American Psychological Association (APA), believe that decisions regarding gender-affirming care should be decided upon by the TGNB individual, their parents/guardians (for TGNB youth), and their medical providers.

--Kansas Art Therapy Association

January 22, 2023 1966 E. 100 Rd. Lecompton, KS 66050

To she Senate Committee and Public Health and Wilfare: 2 standier opposition to SB 12. I realize shat many gender issues have been to she neve fathely, and if we are not familian will trans of LGBT wares, they may sound scary. Cauld your please trust that asher individuals do not identify with de gender wich which dey are form? Could you please achorabledge that if youl do ant greak fragfiest. And experience; perkaps four role should be one of listelind rasher Dan legislating? - Could you affirm that if addees are fot ellgaged in actions that hust attens, you have no night to treat she Alile criminals/ of compassion - Could you be

serviced shat what athers do with aler bodies is more & your lousiness. Why do you choose to waterfere in the likes of your and families und when you are that associated and know Anorthere ?? at the time Republicans believed that government should not intrude. intol private lives. So why have you assigned yourselves this placing rale? 2 materal of moderning and changing with the threes you and digging the, I entrenching yourbelies in the past. Therefore & fortunately, you will be deekaed to antiquated and willerants The will pass that by Smerely, margaret Raman

Testimony to the Senate Committee on Public Health and Weltere

US a Christian Biller of Jeras I strongly oppose Senate Bill 12. For years, legislation between and the country have willified by trans commandy and have soaght to interfere with right to a safe, truting doctor-patient relationship.

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This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Jim Kreps 13100 W 128<sup>th</sup> St Overland Park, KS 66213 10 February 2023

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Megan Langford Parent and Kansas Resident

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Megan Langford. I am the mom of a 12-year-old and an 11-year-old. As a parent, part of my job is to make sure my kids get any and all medical care that they require. I follow the advice of every major medical group, including the American Medical Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry. My kids have their annual wellness checks, they receive their vaccinations, and they see specialists as needed.

Never once have I had to worry about whether the Kansas legislature would ban them from receiving necessary and recommended medical care.

But SB12 would ban medically necessary, safe, effective, evidence-based healthcare for trans youth (and 18 to 21 year old adults).

Gender-affirming care is the only evidence-based care for trans kids. This type of care includes counseling and mental health care. It includes hormone therapy and puberty blockers, which allow families and medical providers time to consider the right course of action before the development of permanent secondary sex characteristics (puberty). It is the exact opposite of mutilition, the term so ignorantly thrown around by the bad actors who support this bill.

All these forms of care are safe and reversible. No pre-pubescent trans children are having gender-affirming surgeries, a fact many politicians are conveniently ignoring.

Perhaps the committee should consider how to improve the lives of trans youth and their families, rather than continuing to bully and harrass them. At best, you will drive them out of Kansas. At worst, you will directly contribute to the suicidality of trans kids in our state.

Everyone should have the right to access the healthcare they need to survive and thrive without government interference. I urge you to oppose this discriminatory bill. Thank you for considering my testimony.

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## **Tuesday, February 14, 2023, 8:30 am** Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Samantha Lewis Kansas resident

SB12 – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. Opponent, Written Only

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

Hello my name is Sami Lewis and I am a born and raised Kansan. I serve our Wichita community as a Marriage and Family Therapist. I work with many individuals and families that LGBTQIA+ rights impact. I believe that individuals should have the right to make medical decisions affirming their gender identity.

I have a Trans-male sibling that often went through hardship during our school years and continues to face hardship as an adult, and being a witness to this has solidified my desire to be an advocate. Seeing the impacts on my brother and the youth I currently serve is astounding. This generation of youth has a higher awareness and understanding of how to break societal 'norms' that have misguided our narratives. The general frustration from older generations is it is "too hard" to expand their thought process beyond the binary that we have grown to be accustomed to. As many opportunities for growth come with discomfort, this is no different and perhaps one of the more important discomforts for us to experience as a society. Prior to age 18 an adult will be assisting their child in making medical decisions that will allow for gender affirming care under the guidance of a trained professional. Between ages 18-21 this bill is suggesting that legal adults are unable to make medical decisions for themselves. It is clear that our community values autonomy and this was further shown in the vote for abortion rights to remain. This bill is another attempt to control individual autonomy and is showing that our government does not have trust within the members of our society to make the decisions they feel best for themselves.

The suggestion is for those who still do not understand and/or feel uncomfortable to educate themselves and to learn how to regulate their own discomfort. Our community has a serious lack of trauma-informed and LGBTQIA+ trained medical professionals. More medical professionals would feel comfortable with this topic if they were to complete training in this type of care, similar to how they are required to intern in care for pediatrics, psych, elderly, etc. Every population has its own risks and benefits, and this is no different.

My position will always remain to be allowing people to make their decisions for gender identity and for our community to gain more education/awareness. I appreciate you reading my submission. I am truly hoping the state I have been raised in will make the future thinking decision, rather than allowing Kansas to continue being 'the state that lives 30 years behind.'

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#### 14 February 2023

## Senate Public Health and Welfare Committee:

My name is Dr. Rachel Locks and I am submitting testimony in opposition to Senate Bill 12, so called the Kansas child mutilation prevention act. I am a life-long Kansas resident and hold degrees in Biology from Wichita State University and a medical degree from the University of Kansas. I am also a transgender woman.

When I learned of this bill, my first thought was of the increased suicidality that this will cause. A study published in the Indian Journal of Psychological Medicine by Virupasksha, et al found the causes of increased suicide risk to be "gender-based victimization, discrimination, bullying, violence, being rejected by the family, friends, and community; harassment by intimate partner, family members, police and public; discrimination and ill treatment at health-care system." However, this argument is well-known to proponents of this bill, as it is mentioned each year when these types of bills are pushed.

Rather, I would like to address why I feel that access gender-affirming care is vitally important, especially to adolescent transgender people. When I was growing up in the 90s, there was no conversation about gender identity. As a result, I suppressed my own feelings of incongruence as I felt ashamed and embarrassed, and thought something was wrong with me. These are feelings that have been very strong since about the age of five. I figured that since I was assigned male sex at birth, then these feelings of being in the wrong body would surely go away over time. After 37 years of life, I came to realize that they would not go away, that they were not a voluntary or confused part of my identity and that it was an essential part of who I was.

I want the committee to know that I tried extremely hard, for decades, to be "male" because that is what I felt was expected of me from society. I simply couldn't. As a result, I was very near ending my life because I felt that I was broken. Then I met other trans people, and realized that I was actually normal, just that I hadn't found my people yet. Since I was able to medically and socially transition, as well as have nuanced conversations about my fundamental being, I haven't had suicidal thoughts in a number of years. And the biggest regret is that I didn't have the chance to prevent the irreversible physiologic changes that occurred during testosterone-mediated puberty.

