

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

Jaelynn Abegg
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 Jaelynn Abegg. I'm a transgender woman living in Wichita, Kansas. I write today to urge the Committee to kill SB12 before it kills transgender children in our state. This bill claims to "protect" children from "mutilation" by blocking access to gender-affirming healthcare. However, to support this bill is to fundamentally misunderstand the transgender experience, and passing it could very well bring deadly consequences. To explain this, I will recount my days living as a man, which led me to attempt suicide. I'll then show that, as bad as my experience was, SB12 will cause stories like mine to become even more widespread.

From the day I was born and for 35 years after, the world around me was built with the idea that I was a boy, destined to become a man. And I tried to belong. I tried to do those things that they say a good man does, and I tried to be those things that they say a good man is. By all accounts, I did the "being a man" thing well enough. But it was never what I wanted. And yet, like a good little boy, I grew up and built a man's life for myself with the instructions I'd been handed over my first 18 years of life.

I can't fully describe the weight and constraint of what it means to feel gender dysphoria. I can't describe the claustrophobic terror of having every passing day be more akin to being trapped in an iron maiden, how every futile attempt to struggle and escape would pinch and tear at the fabric of my soul, but how even just being still and accepting it would still hurt. As painful and uncomfortable as that may be to hear, it doesn't scratch the surface of what I felt inside. And I felt trapped. If I were to come out as transgender, it would mean tearing down the entire life I'd tried so hard to build and survive in. So I chose death over continuing to live this way.

When you decide that suicide is the only option, there's no gravity to the notion of your imminent death. Putting a plastic trash bag over my head felt no more serious than putting on a hat. So I wore that bag for seconds, minutes... waiting to die. Either to die or to become so brain-damaged by hypoxia that being the wrong gender would no longer matter. What I hadn't

counted on was a bodily reflex that induces panic when the body begins to starve of oxygen. Try as I might, I couldn't overcome this, and eventually I tore that bag from my head against my own will. Hearing the commotion, my then-spouse came into the living room where I'd decided to end my life, and she was able to dissuade me from repeating the attempt. I came out less than a month later, and my world changed forever.

My story is not unique. I am part of the famous statistic that 40% of trans people have attempted suicide. When I wanted to end it all, it was because I felt like coming out could never be an option. So how much worse would it be for brave youths who receive life-saving healthcare today, only to have it cruelly denied them tomorrow?

But that's exactly what SB12's supporters want to do to the many transgender youths across our state who have already had to be so courageous in choosing life over death. Transgender youth are already at highest risk for suicidality among that 40%. To have their very identities ripped from them now would be absolutely devastating.

Mark my words, Senators, when I tell you that SB12 will put children into graves.

So I ask this Committee now, is there any among you with the certainty of conviction to tell me that you would rather I had died than survive to become the woman I am today?

And is there any with the same certainty to tell me that you'd rather see children die than accept and express their transness?

It's not a rhetorical question, and I encourage each of you to answer. But if you lack the conviction to answer "yes" to my questions, then you must not support passage of SB12.

I thank the Committee for its time and attention.

Tuesday, February 14, 2023, 8:30 am

Senate Committee on Public Health and Welfare

Sen. Beverly Gossage, Chair

Thomas Alonzo

Chair, Equality Kansas

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 Thomas Alonzo. I am chair of Equality Kansas, representing the LGBTQ+ Community across the State of Kansas. I stand before you in opposition to SB-12.

There have always been nonbinary and transgender people throughout history. They are not aberrant, evil or something to be feared. They are human beings in need of the same nurturing, care and consideration as other humans. Especially children. Can you imagine what it must look like to transgender and nonbinary children seeing and hearing the awful things adults, some political leaders, some church leaders are saying about them in public? Passing laws against them. Looking the other way when other people brutalize, bully and terrorize these children and youth? Even adults. I know people that have contemplated suicide over this constant barrage of attacks by certain elements of society.

Medical professionals have already proven time and time again that transgender and nonbinary youth have the right to seek health care to help them manage healthcare that is unique to transgender and nonbinary patients. Parents have the right to oversee this and make decisions in the best interest of their children. The state and politicians have no business interfering with these decisions.

The prohibitions in this bill aimed at people 18-21 are totally irrational and in violation of the basic human rights of these adults. They are old enough to go fight a war for their country but they are not old enough to manage their health because they are transgender or nonbinary?

Parents know what's best for their children. The state should not have the ability to infringe on parents' rights like this. This is government overreach pure and simple.

Persons that are 18-21, make adult decisions every day. We can't start picking and choosing which decisions this age group would be allowed to make.

Kansas youth and families deserve every opportunity to receive the healthcare and support they need. Medical professionals deserve to provide medically necessary care without fear of criminal prosecution.

Members of this committee. I stand before you representing tens of thousands of people of the LGBTQ+ community. This bill is inhumane, disrespectful and ignores the unique medical and mental health need of non-binary and transgender youth, adults and their loved ones. I know personally, that the transgender and non-binary community and their loved ones see this bill is cruel and irrational. This bill ignores their humanity and is perceived as a direct attack on them because of who they are. This bill is unnecessary and is actually quite harmful to the physical and mental health of the transgender and non-binary communities.

This committee is supposed to be made up of people elected to lead the state and to protect all constituents. Please don't start separating us out as not important that you ignore our physical and mental health needs and instead, place us in a category where we are not valued citizens of this state.

Thank you for the opportunity to present our information.

Thomas A. Alonzo, Chair Equality Kansas

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

Sara Askew
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 Sara Askew and I am a parent living in Wichita. I am an advocate for all our children to receive the medical care that the American Academy of Pediatrics suggests. I am writing to state my opposition to Bill SB12.

Gender affirming care is the only evidence based treatment for trans youth. This can include therapy and access to mental health services, social transitions, puberty blockers and hormones. This treatment is supported by the American Medical Association, the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry. No prepubescent children are receiving gender affirming surgery; that is a fact. This bill will take away a parent's right to make medical decisions for their own children. In a time where our legislature is very concerned with parent's rights, this seems to be at odds with that message. In addition to that, this bill strips legal adults ages 18 to 21 of their rights to access evidence based medical care, not to mention the fact that it is criminalizing evidence based standards supported by every major medical community. Doctors should not be charged with a felony for practicing evidence based medicine.

In closing I am stating my opposition to Bill SB12 and ask you to oppose it as well for the health and safety of Kansas residents.

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

Sharon Avery
Kansas Interfaith Action member and realist

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 Sharon Avery and I have many LGBTQ members and now close friends in my church. As I got to know them, I found they had been bullied and discriminated against while growing up. Most have become stronger for it and are truly talented and amazing people who do much volunteering for the church.

But why should they have to go through this bullying from the legislature?