I don't want my experience to be the expectation for future generations of transgender people. Gender dysphoria is a very real and well-documented experience for transgender people. Passing legislation to criminalize treatment for this condition is not only cruel, it is counter to the very nature of evidence based medicine and to the Hippocratic Oath, where we, as medical providers, have vowed to "do no harm" to our patients. If this bill is passed, the only legacy will be the deaths of more transgender people. I am tired of losing friends and members of my community to suicide, and I hope that will be of strong consideration when voting on this bill. Thank you for your time.

Rachel Locks, MD

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Erin Lynch Kansas Resident and Parent

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

I am a lifelong Kansas resident, and I am also a parent. I oppose SB12 because I do not believe the state should have authority to determine what care my child receives,. This bill takes away my right to make medical decisions on behalf of my child and gives that decision-making authority to the state.

This bill will cause grave harm to trans children. Trans children have higher suicide rates. Denying trans children the medical care they need will only increase these rates. Our youth and their families deserve every opportunity to receive the healthcare they need, and medical professionals deserve to provide medically necessary care without fear of criminal prosecution.

Everyone should have the right to access the healthcare they need to survive and thrive without government interference. Gender-affirming care is medically necessary, safe, effective, and-as the only evidence-based care for treating trans youth-it can literally save lives.

#### 02/12/23

#### Statement in Opposition to Kansas SB12

My name is Wendy Lynch, and I am a licensed professional counselor (LPC), licensed masters addiction counselor (LMAC), and provisionally registered art therapist (ATR-P) in the state of Kansas. I began working as a masters level intern in mental health settings in 2018, and later as a fully licensed professional in 2020. In my years of working in mental health, I have had the honor and responsibility of providing mental health and addictions treatment to individuals who are transgender and/or gender nonbinary (TGNB). I can say with absolute certainty that access to gender-affirming care was a medical necessity for these individuals and that it presented in a variety of ways.

Gender-affirming care can be surgical, non-surgical, medical, mental health care, and psychosocial support. It can look like many things: assisting a TGNB individual with completing paperwork to have an official name change or gender marker change; providing a psychological consultation and/or evaluation to ensure cognitive stability for hormone replacement therapy (HRT) or gender-affirming surgeries; utilizing psychotherapy to process the complexity and nuance of one's own experience with gender and/or process the trauma that often comes with others having more say about a TGNB person's body than they do; utilizing art therapy to experiment with clothing, makeup, or other visual means to reinforce a TGNB individual's authentic representation of self, and so much more.

In my experience as a licensed mental health professional, I have worked almost exclusively with adults aged 18 years and over. This bill would restrict the abilities of TGNB adults in the state of Kansas from accessing life-saving healthcare and making informed decisions about their own bodies. This bill would also restrict access to life-saving healthcare to TGNB youth in the state of Kansas, which we can see will almost certainly have lethal consequences when we look at data from sources such as The Trevor Project, the Kaiser Family Foundation, the Center for Disease Control, the American Psychological Association, the American Academy of Pediatrics, and the American Medical Association. The following is a quote from an article published by the Kaiser Family Foundation in 2022,

"Inability to access gender affirming care, such as puberty suppressors and hormone therapy, has been linked to worse mental health outcomes for transgender youth, including with respect to suicidal ideation, potentially exacerbating the already existing disparities. Conversely, access to this care is associated with improved outcomes in these domains. Policies that aim to prohibit or interrupt access to gender affirming care for youth can therefore have negative implications for health in potentially life-threatening ways." (Kaiser Family Foundation, 2022)

In response to research completed by the entities listed above and others, it is my belief that healthcare providers have an ethical duty to provide gender-affirming care as a recognized effective treatment for transgender and gender nonbinary individuals, and this includes TGNB youth. Furthermore, decisions about one's body should be ultimately left to the individual and their healthcare providers. As with other forms of healthcare, when it comes to youth this also means decisions will include the parents or guardians. These decisions should not be made by legislators who have no relationship with these individuals and based on the legislator's personal values or beliefs. This is why I stand in opposition of Kansas SB12, because I value the autonomy and lived experience of TGNB individuals of all ages, and I have seen firsthand the results of access and lack thereof to genderaffirming care.

Thank you for your time, Wendy Lynch, LPC, LMAC, ATR-P (she/her)

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Leslie Mark Parent/Grandparent/Aunt of Transgendered Nephew/Kansas Resident

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

Everyone should have the right to access the healthcare they need to survive and thrive without government interference. Doctors and medical professionals also should have the right to deliver life-affirming, safe care to patients seeking their expertise. The state has no interest and should not assert some higher authority to deny access to that care.

Gender affirming care for youth means access to mental health care and counseling. Gender affirming care for youth means access to puberty blockers (to allow families and their doctors time to consider the right course of action). Gender affirming care for youth means hormone treatments or hormone replacement theory. This kind of support allowed my family to search out answers to our questions. The safe, psychologically sound and caring medical support my nephew received helped lift him from depression and imagine a bright future — one he is living today.

Every major medical association, including the American Medical Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry, supports gender affirming care for transgender youth and opposes bills like SB 12. They cannot fulfill their Hippocratic Oath and morally follow the law that SB 12 would create. Why would the state assert a claim on criminalizing providers offering medically necessary, safe, evidence-based care in the interest of the common good when it does the exact opposite?

Vote No on SB 12.

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole. I am opposed to Senate Bill No. 12.

As an individual concerned for the medical health and well being of transgender individuals I support gender affirming care. Senate Bill No. 12 does not support gender affirming care. Gender affirming care is a critical and life saving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood". This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Jane Martin Feb. 13, 2023 Taking to the Senate Committee on Public Health and Welfare Opponent for SB12 Jonuary 22, 2023

as a cheistian, I vehemently oppose Service Bill 12. For yours, legislative lodies across the country lave withfield the trans community and have sought to when interfere with the right to a safe, trusting relationship between yotherts, paunts, and doctors. Fans youth are set humans, and the first that this hill is attempting to ship them of their personhood, their chignity, and their busic human rights, is intolerable.

dea Christian and a member of Plymonth (onyrgational Church (though I do not speak on behavy of the church). I find SB12 despicable. Then youth are one of the populations most at sick for suicide today and this is in part due to tills that attack the

I also believe that SB12 is an attack on the medical community as it will climinalize dottors who are simply trying to do their jobs. The ligitleture meds to recognize that they do not shave the medical expertise to pass hears that govern the ability of doctors to provide adequate care for patients. This till ignores the high look of medical expertise required to make such decidions and is dangerous I ask that you oppose SB12 and help end the descriminatory attachs on this -outnemble community.

Respectifiely. Statelon mayer

## **Tuesday, February 14, 2023, 8:30 am** Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Angeline McGuffin Resident

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Angeline McGuffin and I am a concerned citizen who is opposed to this legislation.

I have an adult child who is trans (male to female in process). It is difficult enough to have this biological trait without legislation encouraging hate and rejection of these individuals as a part of our society. Personally, and in my profession, I see the weight of this hate on these people and their families daily. I feel the weight of it too and my heart breaks for my child and my pupils. This is between a citizen, parent/guardians of such is the case, and their doctor. The state should not be allowed to have this intimate control over its citizens. In addition to the psychological damage of such legislative repudiation, the inevitable lawsuits will be a further drain. Please reconsider carefully - read material from experts that are at variance with your personal viewpoints. Lastly, please don't allow this kind of power to fall into the hands of the state. Even with the best of intentions, allowing that kind of power can backfire, depending upon who is in charge. Please don't do this!

For those who are deeply concerned about this among minors, you can instead offer therapy requirements and SLOW steps/checkpoints that must be signed off by a medical professional before proceeding further with younger patients.

Thank you for your consideration for ALL your citizens. Have compassion for the citizens who need this care. Believe me, NO ONE chooses to be trans. It's a tough enough nightmare without this legislation and it's implications. Please don't hand this kind of intimate power to the State!

Written Testimony in Opposition SB 233 Rev. Charles L. McKinzie II Winfield, KS 67156

Senate Committee on Public Health and Welfare, Feb. 14, 2023

Thank you chair and committee for the opportunity to submit my testimony on this bill. As a lifelong Kansan, a Christian pastor, and a father, I stand in opposition of this bill.

This bill is simply a solution in search of a problem. We know a few things to be true: First, the number of trans kids who receive gender-affirming care in this state is small. This is not a gigantic problem in Kansas. So as your constituent I ask myself, what is the motivation behind this bill? Simply put: this is political grandstanding. I would ask you: at what cost?

The cost is to kids like mine. My wife and I are proud parents to an amazing 15-year-old kid. They, like many of their peers, identify outside the gender binary. They were born female and now use they/he pronouns. Currently the only gender- affirming care they receive is mental health counseling. As parents, my wife and I have made this decision in consultation with their doctors and mental health caregivers.

So currently my child is not the target of this bill. But if that should change, if we should decide, in consultation with their healthcare providers and in prayerful reflection, that more treatment was required, that would be our role as a parent. The Kansas legislature should have no role in it, certainly not in threatening their healthcare providers, as this bill does.

Trans and non-binary kids have significantly higher rates of suicide than their gender-typical peers. (Link below with one study which illuminates these topics.) This is worsened when they are not able to access the healthcare that affirms their gender identity.

What you are suggesting in this legislation is that you have a better understanding of what my child's health care needs are than I do. I promise you, you do not. I have heard many of you claim that you are pro-life. Does my child get excluded from that?

This bill before you is deadly to children like mine. Don't vote to value-signal to your base when it leaves a body count. It's immoral, and downright unChristian.

I urge you to vote against this bill and any others which target the small, but important, group of gender-nonconforming young people in our state. Please be Pro-Life for the sake of my child and others like them.

Respectfully submitted, Ptr. Charles L. McKinzie II

https://www.cmaj.ca/content/194/22/E767

#### STATE OF KANSAS HOUSE OF REPRESENTATIVES

STATE CAPITOL 300 S.W. TENTH AVENUE TOPEKA. KS 66612 (785) 296-5413 heather.meyer@bouse.ks.gov



DISTRICT ADDRESS P.O. BOX 13346 OVERLAND PARK, KS 66282-3346

HEATHER MEYER 29TH DISTRICT

Opposition Testimony Senate Committee on Eductation SB 12 February 14, 2023

# Chair Gossage, Vice-Chair Erickson, Ranking Member Pettey, and Members of the Committee:

Thank you for the opportunity to provide testimony in opposition to SB 12. As a social worker who has primarily served the LGBTQ community, the first openly bisexual Kansas Legislator, and the mother of a non-binary/gender fluid transgender child, I am coming to you to request that you do not pass this bill out of committee favorably. SB12 does nothing to protect our children from harm, in fact SB 12 does quite the opposite.

The medical care a child receives should be determined by a child's family, their medical providers and mental health professionals, not by lawmakers who lack the training and expertise to make these difficult and critical decisions, and certainly not by those who shirk the testimony of experts in the field. As medical and mental health professionals will tell you, providing gender affirming care is a complicated and careful process. The idea that parents of these children and their doctors are approaching their child's care in a malicious or perverted way is both stupid and insulting. We love our kids more than you could even know, and that's why we fight so hard for them.

Furthermore, SB 12 will put the mental health and physical wellbeing of transgender youth in Kansas at risk. Over the years, we've heard much testimony on how transgender youth suffer from much higher rates of suicide, depression, bullying, and violence. And we should not ignore that. This bill will only further exacerbate the problem by blatantly showing our kids that we as a State, as an elected body, do not feel that they are valid or worthy. Even worse is that recent studies show that when bills like this are introduced, transgender kids are more likely to commit acts of self-harm, experience suicidal ideations, and even complete suicide.

#### STATE OF KANSAS HOUSE OF REPRESENTATIVES

STATE CAPITOL 300 S.W. TENTH AVENUE TOPEKA. KS 66612 (785) 296-5413 heather.meyer@house.ks.gov



DISTRICT ADDRESS P.O. BOX 13346 OVERLAND PARK. KS 66282-3346

29TH DISTRICT

These bills are part of a nationwide effort to erase and endanger our children and will remove the ability for physicians and mental health professionals to do their job and truly protect and care for our children.

Our children deserve to receive healthcare that affirms their gender identity, and medical and menta health professionals should be allowed to do their job without fear of being prosecuted due to willful ignorance and bias. The hatred and hostility towards trans youth must end.

Sincerely,

**Representative Heather Meyer** 

District 29, Overland Park

Testimony to the Senate Committee on Public Health & Walfare. Opponent for SB 12 Jan. 22, 2023

As 2 christian and 2 fellower of Josis, I velennerly oppose Sconto Bill 12. For years, legislative bases across the country have villight that people and have sought to interfere with the right to a safe, treating doctor patient relationship. Contrary to the themple sit by Josus, who molecomed children with open drms, they have chosen to attach the prescabord cad dynity of trans youth drampting to store them if basic signes.

As a Charstian and a momber of Flynouth Carrespondent Church (= write as an inductional, not a opposite theory of the Standard Standard Standard Standard The legiclassical to be to the medically recommended care.

Gender afforming some onghis to be a sight protected by the sylin is provacy and liberary.

58 12's criminalization & medical professionals is like unce reprehensible. The legislature orghy to stay our of the dector. Patient clationship

For these reasons, I approve SB 12.

Sincerely Sw /L

Sam Allism Madale 1672 N. 1500 RJ Lawrence, X8 66090

#### 2/11/2023

Dear Senate Public Health & Welfare Committee,

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole. I am opposed to Senate Bill No. 12.

As an individual concerned for the medical health and wellbeing of transgender individuals, I support gender affirming care. Senate Bill No. 12 does not support gender affirming care. Gender affirming care is a critical and lifesaving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood". This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Patricia Neubauer Shawnee, KS 66218

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

James Nikkel Kansas resident

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

I am a resident of Newton in Harvey County, Kansas. I have relatives and friends who are transgender. I do not support this bill.