We need all sorts of talented people to fill all the open jobs in our economy and healthcare especially. No young people are going to want to move her with such hate filled laws.

I do agree that parental or guardian approval should be required for children 18 and younger.

Please do not vote for this bill. Your children or grandchildren could be bullied or traumatized knowing that you and our leaders disdain the way they were born.

Planned Parenthood Great Plains Votes

Testimony of Katie Baylie (written only)
Director of Legislative Affairs
Planned Parenthood Great Plains Votes
Opposing Senate Bill 233
Senate Public Health and Welfare
February 14, 2023

Dear Chair and Honorable Committee Members:

Planned Parenthood Great Plains Votes (“PPGPV”) is the advocacy and political arm of Planned Parenthood Great Plains. Planned Parenthood Great Plains offers expert, compassionate sexual and reproductive health care to patients, with three health center locations in Kansas. PPGPV submits this testimony in opposition to Senate Bill 233. SB 233 would create both civil and professional liability for physicians who provide best practice gender affirming care to patients under the age of 18. Specifically, this bill would amend the Healing Arts Act to revoke a physician’s license for providing gender affirming care and provide for a civil cause of action up to three years after the minor patient turns 18.

The proposed legislation creates liability for Kansas physicians for treating patients in accordance with the acceptable standard of care.

The proposed bill would prohibit all types of gender-affirming care for patients under the age of 18, despite backing by major medical organizations including the American Academy of Pediatrics, American Medical Association and American Psychiatric Association as best practice medical care. It is the consensus among the medical community that gender-affirming care is the only effective treatment for individuals suffering from gender dysphoria. Gender-affirming care is medically necessary, safe, effective, and saves lives. Gender-affirming care includes both non-medical (i.e., mental health care) and medical interventions. Gender-affirming care specifically for youth mostly consists of access to mental health care and counseling as well as puberty blockers and hormone treatments or hormone replacement therapy, both of which are reversible.

The American Medical Association has repeatedly opposed bills banning gender affirming care for minors, making clear that it is “imperative that transgender minors be given the opportunity to explore their gender identity under the safe and supportive care of a physician.”¹ Additionally, the American Psychiatric Association “[o]pposes all legislative and other governmental attempts to limit access to [mental health support and gender-affirming care services] for trans and gender diverse youth, or to sanction or criminalize the actions of physicians and other clinicians who provide them.”²

¹ *State Advocacy Update*, AMA (March 26, 2021) <https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update>.

² *Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth*, APA (April 2020), <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf>.

The proposed legislation puts the lives and well-being of transgender patients at risk.

Denying best practice medical care and support to transgender youth can be life-threatening. Denial of this care has been shown to contribute to depression, social isolation, self-hatred, risk of self-harm and suicidal behavior. This finding has been corroborated by leading medical journals, such as the Journal of Adolescent Health, which found that transgender youth are more likely to feel depressed or anxious, harm themselves, or attempt suicide.³ Providing puberty blockers to transgender patients, however, has been shown to decrease their chances of suicide and depression. Studies show that at any age, individuals who are accepted and supported in their gender identity show better mental health and quality of life outcomes.⁴

Just the introduction of these discriminatory bills, along with the stigmatizing messages that surround them, is harmful for transgender youth. A 2022 poll found that 85% of trans and nonbinary youth said their mental health was negatively affected by these laws.⁵

This bill makes no exceptions for trans minors whose parents support the minor in their decision to begin gender affirming care.

All parents want what is best for their children, including making sure their children get the medical care that they need. This bill would prohibit parents from making sure their children receive evidence-based care at the recommendation of their providers.

Extreme claims that physicians are providing “sex reassignment” to minors without counseling and careful consideration or are “experimenting on children” are sensationalized claims that only encourage stigma and distrust of trans individuals. It is also offensive to claim that medical professionals provide gender-affirming care to their patients without securing valid informed consent. Informed consent is the foundation for any medical treatment and includes extensive discussions between the health care provider and their patient and their parent/legal guardian if the patient is a minor. The medical care that is appropriate will differ for everyone, and the decision about when and how to provide gender-affirming care should not be made by politicians, but by the patient, along with their parents and/or legal guardian if the patient is a minor, in consultation with the medical professionals and counselors who understand their case.

Kansans should have the right to access the health care they need to survive and thrive without governmental interference. **We urge the committee to vote no on SB 233.**

³ Sari L. Reisner et al., *Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study*, 56 J. Adolescent Health 274 (2015), <https://pediatrics.aappublications.org/content/142/4/e20182162>.

⁴ Cherie Moody et al., “*Without This, I would for sure already be dead*”: A Qualitative Inquiry Regarding Suicide Protective Factors Among Trans Adults, 2 Psychol. Sexual Orientation & Gender Diversity 266 (2015), <http://dx.doi.org/10.1037/sgd0000130>.

⁵ <https://www.thetrevorproject.org/blog/new-poll-illustrates-the-impacts-of-social-political-issues-on-lgbtq-youth/>

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Bev Baumgartner
Mom and pastor

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 Bev Baumgartner. I am the mom of a transgender daughter and a pastor who ministers with transgender youth and their families. Thank you for hearing my testimony against SB12.

When our daughter came out to us in 2019 at the age of 16, I was so relieved and grateful that she trusted us as people with whom she could be her true self. Youth who are safe to do so often come out at around the time the secondary characteristics of puberty are becoming visible. As soon as our daughter came out, I felt for myself the sense of urgency she must be feeling for her body to match on the outside who she was on the inside before male characteristics would make their hard-to-erase mark on her body. I had no idea where to look for help. The first clinic we checked was no longer providing HRT. We asked around some more and found not one, but two wonderful places willing to do gender-affirming care. When I first got this news by phone I sat in the parking lot and cried. The urgency and loneliness I had been feeling as a mom finding her way in this new and unfamiliar world were suddenly lifted as I felt support and hope for our daughter's emerging life as a girl. In the years before and since our daughter's coming out as transgender, I have lived in community with parents and youth who have faced logistical questions similar to ours. Thankfully, there are now even more places to go for gender-affirming care than there were in 2019. In my work as a pastor I have been privileged to walk with youth and families as they have navigated accessing gender-affirming healthcare and as youth have lived more fully into their identities as trans, non-binary, or otherwise LGBTQ+ identifying individuals. Walking with these beloved people has been my absolute honor. I feel sad when youth do not have safe parents/families to come out to, yet I delight in the opportunity I have had to be part of creating safe space for transgender youth, whether or not they are seen as their true selves outside of that space. I am dedicated to advocating for transgender and LGBTQ+ youth in whatever ways I can.