This bill would invade the privacy of citizens. It would violate the trust and confidentiality between doctors, patients, and their families.

Again, I oppose this bill as it would violate privacy and personal autonomy of people. Thank you for your time.

NAME: Ann Norbury

Testimony to Senate Public Health and Welfare Committee

TITLE: Kansas resident, taxpayer, and voter

EMAIL ADDRESS: annknorbury@gmail.com

BILL NUMBER: SB 12

OPPONENT

WRITTEN ONLY TESTIMONY

Dear Madam Chair and members of the Public Health & Welfare Committee,

I write to express my deepest concern and dismay about SB 12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community. I am opposed to SB 12.

I am concerned for the medical health and wellbeing of transgender individuals; I support gender affirming care. SB 12 does not support gender-affirming care. Gender-affirming care is a critical and lifesaving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood." In my experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislative restrictions. All efforts to the contrary are the antithesis of freedom and are a gross overreach by our government. This attempt to criminalize the actions of medical professionals is discriminatory.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. If this bill would be enacted, it would invite numerous lawsuits in defense of personal freedom. I am opposed to SB 12.

Ann Norbury, Shawnee, KS

10 February 2023

10 February 2023

Dear Senate Public Health & Welfare Committee,

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole. I am opposed to Senate Bill No. 12.

As an individual concerned for the medical health and wellbeing of transgender individuals, I support gender affirming care. Senate Bill No. 12 does not support gender affirming care. Gender affirming care is a critical and lifesaving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood". This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

James Norbury 5101 Ballentine Street Shawnee, KS 66203 Dear Senate Public Health & Welfare Comm.

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole.

As someone who is of trans experience, I can say with absolute certainty that gender affirming care is a critical and life saving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood". This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Matthew Obold-Geary 9 February 2023 Dear Senate Public Health & Welfare Comm.

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole.

As a parent of a trans child, I have experience in supporting gender affirming care. Gender affirming care is a critical and life saving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commence as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Rebecca Obold-Geary 10 February 2023 Testimony to the Serate Committee on Public Health and Welfare: opponent for SB 12

January 22, 2023

As a parent of a transgender Kansan, and a Christian, I vehemently oppose Senate Bill 12. Trans. people are among the populations most at risk for depression and suicide in America. With professional medical care and appropriate treatment, our child is now living a full, happy life, without that care our child would be suffering or perhaps even dead.

criminalizing doctors who provide this essential life-giving care to the most valuerable - trans youth - is an abamination. Such discriminatory legislation only adds suffering and does nothing to improve lives, protect public health and welfare, and is contrary to the example set by Jesus.

I remember when the Republican Party was a bulwark against government overreach. This bill-SB12is a grotesque example of the Republican Party interfering in the rights of individuals and parents to make medical decisions for themselves and their families purely to score political points. As a Christian and a follower of Jesus, and a member of Plymouth Congregational Church (although I do not speak on behalf of the church) I find SB 12 abhorrent: For these reasons, I oppose SB 12 Respectively, Period Brien

JANDARY 22, 2023

Tim O'BRIGH - 21777 REGUBLIC RS. DSKALDOSA, K.S. 66066

TESTIMONY TO THE SEANTIE COMMITTEE AN PUBLIC HEALTH & WELFARE OPPONENT, RES SB12 JAN. 22, 2023

As a CHARDENING & POLLOWER JESSES, I VEHERIGUTLY ON POSE SBILL. GOVERNMENT <u>CHAR-REACH</u> DON'T INTERFERCE WITH THE RELEAST TO A SAFE, TRUSTING DIMPAR-PATIENT RELATIONSHIP. CONTRAMENT TO THE GRAMPLE SET BY JESSES, WHO WELCOMED CHILDREGULINTH OPEN ARMS, SAME HAVE CHOSEN WHO WELCOMED CHILDREGULINTH OPEN ARMS, SAME HAVE CHOSEN TO ATTACK THE PORSON HOOD AND DIGNETY OF TRANS YOUTH.

AS A CARRIETTAN AND A MEABER OF PLYMOUTH CONSEGRATIONIAL CHORCH (THOUGH I SO NOT SPEAK ON BEHALF OF THE CHORCH ), I FIND SBIZ DESALCABLE.

TRANS YOUTH ARE NOT AN ABSTRACT CONCEPT. I AM THE ADDIGNT OF A TRANSGESSION CHILD, WHEN I LAVE WITH MY WHOLE HEART. I AM SAMTCAUL THE HE WAS WITH MY WHOLE HEART. I AM SAMTCAUL THE HE WAS ABLE TO RECEIVE AROPER MEDICAL AND PSYCHOLOGICALL ABLE TO RECEIVE AROPER MEDICAL AND PSYCHOLOGICALL

LEGISLATIVE ATTRICKS ON THE LIVES OF REAL PEOPLE.

oppose SB12.



## Megan S. Paceley, PhD, MSW Testimony in Opposition of SB12 Senate Committee on Public Health & Welfare February 14, 2023

1 7

My name is Dr. Megan Paceley and I am an Associate Professor at the University of Kansas School of Social Welfare and the co-director of the Center for LGBTQ+ Research and Advocacy. My testimony is offered in my personal capacity as an expert in the field of transgender youth health and well-being and informed by my years of scholarship in this field, not as a representative of the University of Kansas. For more than a decade, my research and scholarship have focused on promoting health equity for LGBTQ youth by reducing stigma, violence, and discrimination in their communities, families, and schools. This research includes studies of transgender youth in Kansas, their experiences with healthcare, including gender affirming care, and the ways in which the state- and communitylevel policies and climate impact their mental and physical health.

I am testifying today because I strongly oppose SB12 and have serious concerns about this proposal's likely effects on youth and their families in Kansas. Although I oppose this bill for many reasons, including its discriminatory nature and lack of scientific basis, today I will limit my testimony to two key evidence-based reasons.

First, this bill will harm transgender youth by prohibiting access to healthcare that affirms their gender. Numerous national studies demonstrate that transgender youth experience high rates of depression and suicidality as result of stigma, discrimination and victimization<sup>1</sup>. Gender affirming care for trans youth, which mostly consists of affirming mental health services and access to puberty blockers or hormone treatments, is directly associated with improved mental health<sup>ii</sup>. If passed, SB12 will directly contribute toward harming transgender youth and prohibiting access to a key evidence-based intervention supported by all the major medical and mental health associations<sup>iii</sup>.