I think a key issue for non-supportive parents, legislators and adults in general is the fear that somehow youth are being pressured to become who they are not—permanently and irreversibly through HRT and possible surgeries. My word of hope here is that therapy for adults can help. So often it is we adults who are holding kids back based on our own unresolved issues. Much of our anxiety, I believe, can be assuaged through psychotherapy and good spiritual care. If we can normalize talk about gender identity I believe we can all become much more relaxed about our own stuff, thus lowering the pressure we put on our kids to be/look/act a certain way. Friends, when we work on our “own” stuff, our kids have a much easier time figuring themselves out. All the anxiety we are putting into this harmful bill is only feeding the fear, rashness, and anxiety we are putting back out into the world.

Please, for the love and well-being of young Kansans who are finally safe enough to recognize who they are inside, back down from this bill. It is vindictive and hateful, and the energy behind it could be put toward serving with and getting to know youth in our communities. Transgender youth are just like your children and grandchildren. They have the same favorite foods and video games. They love their pets and their parents and grandparents, and they want to love and serve and leave their mark in the world. Let's keep them safe and remind them and their parents that Kansas is a place where everyone deserves a shot at the stars. Thank you for listening to my testimony.

Tuesday, February 14, 2023, 8:30 am

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

Courtney Bell
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 Courtney Bell, and as someone who had worked with Kansas high school students since 2006, I know first hand how inclusion and emotional support is a fundamental part of a young person's potential for success. However, laws like SB12 do the opposite.

Demagoguing trans youth is the worst kind of identity politics because the cost is the social, mental, and emotional well-being of a demographic that is already at a high risk of suicide due to a lack of acceptance. This bill specifically sends the message to children, teens, and young adults that our state does not accept them. I have sit with trans students listening to them question their own worth as human beings because the parents or adults in their lives don't see them for who they are, don't understand their very identity, or they want them to pretend to be someone they aren't. In some of these cases, the students have experienced abuse or rejection for being who they are. All of these factors increase risks of suicide. These students didn't see a future for themselves because there was no place where they belonged. What saved these students' lives was the gender affirming care they received, care that, unlike the propaganda in this bill represents, adhered to the strict guidance and timelines outlined by medical professionals—timelines and treatments that are backed by the nation's leading health and child welfare organizations. Now, years later, I have the privilege of speaking to these former students, now productive professionals in our community, knowing that they can see their own self worth because of gender affirming care, which truly is life saving care. Can you imagine how much different and more damaging this situation would have been to these student's sense of self if SB12 was Kansas law. How would these teens already struggling with self acceptance and love feel knowing that our state legislature, against the advice of leading health and child welfare organizations, are erecting barriers to lifesaving healthcare for political motivations? Imagine feeling so isolated that you are sitting in a classroom pouring your heart out to an adult, questioning if anyone will ever see the value in who you are, while the place you call home purposefully misleads the public about what gender affirming care is and how it works at your

expense (the expense of a teenager), even though that care is your light in the darkness. SB12 is the antitheses of caring for Kansas kids.

SB12 is a danger to trans youth. Pure and simple, it is demagoguery that targets an already vulnerable population, and I plead with you to put our Kansas kids first and vote against this political propaganda.

To: Senate Committee on Public Health and Welfare

February 12, 2023

RE: Testimony in Opposition to Senate Bill 12

Dear Committee Members,

I am very much opposed to SB 12.

Almost four years ago I learned I had a Transgender daughter. While she was always very smart I have watched her absolutely thrive after coming out to her mother and I. I truly believe this is due to the fact that she is now able to be her true self. She works 2 jobs along with being a full-time college student achieving straight A's. Her social life is quite full to say the least.

After telling us she was Transgender our Daughter, my Wife and I met with endocrinologists, psychiatrists, pediatricians and councilors who together evaluated the situation, provided us with a diagnosis and a treatment path. The treatment we chose was puberty blockers so that if she continued to transition facial hair would not be an issue. Along with the blockers we chose to provide her with estrogen so that she could begin to develop more feminine features. As with any medications we were made aware of the side effects. We were also informed that as she was still a minor surgery would not be an option at this time. Decisions regarding diagnosis and treatment as described above should only be made by doctors and family. The government has no place in the diagnosis or treatment of medical conditions.

I consider myself to be very lucky to know an ever-increasing number of Transgender adults and youths in addition to my daughter. All of them are very smart, creative, caring people who will have a positive impact on our society. I have every reason to believe that each one of them chose to be exactly who they are of their own accord. Please support our Transgender population by choosing not to support SB 12.

Sincerely,

Fred Bellemere

Jenna Bellemere

2/14/2023

Position on SB 12: Opposed

To the Kansas Senate Public Health & Welfare Committee,

My name is Jenna Bellemere. I'm 19, I'm a student at the University of Kansas, and I'm a transgender woman.

I know that there will be no dearth of experts testifying before you about the science behind the treatments SB 12 would ban. I'm neither a doctor nor a medical researcher, so I will offer you something they may not be able to: a story.

As a young child, I was curious and passionate and creative. I loved to read and write, and I wanted to grow up to be a famous author. I was shy, and I didn't always know what to do in social situations, but I was growing and changing, as children are wont to do, almost by the day.

Nearly a decade ago, I began puberty as a boy, and with those changes came the inevitable host of fears and anxieties that characterize, I imagine, every adolescence. Simultaneously, though, I found myself confronting a reality far more terrifying than social anxiety or acne: I hated the changes through which my body was going, to such an extent that I was no longer sure I could imagine a future for myself in that body. I heard adults tell me things like "you're becoming a man," assuming it was a compliment, and the only emotions I felt were confusion and revulsion. "Growing up" felt less like blossoming into my true self, and more like wilting away under the blazing heat of an unforgiving sun.

It's hard to describe the experience of gender dysphoria to someone who has never suffered from it. The medical definition—"the incongruence felt by some people due to the mismatch between their gender identity and their sex assigned at birth"—is too clinical, too detached to convey the slow horror with which I became acquainted in those years. Perhaps the best analogy I have is this: have you ever left the house and been sure that you're forgetting something, but not been able to remember what it is, so you just go about the rest of the day living with that anxious weight in your mind? That nagging suspicion in the back of your head, that mix of anxiety and confusion springing from the irradicable certainty that *something is missing*: that is gender dysphoria.

Imagine spending years knowing that something is wrong but not being able to articulate what it is. Imagine seeing your own body go through rapid, irreversible changes, growing more and more unrecognizable by the day, and people keep telling you that you should be happy, that you're growing up, but all you can think is "this isn't right." Gender dysphoria is more than the normal, healthy anxiety that every teenager experiences and overcomes; gender dysphoria is what happens when the ways you have always seen yourself, the elements of your identity so fundamental that you don't even know they're there, find themselves at war with the expectations placed upon you by your society. That is gender dysphoria.