Second, research suggests that even consideration of SB12 has likely already increased depression and suicidal ideation for transgender youth in Kansas. Research indicates that when local or state policies that seek to limit access or rights for transgender youth are proposed, transgender youth report feelings of isolation, depression, and suicidality<sup>iv</sup>. Notably, this harm is done even before a policy or legislation is enacted. In my research with transgender youth and their parents in Kansas, even proposed legislation such as SB12, sends a message to transgender youth that they are unwelcome or flawed, and that their humanity is up for debate<sup>v</sup>. One youth described the impact of debates surrounding bathroom use policies: "It was just a huge debate about whether trans people should be allowed to exist in public or not." Encouragingly, we have research demonstrating that supportive people, resources, and communities reduce the harmful impact of stigma, victimization, and discrimination. Transgender youth who live in jurisdictions with transgender-inclusive policies—policies that aim to ensure equal protection for transgender youth—report lower suicidality and less victimization at school than transgender youth in states or communities with discriminatory policies<sup>vi, vii, viii</sup>. Simultaneously, parents of transgender youth are better able to secure the resources and support their families need to thrive.

It is not too late to stop the harm that has already begun with the dangerous rhetoric toward transgender youth and SB12. *I urge you to vote no on this bill. Such action could literally save the lives of transgender young people in Kansas.* To all the transgender youth in Kansas, and beyond, who may hear these debates and worry they are not worthy or valid. Please hear me when I say you are whole and valid and you matter, no matter what happens with this bill.

. · · . . .

<sup>viii</sup> Meyer, I. H., Luo, F., Wilson, B. D., & Stone, D. M. (2019). Sexual orientation enumeration in state antibullying statutes in the United States: associations with bullying, suicidal ideation, and suicide attempts among youth. LGBT Health, 6(1), 9-14. doi: 10.1089/lgbt.2018.0194

<sup>&</sup>lt;sup>i</sup> Connolly, M.D., Zervos, M.J., Barone, C.J., Johnson, C.C., & Joseph, C.L.M. (2016). The mental health of transgender youth: Advances in understanding. Journal of Adolescent Health, 59(5), 489-495. https://doi.org/10.1016/j.jadohealth.2016.06.012

<sup>&</sup>lt;sup>ii</sup> De Vries, A.L.C., McGuire, J.K., Steensma, T.D., Wagenaar, E.C.F., Doreleijers, T.A.H., & Cohen-Kettenis, P.T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. Pediatrics, 134(4), 696-704. https://doi.org/10.1542/peds.2013-2958

iii Transgender Legal Defense & Education Fund. Medical Organization Statements.

https://transhealthproject.org/resources/medical-organization-statements/

<sup>&</sup>lt;sup>iv</sup> Paceley, M.S., Dikitsas, Z.A., Greenwood, E., McInroy, L.B., Fish, J.N., Williams, N., Riquino, M.R., Lin, M., Henderson, S.B., & Levine, D.S. (2021). The perceived health implications of policies and rhetoric targeting transgender and gender diverse youth. A community-based qualitative study. Transgender Health, https://doi.org/10.1089/trgh.2021.0125

<sup>&</sup>lt;sup>v</sup> Paceley, M. S., Sattler, P., Goffnett, J., & Jen, S. (2020). "It feels like home": Transgender youth in the Midwest and conceptualizations of community climate. Journal of Community Psychology, 48(6), 1863-1881. https://doi.org/10.1002/jcop.22378

<sup>&</sup>lt;sup>vi</sup> Day, J. K., Fish, J. N., Grossman, A. H., & Russell, S. T. (2020). Gay-Straight alliances, inclusive policy, and school climate: LGBTQ youths' experiences of social support and bullying. Journal of Research on Adolescence, 30(S2), 418-430. https://doi.org/10.1111/jora.12487

<sup>&</sup>lt;sup>vii</sup> Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). The 2019 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools. Gay, Lesbian and Straight Education Network (GLSEN). New York, NY.

# From Jennifer Parson Individual Testimony OPPOSING SB 12 To the Senate Committee on Public Health and Welfare Hearing: February 14, 2023

To the Honorable Senator Beverly Gossage and esteemed members of the Public Health and Welfare Committee,

Thank you for the opportunity to testify on this bill. I am a human services professional who has worked with and advocated for children and youth for more than half of my 25-year career. I am a lifelong Christian, a follower of Jesus, and a seminary graduate.

I vehemently oppose Senate Bill 12. For years, legislative bodies across the country have vilified the trans community and have sought to interfere with the right to a safe, trusting doctor-patient relationship. Contrary to the example set by Jesus, who welcomed children with open arms, they have chosen to attack the personhood and dignity of trans youth and young adults, attempting to strip them of their basic human rights.

I oppose SB 12 on the grounds that it singles out medical professionals, criminalizing them for simply doing their job-delivering peer-reviewed, scientifically-validated medical care. Doctors who seek to provide assistance and medical care to youth and young adults in the trans community will now be felons or at risk of losing their medical license. The Kansas legislature lacks the expertise in medicine to pass laws that govern the ability of doctors to provide adequate care for their patients. The health of transgender youth and young adults, like the health of every patient, should remain a matter between each patient, their doctors, and their caregivers.

Trans youth are not an abstract concept. They are among the populations most at risk of suicide in the United States today. The Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health shows an upward trend in suicidal thoughts over the last three years. 45% of LGBTQ youth seriously considered attempting suicide in the past year, and nearly 1 in 5 transgender and nonbinary youth *attempted* suicide. LGBTQ youth who live in a community that is accepting of LGBTQ people reported significantly lower rates of attempting suicide than those who do not. Gender-affirming care is life-affirming.

This bill and others like it are an attempt to codify fear and hatred into law, targeting some of the most vulnerable people among us. Transgender youth and young adults deserve better than that. Kansans deserve better.

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For all of these reasons I oppose SB 12, and I strongly urge you to vote no.

Thank you,

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Jennifer Parson

Jennifer Parson

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Tammy Quayle Parent

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Tammy Quayle and I am a resident of Wichita. I am a mother of three college-aged children, each of who graduated from Catholic schools. I am testifying in opposition to Senate Bill 12.

SB 12 would take away a family's right to work with a doctor to determine what is the best practice for treating their transgender child under the age of 21. Parental choice to treat their child with qualified medical professionals would be ripped away. Five years ago, our family faced one of the biggest challenges: our oldest child came out as transgender. I am so grateful we were able to help determine the course of action for our child.

Our child said they had known they were transgender for many years before they came out to us. Their teenage years were full of inner pain and turmoil. It is with great regret that my husband and I did not know how much our child was suffering in silence; that at each Sunday Mass our child was praying beside us, begging God to take away this burden. Finally, at nineteen years old, they came out to us as transgender, and asked us for help in living their life as the gender they knew they were.

We supported our child and helped them begin their transition by arranging care at the Mayo Clinic in Minnesota. The medical professionals at the Mayo Clinic followed the guidelines made by the American Medical Association, Pediatric Endocrine Society, American Academy of Pediatrics, and The American Academy of Child and Adolescent Psychiatry.

It is not an exaggeration to tell you that the medical advice and treatment provided likely saved their life. My child was suffering from gender dysphoria and severe depression. But since our child began their journey - with the help of medical and mental health professionals, - they are much happier than they've ever been.