Gender dysphoria is a contradiction, a tension between two truths: how you see yourself, and how the world sees you. And the inevitable result of that cognitive dissonance is that something must give. For years, I thought that thing would be me: I tried to ignore the fear and the confusion and the anger, assuming that it was normal, that it would stop one day. By the time I was 15, I was depressed and lonely and I hated my body. I had forgotten what it was like to want to inhabit the world. Life was a treadmill leading from birth to death and I was just along for the ride, waiting for the end.

At some point, something changed—honestly, I'm still not sure what—and at 16, in early 2020, I found the courage to come out as transgender. Later that year, my parents, my therapist, my pediatrician, and I made the decision that I would begin hormone replacement therapy (HRT) to suppress my body's testosterone and introduce higher levels of estrogen. I can say, without a sliver of a doubt, that HRT saved my life. Over the coming months and years, I remembered what it felt like to love myself—I began to rediscover my joy and passion and all the parts of myself I had lost or buried.

Today, I live a fulfilling, joyous life. I have friends I love, I have hobbies and passions, and I'm going to university to learn more about the world and begin my career. None of these experiences would have been possible without HRT and other gender-related healthcare, such as gender-affirming therapy. Undoubtedly, HRT is not a panacea—it took years of intense work for me to get where I am now, and I still struggle with depression—but it was a crucial first step that opened the door for everything else that was to come.

There are thousands of transgender children across the state of Kansas who are just like me. Some of you have claimed that trans healthcare is child abuse—but the real child abuse would be to deny those children lifesaving medical treatment for no other reason than selfish closed-mindedness. The real child abuse would be to condemn thousands of kids to legally-mandated medical neglect, and to turn a blind eye to their suffering for the purpose of scoring cheap points against imaginary opponents in a made-up culture war.

Let us be clear: the trans kids on whose rights to safe, reliable healthcare you would impinge deserve better than SB 12. They are some of the best of us, and to vote for this bill would be an admission that you view their happiness, their lives, as disposable. I implore you not to make that choice.

You have an opportunity now to send an alternative message: that Kansas is a place of acceptance, where anyone, whether they are trans or not, is welcome. That you believe transgender children should feel safe and protected, not targeted.

I know, in the coming decades, I will be able to look back at the choices we are all making right now and remember that I was on the right side of history.

Can you say the same?

To: Senate Committee on Public Health and Welfare
February 12, 2023

RE: Testimony in Opposition to Senate Bill 12

Dear Committee Members,

Thank you for the opportunity to provide testimony regarding Senate Bill 12. As the mother of a transgender young person and a former health educator, I must voice my opposition to this dangerous bill.

As others are likely to testify, EVERY major medical association, including the American Medical Association, the American Academy of Pediatrics, the Endocrine Society and the American Academy of Child and Adolescent Psychiatry, supports gender-affirming care for transgender youth and opposes bills like SB 12. In fact, denying gender-affirming care to a transgender young person often has detrimental, even life-threatening consequences.

Likewise, you will probably receive information from legal experts about the viability of any law that passes, and the resulting financial and legal consequences our state could face. I'm not a legal expert, but even I can see that pursuing this bill's passage will take time away from other more important matters and defending it, should it become law, would cost Kansas taxpayers a tremendous amount of money.

Those two reasons should be enough to stop this bill in its tracks, but I'll give you a third, more personal one.

When our daughter told us she was transgender, my husband and I were at first shocked, then terrified. We didn't know where to go for help or how to support her. We worried about her safety, we didn't know what her future would be like, and we were scared that the world wouldn't treat her fairly.

Despite our fears, it was very clear that she knew exactly who she was and what she wanted. It became our job to simply trust and support her. Luckily, we had good friends who directed us to the medical clinics, therapists, and online resources we needed. Those experts, *using evidence-based medical protocols*, helped us come up with a plan and in doing so, they eased some of our fears.

We couldn't be more proud of her today. She is extraordinary. She is brilliant, beautiful, and funny, she's a good friend and sister, and she cares deeply about her community. She alone is responsible for her success and for working so hard to be the person she has become. That journey would have been harder though, without the support of people who love her and the professionals who provide her health care.

Every parent wants what's best for their children – that includes making sure they get the medical care they need without government interference. Elected officials shouldn't substitute their opinions for the knowledge and experience of medical professionals who follow well-researched therapeutic protocols. One wouldn't tell a cardiologist how to treat a heart attack. Why tell a therapist or endocrinologist how to do their job?

Transitioning is hard and it can be scary. It shouldn't be made harder and more frightening by a government that is supposed to support its people. Thank you again for this opportunity to offer testimony. I urge you to support transgender Kansans and oppose SB 12.

Respectfully,

Kim Bellemere

February 9, 2023

Committee on Public Health and Welfare and Committee on Judiciary

NAME: Erica Benson

TITLE: Parent of students in Shawnee Mission School District, PTA Board Member, and Blue Valley School District teacher

EMAIL ADDRESS: ericawbenson@gmail.com

BILL NUMBER: SB 12, Enacting the Kansas child mutilation prevention act

PROPONENT, OPPONENT, or NEUTRAL: Opponent

ORAL or WRITTEN ONLY TESTIMONY: Written

Dear Distinguished Chair & members of the committee,

I am writing to voice my opposition to bill SB 12. As a teacher, I fundamentally stand the trans students and their right to seek the medical care they needed and deserved under the care of their doctor(s). Period.

As transgender people are now increasingly targets of discriminatory legislation, I think you should consider these three points made by **Thomas Jefferson**:

1. "LIBERTY . . . IS UNOBSTRUCTED ACTION ACCORDING TO OUR WILL; BUT RIGHTFUL LIBERTY IS UNOBSTRUCTED ACTION ACCORDING TO OUR WILL, WITHIN THE LIMITS DRAWN AROUND US BY THE EQUAL RIGHTS OF OTHERS. I DO NOT ADD 'WITHIN THE LIMITS OF THE LAW'; BECAUSE LAW IS OFTEN BUT THE TYRANT'S WILL, AND ALWAYS SO WHEN IT VIOLATES THE RIGHT OF AN INDIVIDUAL." - THOMAS JEFFERSON
2. "The care of human life and happiness, and not their destruction, is the first and only object of good government." - Thomas Jefferson
3. "*Whereas it appeareth that however certain forms of government are better calculated than others to protect individuals in the free exercise of their natural rights, and are at the same time themselves better guarded against degeneracy, yet experience hath shewn, that even under the best forms, those entrusted with power have, in time, and by slow operations, perverted it into tyranny . . .*" - Thomas Jefferson

All parents want what is best for their children—and that includes making sure they get **the medical care they need**. Gender-affirming care is medically necessary, safe, and—as the only evidence-based care for treating trans youth—it can literally save lives. 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.