SB 12 would take away every family's right to access medical care in Kansas for their transgender child. The medical establishment has created standards of care, using peer reviewed studies and have determined that puberty blockers and hormone care is one of the most effective treatments of gender dysphoria and definitively shown to have improved mental health outcomes for transgender youth. Anyone over the age of 18 that seeks surgical interventions has to first meet and follow rigorous requirements over a number of years that has been set by the World Professional Association for Transgender Health Standards of Care.

SB 12 seeks to replace and override the advice and expertise of scientists, physicians, nurses, and psychiatrists. It also supposes that the State is more qualified than parents and families in how to best support their transgender children. Allowing parents to to seek and receive medical treatment for their child is a very personal family matter best left to them and their doctors.

Further, not only does SB 12 restrict parental rights, it imposes medical restrictions on adults. The age of majority in our state is eighteen, but as currently written, this law would affect them — even if they are living independently, pursing a career or serving their country.

Finally, I want to note that this bill will have an economic effect on Kansas. Families who have lived in Kansas for generations will leave. Doctors will consider these types of imprudent restrictions when considering whether to practice here. Companies and entrepreneurs, seeking to invest capital will look elsewhere. And this does not apply exclusively to families and businesses personally affected by transgender family member or employees. We know that diversity and tolerance is increasingly important to the next generation(s). As people make decisions on where to relocate after college, raise their families or building a business that will need to attract the best talent, we need to give them every reason to choose Kansas. By being a beacon of personal freedom, we show that we are compassionate and ready to support ALL families in their difficult but personal medical decisions.

SB 12 limits parental choice, personal freedom and liberty, and the ability for medical professionals to treat their transgender patients with the Best Practices and standards of care used throughout the world. Vote NO on SB 12 so that Kansas shows it's a compassionate state and show we are ready to support ALL families in their difficult medical decisions.

Dear Senate Public Health & Welfare Committee,

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole. I am utterly opposed to Senate Bill No. 12.

As an individual concerned for the medical health and wellbeing of transgender individuals, I support gender affirming care, which Senate Bill No. 12 does not do. Gender affirming care is a critical and lifesaving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood." This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12. On this issue, this bill is the problem, not the solution.

Dennis Quinn February 12, 2023

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Dawna Raehpour Parent

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Dawna Raehpour. I am co-chair of the Wichita LGBT Health Coalition, and I provide case management at a federally qualified health center (FQHC). I am also a parent and proud Kansan.

•Gender affirming care for youth mostly consists of:

o Access to mental health care and counseling

- o Puberty blockers, which allow families and their medical providers time to consider the right course of action before the development of permanent secondary sex characteristics, i.e. puberty
- o Hormone treatments or hormone replacement therapy

• All of these forms of care are safe and reversible. NO prepubescent trans children are receiving gender affirming surgeries—a fact that supporters of this bill have willfully chosen to ignore.

• EVERY major medical association, including the American Medical Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry, supports gender-affirming care for transgender youth and opposes bills like SB 12.

Please consider following the best practice guidelines set forth by credible medical associations.

I oppose SB 12, and you should too. Thank you for your consideration.

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Kati Ralph Kansas Resident

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Kati and I am a Kansas resident and healthcare worker. I am writing in opposition of this bill as it greatly infringes on the right and ability for Kansas residents and parents to make their own informed decisions regarding their children's healthcare in partnership with their physician or healthcare practitioner.

This bill also significantly interferes with that confidential patient/doctor relationship which is and should continue to be protected under HIPAA.

Gender affirming care is essential to trans youth. Studies and statistics continue to show how restrictions on gender affirming care negatively impact mental health and can lead to suicide. This, more than anything, is a parents worst nightmare.

Additionally, physicians and practitioners should not be punished or penalized for providing gender affirming care to their patients. Consent should be between the provider, their patient and their parent or guardian.

Our government should not be involved in these decisions in any way but to protect Kansas trans youth by not passing this bill and trusting doctors and their patients to make the right decisions for their specific needs.

This bill would negatively impact trans youth in Kansas by denying access to the gender affirming care they need. Additionally, this bill sends a message to not only trans youth but trans people in the state of Kansas that their health and well-being are not protected or valued. All Kansans health and well-being should be valued by our state regardless of gender identity and healthcare services should not be denied based on that.

Thank you for considering my testimony. As a healthcare worker with friends and family who are trans, this issue is close to my heart and I urge you to strike it down to protect trans people in Kansas.

Dear Senate Public Health & Welfare Committee;

I am a Transgender woman.

I completed my legal transition in August of 2021, and my medical transition in May of 2022. I am completely, physically, and legally, a woman. The old man is dead.

First of all, I love how I navigate the world now. I also love how the world mostly responds to me. I can/could never go back. I would rather die before I would face the world again as I did back in the day. (Just to be clear, I am far from suicidal. The prior statement simply reflects how much I love my life now.)

My reason for writing is that I hope I'm documenting what it is truly like to live as a transgendered individual and to express my opposition to SB12. It's my hope that my story can educate. Prayerfully, maybe some of you will read this before Tuesday's hearing.

All I ever wanted to accomplish, by transitioning, which I can say is the same for 99.99% of the trans community, is to live my life at peace with myself! Therefore, today, I'm writing about why I chose to transition.

I never 'chose' to transition! If anything, I chose 'not' to transition.

I have been aware of the disconnect between my head, and my heart, my body, and the world from my earliest memories. I asked my mother, probably around the age of 3 or 4, why I was a boy and not a girl. The answer she gave me was "It's just the way it is." It wasn't a satisfactory answer. Oh well, It was my mom, what was I to say?

I'll admit it wasn't until the story of Renee Richards broke around the 1976, 1977, time frame that I understood who, and what, I was. Yes, prior to her coming out, I had no way to describe my conundrum. As I learned about what was inside of her, I came to recognize the same thoughts, feelings, and emotions were inside of me. Yet, I was just a teenager, not old enough for emancipation. Oh well. What was I to do?

I was raised a cradle Catholic. As such I was taught bigotry, disgust, revulsion, and hatred for non cis-heterosexual lifestyles. Yet, when I left the parochial education system, at the end of my senior year in high school and went on to college, strangely, many of my friends turned out to be gay or lesbian. Yes, there were others besides me that viewed ourselves as cis-het, but we/I, decided that we/I didn't care about others sexuality or identity. As Pope Francis said, years later; "Who am I to judge?"

After college, I went on to have, what the vast majority would say was, a successful career as an IT architect and change agent, as a husband, as a father. However, what was inside me was always there. Most days it was an irritant, an anxiety, or an anger that was present just under the surface. Days where I had privacy, it could escape in episodes of cross dressing or other

purportedly 'kinky' and 'deviant' behaviors. Generally, it was controlled by my focus on my family; our daughters with their band, volleyball, and other activities; my customers and clients, and alcohol. We all have too much to lose. Why should I turn the world upside down now?