As you are not doctors, I do not think this is a matter you have the knowledge or authority to legislate on and it is tyrannical and cruel. Please oppose **Senate Bill 12**, thank you for your consideration.

Erica Benson

Overland Park, KS

Opponent Testimony of SB 12

For the Senate Public Health & Welfare Committee

February 10, 2023

Ellen Bertels

Attorney, Kansas Legal Services, Inc.

Chair Gossage, and members of the Committee, thank you for the opportunity to provide testimony on Senate Bill 12. This bill will have a profound negative impact on young trans Kansans, many of whom are my clients.

Through a Skadden Fellowship, I run the Kansas Name Change Project, where I provide free legal representation to low-income transgender Kansans seeking name changes, identity document corrections, and other civil legal services. I work day in and day out with Kansas' trans communities, but I am especially proud to represent trans youth. They are kids like any others: They are wonderful, funny, full of potential. They know themselves, and want the world to know them for who they really are. They seek friends, family, and a community who will love and support them as they grow up.

From my experience representing trans youth, it is clear to me that affirming medical care is an essential component for my clients to live a full and happy life. When deciding whether to access affirming medical care, families work closely with experienced medical providers to decide what is best for the child. This decision is carefully considered, and takes into account the person's age, medical history, and physical and mental health. As I'm sure you will hear, affirming medical care is approved by all major U.S. medical associations. Many people—professionals and patients—consider it essential for the long-term mental and physical health of trans folks. In short, affirming care is life-saving care.

By banning affirming healthcare for young trans Kansans, this bill will have a profound negative effect on my clients. This bill deprives young trans Kansans from accessing life-saving medical care. Even if parents, their kid, and a group of experienced healthcare officials decide that certain medical interventions are in the best interests of a young person, Senate Bill 12 intrudes on that doctor-patient relationship, overrides the parents' and child's will, and bars the youth from receiving the life-saving medical care. Further, some of my clients who are adults— young people in college, or working full-time jobs with benefits and 401ks— will also be barred from seeking necessary medical care because of this bill. I have heard the same story time and time again from my clients: Such a restriction would severely harm my clients' mental and physical health.

Every person deserves to make decisions about their health and medical care. Trans Kansans should have the right to make decisions about their medical care, including the right to access safe, supported, and effective affirming care. This bill would harm young trans Kansans by taking that decision away from them and their families. Thank you very much for your time.

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

Thalia Blase
Trans 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 Thalia Blase, I am an 18 year old student at the University of Kansas, and am transgender. I have been receiving hormone replacement therapy for the past 4 months and it is incredibly disheartening to hear about this bill that would take away my access to healthcare. I am in direct opposition to this bill. My purpose is to share my experience over the past couple of months and how this bill would directly impact me.

Over the past 4 months that I have been on hormone replacement therapy, I have experienced improved mental health, physical changes in my body, and being more in touch with my emotions. I have found it easier to relate to my peers and friends, as well as being able to cry in situations of higher emotional importance. For example, I have had four family members die over the past couple of years. At each of their funerals, I found myself trying to cry, to join in solidarity with my family in mourning. Each time, I was unable to cry. Since being on HRT, I have found myself being able to cry in any situation of elevated emotion, such as happiness or sadness.

The majority of my friends are also transgender, receiving HRT in the state of Kansas. If this bill were to pass, we would lose access to hormones, access to surgeries, and would be forced to medically de-transition. This would mean that many of the benefits and physical changes we have been experiencing would be slowly reversed. For those who have been on testosterone blockers for an extended period of time, as well as estrogen, de transitioning would mean that we would develop bone diseases. HRT for the trans community is a means to survival. In the community, I haven't experienced any discrimination or hostility towards myself and others. This bill is an attack on the transgender community. We would lose access to the medicine keeping us alive. Bills like this one, as well as many other bills being made and passed in the United States are a genocidal attack on the transgender community.

I thank you again for considering my testimony, and directly oppose the passage of this bill.

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

Colby Bruner
MS, LMFT // KC Character Development, LLC

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 Colby Bruner and I'm a non-binary and queer licensed marriage and family therapist in Kansas. Additionally, I will have completed my requirements for clinical licensure later this spring. In addition to my master's in Marriage and Family Therapy from Friends University, I also hold a graduate certificate in Gender, Women's and Sexuality Studies from Kansas State University and 17 graduate credits towards a Masters in English Literature- Cultural Studies. My scholarship and research primarily focus on queer relationships and the impact of societal shame on identity formation and functioning, especially as it relates to/influences suicidal ideation and self-harm. I'm an active member of the American Association for Marriage and Family Therapy and I also own KC Character Development, LLC which is a private practice based out of Overland Park serving the needs of the queer community across the state of Kansas. Many of my clients experience societal discrimination on the basis of their sexuality, gender identity, race/ethnicity, socioeconomic status, etc. and will be directly harmed by your vote to approve this discriminatory legislation today.

Before you today is a bill that has the potential to do incredible and possibly irreversible harm towards the queer community in Kansas. I want you to take a moment and reflect on the power that your vote today holds. Please set aside any preconceived notions you may have about the queer and trans community. I also ask that before you make such a big decision— which will have dramatic and severe consequences on my community— have you ever sat down with a queer or trans person and asked about their lived experience? Have you actually paused and listened to our stories and seen us as actual human beings?

As a queer therapist, I can tell you that these stories are powerful and deserve the respect to be heard. My community deserves to be seen and our needs taken into consideration.

This proposed legislation to vilify young trans people has already and will continue to cause harm in my community and on the individuals, whose stories I hold most dear.

I'm sure many of you have bought into hate-fueled misinformation about how this bill would "protect" trans youth. But in fact, you would be doing the opposite. Restricting access to gender affirming care does not make the queer and trans people magically disappear. For we have existed within almost every community and civilization since the beginning of time. In fact, third and fourth genders have been found in nearly every ancient civilization including: Mesopotamia, Ancient Egypt, Arabia, India, Israel, Ancient Greece, and within most indigenous tribes in North and South America. But we have been erased for our difference. We have been silenced. We have been systemically attacked and hidden away in the shadows. That is what this bill has the power to continue doing.

This bill to deny access to gender affirming care "saves" no one. It is an attempt to further an agenda to continue the erasure of queer, trans, and gender-diverse peoples. It is an attempt to put trans youth directly in harms way to ensure that they don't receive the care which could save their lives.

Queer and trans individuals experience higher rates of discrimination, bullying, and rejecting behaviors from their peers, families, teachers, politicians, and others in their lives. These rejecting behaviors and both emotional and physical violence often explain why queer and trans individuals experience higher levels of depression, anxiety, and suicidal ideation/behaviors than their cisgender peers. Shame and suicidal ideation are not inherent to our identities. In fact, these symptoms have a direct correlation to the emotional and physical trauma of growing up in a society where you are cast as "other" or "outsider."

If you were to take the time to read the "Standards of Care For the Health of Transgender and Gender Diverse Peoples Version 8" published this last October by the World Professional Association for Transgender Health, you would find a multitude of studies and case examples which show that access to gender affirming care such as therapy, puberty blockers, hormone replacement therapy, and access to affirming medical providers lowers the rates of acute mental illness (ie. depression, anxiety, suicidal ideation) to the same rates as our cisgender, heterosexual peers. Denying access to these spaces has the likelihood of doing the opposite.

A lot of people wrongly assume that we are handing out hormones to children like candy. In fact, a study published by Trans Youth Can! showed that adolescents waited an average of 13-14 months before being granted access to puberty blockers. During this long waiting period, youth are asked over and over again to think through their understanding of their gender. It's not like you can walk into the pharmacy and buy testosterone as if it was ibuprofen. 13-14 months as an adult feels incredibly different when you are an adolescent whose body does not feel safe. For these youth, it feels like an eternity. And I guarantee you, they do so much more thinking about their body and their gender than you ever have. They aren't making these decisions without thoroughly thinking through what would make them feel safer in their bodies.

Other arguments against providing affirming care to minors include the fear that puberty blockers will be irreversible. Again, this is just not true. Puberty Blockers do what the name

implies. They temporarily pause the continued release of hormones (ie. estrogen and testosterone) and have very limited side effects. Once stopped, the body will continue to produce these hormones.

I'd like to refer you to these passages from the WPATH SOC v. 8 found on page S47 and S46, respectively:

"Providers may consider the possibility an adolescent may regret gender-affirming decisions made during adolescence, and a young person will want to stop treatment and return to living in the birth-assigned gender role in the future. Two Dutch studies report low rates of adolescents (1.9% and 3.5%) choosing to stop puberty suppression (Brik et al., 2019; Wiepjes et al., 2018)."

Additionally, in other "Dutch longitudinal clinical follow-up studies of adolescents with childhood gender dysphoria who received puberty suppression, gender affirming hormones, or both, found that none of the youth in adulthood regretted the decisions they had taken in adolescence (Cohen-Kettenis & van Goozen, 1997; de Vries et al., 2014)."

All of the research supports that adolescents experiencing gender dysphoria and who had access to gender affirming care such as puberty blockers and therapy were able to experience lower rates of acute mental illness and increased confidence in their day-to-day lives. Additionally, there was such a low percentage of adolescents who "regretted" their decisions, primarily because access to blockers gave them the time they desperately needed in order to better understand themselves and their gender.

The problem is not found in our identities, like this bill proposes. In fact, the problem is found within how others treat us.

My job as a therapist is a weird job. My job is to be human with other humans and to provide them with acceptance, care and emotional support; and then to be a slightly different human when I've clocked out for the day. Why do I mention this though?

Because this bill directly impacts my ability to do my job. If you were to pass this bill, it would be a felony for me to show up for and emotionally support adolescents and youth who are struggling with feelings of gender dysphoria and shame. That's the last thing these kids need is further isolation. Because when shame is left alone and isolated, it festers. It partners up with suicidal ideation and self-harm. It gives voice to the self-hatred within us.

If you were to pass this bill, you are making it a felony for me to be empathetic towards trans youth. Think about the wide implications that has and what you are modeling for the families in Kansas who have transgender youth. You are telling them that they should be rejecting and ashamed for having a child who experiences gender dysphoria. You are making it a crime to show empathy and acceptance.

This will just continue the cycles of shame. The State makes discriminatory laws, people absorb that information into their code of ethics, people treat others who are different from them with

emotional and physical abuse, and then what do you have left? You have trans and gender diverse youth alone in their pain, holding the shame for everyone else, thinking suicide is the only answer.

The answer isn't found in isolating our trans Kansans. The answer is found in accepting them and embracing all of who they are. The answer is found in love and empathy. It's found in creating a society and a community in which everyone has access to safe and affirming spaces. Shame dies when stories are told and they are accepted.

Actual people die when they are forced into isolation thinking that who they are at their core, their spirit, is "wrong."

If you want to protect the trans youth of Kansas, why don't you try asking them what their needs actually are? Why don't you listen to their input when making these decisions? Because they can and will tell you what they want and need and we can reliably listen to them with empathy.

If you want to protect the trans youth of Kansas, we need to look into the places where shame is born, where discrimination and bullying happen. We need to provide students with an education that encourages empathy towards difference rather than hatred. We need laws that make bullying towards queer and trans students a hate crime and have harsher penalties for those who engage in violence.

If you want to protect the trans youth of Kansas, we need to make access to gender affirming, life saving care more readily available. We need fewer barriers and clearer pathways to care.

I would like to thank you for your time and consideration and for the opportunity for me to voice my expertise, as this bill has the power to impact not only the clients on my caseload, but my ability to show up for and care for them. At the end of the day, I think we can be unified in our goal to create safety for trans youth in Kansas; but we are looking at it from very different perspectives. I offer my expertise and voice as a lens for you to view this pathway through empathy rather than bigotry. All of the research supports that the problem is not found within our identity. That shame, depression, anxiety, and suicidal ideation are not inherent to our identities. That these are born of discrimination, bullying and rejecting behaviors. That when trans youth have access to safe and affirming spaces and access to puberty blockers and hormone replacement therapy, their rates of depression, anxiety, and suicidal ideation decrease to the same rates as those of their cisgender peers. The answer to protecting trans youth isn't found in discriminatory bills like these; but rather, it's found in loving other people and providing them empathy as if to say, "I may not know exactly what it's like to be you, but I'm willing to walk with you and learn to understand you." Again, thank you for your consideration.

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

Forrest Brungardt
Student/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 Forrest Brungardt, I am a lifelong resident of Kansas and a student at KU. I am writing today to express my opposition to SB12 and ask the committee not to pass this bill.

Growing up as a gay kid in Kansas, I often felt completely alone. I was told repeatedly that there was something inherently wrong with me and this sentiment was echoed in the news and by politicians. The fact that thousands of people who I will never meet actively despise me for just existing weighs heavily on my conscience. This culminated in me attempting to take my life a few years ago.

If this bill passes, many of our most vulnerable young Kansans will feel the same. Many of them will eventually get better, others will not. I hope legislators understand the human toll that this bill will have. Those kids don't deserve to be treated like this; they didn't do anything wrong. They deserve nothing but love but instead legislators are trying to criminalize them. They are not political pawns, they are human beings.

Committee members, thank you for reading this testimony. I want to reiterate my opposition to this bill and I encourage legislators not to allow this bill to go any further.