Alas, life moves ahead slowly and relentlessly. Children grow up, move out, and form families of their own. Careers wind down into retirement. Couples, who've been together for the majority of their lives do their best to adjust. So my 'distractions,' as Caitlyn Jenner describes them, or my 'coping mechanisms' as I describe them all eventually faded away. Rats! What do I do now?

In 2018, we were grandparents and great grandparents by a step granddaughter. IBM had decided they were paying me too much money and didn't need my customers, or I, anymore. I found myself with a ton of time on my hands, a spouse who I loved dearly, and bourbon. The bourbon took hold.

By the summer of 2018, things reached a breaking point. I was drinking way too much. My relationship with my wife, and our daughters, had degenerated into anger and disgust. I was having heart symptoms and given myself Fatty Liver Disease.

Lying in a hospital bed one night, I realized, "I can't do this anymore." If I stay on my current path, I'll lose the relationships that were on so important to me, and be alone and dead in a few, or several, years. Something had to change. I was at rock bottom, my 'come to Jesus' moment.

In my career as an IT change agent, I had learned, and knew, people only willingly accept change is when the pain of changing is less than the pain of the status quo. It always boils down to the 'devil you know vs. the devil you don't know. That night I understood, I no longer had anything to lose. I could do nothing, and I would lose everything. I could transition, still lose everything, however, at least I'd be at peace with myself.

I didn't chose to transition. I was out of options. It had become transition or die. The pain of delaying my current inevitable was now greater than the pain of the journey before me.

I cried very hard, and a lot, that night.

Right, wrong, or indifferent; when I had something incredibly major, or difficult, to discuss, I've always taken time to write a letter. Most times the letter never got delivered. The letter was, as I learned over my years, the best way I had to get my thoughts in order. One fateful night, about two weeks after I was discharged from the hospital, I spent a teary, frightening, and sleepless night writing out my thoughts to Patty. In that letter, I told her I was trans, (I actually had an initial diagnosis back in the 1993 time frame.) explained what it meant to me, said my intent was to go back into counseling, and complete a full Male to Female transition. I was at rock bottom. I had no other ideas of what to do to survive.

In four pages, I destroyed her world!

I can't count the number of times, over the next 18/24 months, that we were one wrong word from separation. We fought like cats in dogs. She hit me with all of it: I need to pray; I'll never be a woman; I'm mentally ill; I'm perverted; her husband is dead.

Finally, and truthfully, as I reflect back, I think I always knew that I would reach my breaking point, my transition point. I remember for years, when coming up with an idea, or a purchase, that would appease my girly heart, I would do it. When IBM and Apple struck their corporate partnership agreement, part of the deal enabled IBM employees to buy Apple products at deeply discounted prices. I bought the most girlish Apple Watch I could come up with and stored it for a few years until I came out and accepted myself. Only then did I start wearing it.

As a transgender woman, and a member of the transgender community, I can attest that we are not perverts, nor groomers, nor any of the other names that the bigoted, white supremacist, minority of politicians likes to describe us with. We are simply people who, after years of resistance, finally break down and accept that our only choice is to live as God designed us. Our only choice is to live as transgenders, and yes, other humans that denigrate us be damned!

So, I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for my transgender community as a whole. *I am opposed to Senate Bill No. 12*.

As an individual concerned for the medical health and wellbeing of transgender individuals, I support gender affirming care. Senate Bill No. 12 does not support gender affirming care. Gender affirming care is a critical and lifesaving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health, of which I am a member, has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood". This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Kathryn J Redman

Lenexa, KS

12 February 12, 2023

Dear Senate Public Health & Welfare Committee,

I am writing to you to express my deepest concern and dismay about Senate Bill No.12 and the disastrous impact it poses for transgender people under the age of 21 and for the transgender community as a whole. I am opposed to Senate Bill No. 12.

As an individual concerned for the medical health and wellbeing of transgender individuals, I support gender affirming care. Senate Bill No. 12 does not support gender affirming care. Gender affirming care is a critical and lifesaving component in improving a transgender person's quality of life and has been repeatedly endorsed by major medical associations as necessary.

The World Professional Association for Transgender Health has stated that, "When gender affirming medical treatment is provided with a standardized multidisciplinary assessment and treatment process, thorough informed consent, and ongoing monitoring and psychosocial support, the rate of regret of gender-affirming medical treatment commenced in adolescence has been observed to be very low and the benefits of treatment in adolescence are potentially greater than the benefits of gender-affirming treatment commenced in adulthood". This sentiment has been echoed by my own experience as I have found transgender people, both over and under 21, to have high levels of identity integrity.

A person's medical decision should remain between that person and their medical team, free from any legislation restrictions. Any and all efforts to the contrary are the antithesis of freedom and are a gross overreach by our government.

This proposed bill is cruel, uninformed, discriminatory and runs counter to current medical evidence and will undoubtedly result in unnecessary pain and harm to the very constituents it claims to protect. I am in opposition to SB 12.

Patricia Redman 10 February 2023

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Sophia Riada Educator/Trans person

SB12 – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. Opponent, Written Only

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Sophia Riada, and I am writing in once more to testify against Bill SB12. Once more, I am horrified by the continued assault and attack on the trans community, especially our young people. I am trans myself and work with trans students, and I see personally, how gender affirming care has been a literal life saver for them. I am here to defend the medical rights of individuals, and their guardians.

At the age of eighteen in this country, we allow citizens to drive cars. At the age of eighteen in this country, we allow citizens to vote. At the age of eighteen in this country, we allow citizens to sign up for military service, and fight for our rights as Americans. And yet, we are considering taking away a healthcare choice, until certain citizens are the age of 21? That absolutely boggles my mind, and the cognitive dissonance alarms me. We live in a country where we supposedly trust parents to make medical decisions for their kids. We let them make the decision on vaccinations, surgeries, ect. And yet, a political party who values personal freedom, continues to write bills that limit those freedoms. I mentioned this in a past testimony, but I will reiterate it here. What do we do with intersex folk? What do we do folks who have DSDs (developmental sex deviations)? Should we also take away their care too? Trans care is not mutilation. It is life saving. It is healthcare. 82% of trans children have attempted to take their own life, and it is due to lack of gender affirming care and lack of a supportive environment. It is healthcare.

My answer to all this, is to leave these healthcare decisions in the hands of trans individuals and their loved ones. Once more, we have trusted people to make their own decisions concerning voting, entering military service, and operating machinery. We trust parents and guardians to do what is in the best interest of their children. Why are considering a bill that turns it's back on all that precedent?

I thank the committee for their time, and urge them to please continuing trusting individuals, parents, and loved ones when it comes to healthcare decisions. Let these choices remain in the hands of those who know best, and let us not participate in an attempted erasure of people. I truly hope the committee actually considers an individual's rights, and does not create a law that lets the government overreach.