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

Jennifer Buller
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 Jennifer Welch Buller, and I am the mother of a 17 year old trans daughter. I oppose SB12 because it infringes on my family's and my daughter's rights and would harm her well being.

SB12 has already done harm to my daughter by implying that she shouldn't exist, is mutilated, and is not welcome in Kansas. We are a private family, but I hope our personal story will help clear misunderstanding about gender affirming care and lead to a more compassionate, informed choice by this committee.

Our shy, reserved daughter approached us a few years ago to share her struggle with her identity. She shared that she had known, deep in her heart, that she was a girl, but just didn't know how to express it or what it meant. We were grateful that she felt she could come to us, rather than suffering on her own but we had many, many questions and needed help. We immediately reached out to friends and health care professionals.

Contrary to the impression some have, gender affirming care is not a quick or rash decision and does not involve mutilation. We were required to follow a set of required steps to ensure a proper diagnosis. She met with a therapist for six months and then we were referred to Children's Mercy. There, we met with a team of specialists (a psychiatrist, an endocrinologist, and a pediatrician) who interviewed us, took blood tests, and provided a diagnosis, and eventually, a personalized plan. It was, frankly, one of the best health care experiences we've had. We didn't make the decision lightly, but it became clear that hormonal treatment was the safe and best path forward for her wellbeing. Surgery was never even an option. What she chooses to do as an adult, will hopefully be just that -- her choice, informed by medical professionals. The process to get to where we are today was not easy, but the positive effects were almost immediate. Her confidence has been boosted, her grades improved, and she is so much happier.

My daughter is excited to head to KU next fall, as a freshman. We really don't know what to do if SB12 becomes a bill and passes. Family is number one to us, and we have extended family and a farm here, but it would be hard to live and work in a state that criminalizes our daughter's best self. Please say no to SB12 and say yes to our family's well being and rights. Thank you for hearing our story and considering our view. Please don't hesitate to reach out with questions.

Tuesday, February 14, 2023, 8:30 am

Senate Committee on Public Health and Welfare

Sen. Beverly Gossage, Chair

Paul Buller

A concerned Grandparent 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.

I'm Paul Buller, a concerned grandparent, and a Kansas resident.

I oppose this bill because it will have a direct, and negative affect on our family and grandchild if proper, professional medical healthcare isn't available. Criminalizing healthcare persons and procedures identified in this bill would be harmful unnecessarily hurtful to the professional providers, the families, and the friends of all.

This bill will cause harm to families by preventing them from doing what's best for their children and young adults when getting needed professional medical assistance before a life-crisis develops.

This bill will interfere with available healthcare for Kansans by criminalizing select procedures and professionals, and limit the best healthcare for all Kansas citizens.

It will stigmatize the identified "trans youth," and drive good Kansas citizens to other states that are more welcoming and keep a talented workforce away from Kansas.

This bill discriminates against the "trans youth," adding government legitimacy to a "bullying" problem that is already being fought against by schools, public announcements, and other laws against discrimination.

Pass legislative measures that provide educational resources to ensure that all people are treated with respect and dignity, and minimize discrimination.

I oppose this bill because it will have a direct, and negative affect on our family and grandchild if proper, professional medical healthcare isn't available. Criminalizing healthcare persons and procedures identified in this bill would be harmful unnecessarily hurtful to the professional providers, the families, and the friends of all.

Thank you for your time, efforts, and thoughtful consideration of this testimony.

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

Rachel Buller
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 and an educator who has lived and worked in Kansas for 30 years. I am writing to oppose the passage of SB12 because denying Kansans the right to make their own medical decisions in consultation with their doctors will be harmful to some of my students as well as to members of my own extended family.

Medical decisions are private decisions, as Kansans have affirmed repeatedly. The legislature has no business dictating who can receive medical care and in what form: these are decisions to be made by families in cooperation with a team of medical professionals. When niece's family made the decision to help her transition with medication, they did so only after many months of required therapy and meetings with a team of endocrinologists, a psychiatrist, a social worker, and a pediatrician. This team reviewed medical records and made the decision to approve their personalized plan. They monitor this plan regularly together. It was no easy choice or process, and it has only improved our niece's health and well being. Please do not criminalize my family members and students, their parents, and their doctors who are working so hard together to resolve very difficult, and extremely private, situations.

Thank you for considering my testimony. I pray that you will vote against SB12 and protect the rights of ALL Kansans.

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

Rachel Buller
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.

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

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Kansas resident

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Thank you for considering my testimony. I pray that you will vote against SB12 and protect the rights of ALL Kansans.

2/12/2023

Opponent

Written Testimony for SB 12

Dear Chair Gossage and members of the Senate Public Health and Welfare Committee,

I'm writing as a Kansas voter and a parent to you to ask that you oppose Senate Bill 12. SB 12 puts the state of Kansas into a place it does not belong, in between citizens and their doctors. As a Kansas parent, I want to make sure that my children receive appropriate medical care.

Gender-affirming care -affirming care is medically necessary, safe, and—as the only evidence-based care for treating trans youth—it can literally save lives. Medical decisions should be made by doctors, informed by science not legislators. SB goes beyond attacking the right to medically appropriate health care for children and strips that right from legal adults age 18-21. This is a ludicrous overreach of government authority written to target at risk children and young adults. This legislation should not be passed.

Please vote NO on SB 12.

Sincerely,

Tom Buller

Stephanie Byers Opponent Testimony SB 233 Written Only

Chair Gossage and committee,

Thank you for the less than four hour notice that you were changing the bill scheduled to be heard and the opportunity to revise my testimony within that under four hour window so that it would remain relevant to the newly scheduled bill hearing.

First, let me state that I believe Kansas current malpractice laws govern those physicians who provide affirmative care for trans youth and therefore the redundancy of the first part of this legislation should be readily apparent.

Secondly, irreversible gender surgery is not known to be provided to minors within the state of Kansas. This is simply another solution in search of a nonexistent problem.

Thirdly, puberty blocking hormones have a long history of safe usage. If it is the belief of this committee that they are unsafe, then why not change their schedule classification and forbid them for all applications outside of that classification, including their usage for precocious puberty?

Fourthly, physicians take a vow to “Do No Harm”, passage of this legislation, even just consideration of this legislation, creates harm to the transgender youth and their medical providers that it targets. While every effort has been made by mainstream medical societies to bring appropriate, researched, evidenced based healthcare to trans youth, this bill seeks to reverse those medical advances and deny trans youth that same, life-saving care.

Like the majority who serve on this committee, I don't have a medical background. My background is that of a retired educator. When I seek medical treatment, I look for care that follows mainstream medicine. I would never be so presumptuous as to think I would know more than the established guidelines. I would hope that you would be the same.