#### STATE OF KANSAS HOUSE OF REPRESENTATIVES

STATE CAPITOL 300 S.W. TENTH AVENUE TOPEKA, KS 66612 (785) 296-7482 susan.ruiz@house.ks.gov



23RD DISTRICT

#### **OPPONENT TESTIMONY**

To: Members of the Senate Committee on Public Health and Welfare

From: Representative Susan Ruiz

Date: February 10, 2023

RE: Oral Testimony in Opposition of SB12

Denying children access to gender affirming medical care is cruel and morally wrong. Children under the age of 18 cannot make these medical decisions without the consent of a parent or legal guardian. The people who are proponents of this bill are the same people who support "parental rights", but I guess not in this situation.

Gender affirming care is a best practice of care which includes, but not limited to social, psychological, behavioral, or medical interventions designed to support and affirm an individual's gender identity. The treatment can include hormonal treatment or surgery. **Consenting adults** may have gender affirmation surgery so that their physical body matches their gender identity. There is an abundant of research that shows consenting adults who have gender affirming surgery experience long-term mental health benefits.

Imposing a felony on medical professionals who provide gender affirming treatment is outrageous. The parents of transgender children have a right to seek gender affirming medical care from medical professionals who provide this type of specialty of medical care.

These types of bills make their way into our legislative process because there are way too many legislators willing to listen to anti-transgender extremist groups who spew this destructive rhetoric. These extremist groups are only interested in raising funds for their organizations. These organizations have no problem sacrificing transgender children for their own financial and political gain.

Don't fall for the rhetoric pushed by anti-transgender extremist groups. If you really want to support children, vote "NO" on SB12.

7306 BOND STREET SHAWNEE, KS 66203 (913) 221-7687

Senate Committee on Public Health and Welfare Sen. Beverly Gossage, Chair

Sam Sharpe PhD Candidate, Division of Biology, Kansas State University

**SB12** – Enacting the Kansas "child mutilation" prevention act to criminalize performing gender reassignment surgery or prescription of hormone replacement therapy on certain persons and providing grounds for unprofessional conduct for healing arts licensees. **Opponent, Written Only** 

Chair Gossage and Members of the Committee,

Thank you for the opportunity to provide Opponent testimony on SB12.

My name is Sam Sharpe, and I am a resident of District 66 in Kansas. I am also a biologist. I am writing this testimony because I am strongly opposed to SB12, titled the Kansas child mutilation prevention act act, because I deeply value supporting the health and well-being of all children and the ability of doctors to provide medically necessary care without prosecution.

It is extremely important to me that all children are able to access safe, consensual, and necessary healthcare, and I am concerned that SB12 will prevent two groups of children from being able to receive the care they need: transgender children and intersex children. I believe this bill will substantially harm transgender children by depriving them of safe, consensual, and necessary medical care and will substantially harm intersex children by allowing them to continue to be subjected to non-consensual, unnecessary, and traumatic medical interventions.

I will briefly explain the context of how this bill will affect each of these groups of children.

Gender affirming care for transgender children, whose gender does not align with the sex they were designated at birth, is supported by every major medical association and has been shown to have positive outcomes. Prior to puberty, gender affirming care for children consists of mental health and social support, and does not involve medical interventions such as exogenous hormones or surgeries.

In some cases, transgender children will access medications that delay the start of puberty to prevent the development of secondary sex characteristics which do not align with their gender. These medications have been used for decades to treat precocious puberty in cisgender children and their effects are reversible.

If a child decides to stop taking these medications, they will go through the same course of development as if they had never taken the medications. If they determine it is necessary to

begin hormone replacement therapy to experience a gender affirming puberty, they will work with a medical provider to administer and monitor appropriate levels of exogenous hormones. All of these hormones, including testosterone, estrogens such as estradiol, progesterone, and androgen blockers, are also regularly prescribed by doctors to cisgender individuals, including teenagers.

If passed, SB12 would prevent transgender youth and their families from having the ability to access this medically necessary, affirming, consensual, and life saving care.

In section 1 of SB12, the bill states that "The provisions of this section shall not apply if the person was born with a medically verifiable disorder of sex development."

This section of the bill refers to intersex individuals who are born sex trait variations which do not align with typical male or female biology. As much as 5% of the population falls into this category due to variations in chromosomes, hormones, sex organs, or other sex traits. Many children born with intersex variations are perfectly healthy but may have physical or functional differences in their sex traits compared to children who are not intersex.

It is important to note that while none of the surgical procedures described in Section 1 of SB12 are performed on transgender children pre-puberty, they are regularly performed on intersex children. Many of these surgeries are not medically necessary and are performed without consent for cosmetic reasons alone. Frequently, these surgeries result in significant scarring, loss of sensation, loss of reproductive functionality, repeated follow-up procedures, and physical and emotional trauma. These surgeries are considered a human rights violation by the UN, but under SB12, they would still be legal.

SB12 does not prevent "child mutilation." It explicitly allows the nonconsensual mutilation of intersex children's bodies to continue. This demonstrates that this bill does not oppose surgical interventions on children that result in permanent sterilization or changes in the structure and appearance of genitalia. It does not oppose these surgeries when they are believed to make a child's body more closely match a typical male or female body, even when there are no medical benefits to doing so. It seeks to outlaw medical care for children which is consensual and affirming to their sense of self while condoning medical care that is nonconsensual and traumatic. I believe therefore that this bill does not protect children, it seeks to protect an understanding of sex and gender which attempts to legally erase transgender children and medically erase intersex children. I see this as deeply harmful and unacceptable.

Most of the testimonies you hear today in opposition to SB12 likely will not mention the impact of this bill on intersex children. Intersex people experience widespread erasure in lessons on human biology and in discussions of health equity and civil rights. However, intersex people exist and have been organizing and fighting against the practice of non-consensual and medically unnecessary surgeries for 30 years. The passage of this bill would be in direct opposition to that work and an act of harm towards intersex children born in Kansas. I ask you to consider the experiences of intersex children, not as an afterthought to the effort to ban gender affirming care for transgender children, but as deserving of safe, consensual, and affirming medical care in their own right.

I strongly believe that the difference between medical care which is appropriate, affirming, and beneficial and medical care which is mutilating, nonconsensual, and harmful is personal need and active consent in the absence of coercion. Gender affirming care for transgender youth is supported by documented positive outcomes and is carried out with children's explicit need and consent. Medical interventions performed on intersex youth without consent or medical necessity are considered a human rights violation and have documented negative outcomes. I support legislation which affirms consensual care for transgender and intersex youth and does not condone non-consensual medical interventions for intersex youth.

In conclusion, I would like to thank the committee for taking the time to consider my testimony. I reaffirm my strong opposition to SB12, titled the Kansas child mutilation prevention act . I believe that we all want children in Kansas to have access to consensual, affirming, and appropriate medical care, and I believe that this bill denies transgender children access to such care while allowing non-consensual and harmful surgeries on intersex children to continue.