While it is true there are some who regret transition, the number is very small. As the physician among you can attest to, there is some amount of regret to any medical intervention. Matter of fact, the true rate of regret for gender transition is one fifth of regret expressed by those who have had heart surgery. Statistics may be presented to you that do not give the full report on the research into those that do not continue with their transition. For instance a recent study by Elie Vandebussche is often quoted as detransition statistics, yet those that cite it often fail to include that Vandebussche only surveyed those that had detransitioned and the study does not compare that group with those that continued to live as their authentic selves. The Steensma study from 2010 is another that is often quoted. Steensma was a Phd student at the time of the study. It is said, based on this study that 84% of children desist. What is left out is that of the 198 children referred to the clinic for gender affirmative care, only 53 were actually assessed. Of the 53, 29 requested further medical intervention and were deemed “persisters”.

The other 24 (45%) did not reapply for treatment and so it was assumed that their feelings of dysphoria had ceased. – EXCEPT there was no follow up on these 24 and so it is not known if they sought treatment elsewhere, decided to wait until later, or truly desisted. Additionally, the screening of those who came to the clinic initially assumed that any cross sex behavior was transgender related and so weren't fully assessed for other possible outcomes. If not all of the 53 could be given the diagnosis of Gender Dysphoria, then how do we know how many truly desisted? In the more current words of Steensma: "The only evidence I have from studies and reports in the literature is that not all transgender children will persist in their transgender identity."

In 2017 the American Medical Association commissioned a study on affirmative healthcare for trans youth.

"Researchers prospectively followed more than 100 transgender and nonbinary youth 13–20 years old, each of whom completed surveys at three, six and 12 months. The cohort included 63 transmasculine, 27 transfeminine and 10 nonbinary or gender-fluid youth.

The results showed that youth who received gender-affirming medications—including puberty blockers and gender-affirming hormones—had a 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over those first 12 months, compared with youth who did not."

<https://www.ama-assn.org/delivering-care/population-care/understanding-short-term-impact-gender-affirming-care>

As you weigh the testimony that's been presented to you today, I ask that you strongly side with established medical practices and not be misled by mis and disinformation.

Stephanie Byers

She/Her

Former member of the Kansas House of Representatives, 86th District

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 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.

Janelle Arnett Campbell
Feb. 13, 2023

February 14, 2023

Testimony to the Senate Committee on Federal and State Affairs

NAME: Alice J. Capson

TITLE: Kansas Citizen

EMAIL ADDRESS:

OPPONENT

ORAL or WRITTEN ONLY TESTIMONY: WRITTEN

BILL NO: SB 12 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

PROPONENT, OPPONENT, or NEUTRAL: Opponent

ORAL or WRITTEN ONLY TESTIMONY: Written

Dear Chair & members of the committee,

I am writing to voice my **opposition** to bill SB 12. This bill would deny care that has been shown to be beneficial to children, care that should be decided by families and their medical providers for the child's unique situation. Criminalizing this care, as this bill would do, is callous and misinformed, and will do great harm. The legislature should be focusing instead on preventing bullying, encouraging compassion for those who may be different from oneself and working for improving insurance options for thousands of Kansans rather than focusing on harming a handful of youth due to their gender.

The American Psychological Association states (<https://www.apa.org/topics/lgbtq/gender-affirmative-care>) "*scientific evidence ultimately suggests that the models of care these bills might allow cause harm to transgender children, and those who may be gender creative as children who ultimately decide they are not transgender (Ashley, 2021). Research indicates that providing gender creative children who eventually identify as cisgender the freedom to explore their gender – even with puberty blockers – helped them feel more confident in their ultimate decisions about their gender identity (Ashley, 2021).*"

I agree with their other points of information which include:

- *Gender identity refers to a person's sense of gender (i.e., agender, bigender, man, Two Spirit, woman, etc.), which can be the same or different from person's sex/gender assigned at birth (APA, 2015). **Supportive evidence-based interventions**—including but not limited to mental health counseling, social transition support, and hormone therapies—**greatly improve mental health outcomes for transgender youth (APA 2015).***
- ***Foregoing gender-affirming care can have tragic consequences.** Transgender youth experience disproportionate levels of violence and bullying. Transgender youth are also more likely to feel less safe at school than cisgender youth, that is youth whose gender identity is consistent with their assigned sex at birth (Day et al., 2018).*
- ***Access to gender-affirming care has a positive relationship with the mental health of transgender youth and lowers their risk of depression and suicide (Bauer et al., 2015; Green et al., in press).** Transgender youth who have access to gender-affirming medical care experience improvements in mental health and often show mental health comparable to their cisgender peers (Toomey et al., 2022). Additionally, the distress experienced by youth who are provided treatments, but then decide to discontinue them and grow up to be cisgender, is significantly less than that which is experienced by transgender youth when such treatments are delayed (Ashley, 2021).*
- ***Decisions about whether to seek gender-affirming care, and what specific services to utilize, must be made between a provider, patient, and the patient's parents or guardians.** Such decisions are relative to the youth's individual clinical situation. Gender affirming care typically includes steps toward social transition, potentially treatments to temporarily postpone puberty, and in some instances, hormone replacement therapy (Coleman et al., 2012). Rather than allow flexibility to account for the varying needs of individuals, this bill adopts a "one size fits all" approach by categorically criminalizing the recommendation or provision of appropriate gender-affirming care.*

VOTE NO on SENATE BILL 12!

January 22, 2023

To the Senate Committee on Public Health and Welfare,

I write to express my strong opposition to SB12. The bill conflicts with my Christian values of justice and mercy. I firmly believe that persons considering or undergoing transition have the right to safe medical advice and practice. As a Christian and a member of Plymouth Congregational Church (although I do not speak on behalf of the church), I find the proposed legislation to be intolerable.

Trans youth are among those who are most at risk for suicide, in large part due to attacks from legislators and the public.

I also oppose SB12 because it criminalizes medical professionals from carrying out their job. The legislature needs to leave medical practice to the professionals.

Please consider opposing the bill and put an end to discrimination of this beleaguered group.

Sincerely,

Kevin M. Carr

3212 Saddlehorn Dr., Lawrence KS

Tuesday, February 14, 2023, 8:30 am

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

Alanna Carrell
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 Alanna. I have been a Kansas resident for 38 years. I strongly oppose the proposed bill SB12.

As a person who has suffered from gender dysphoria from the age of 6 and has waited until recently to transition I can tell you that the proposed bill will be harmful for our youth. When I was a child I didn't know or understand what was wrong with me. I just knew that my outward appearance did not match how I felt inside. This led to depression and self harm that continued until I had a therapist that understood what I was going through. As a parent of now adult children I am thankful neither of them has had to go through what I went through. I wish with all my heart that no children will ever have to suffer from gender dysphoria. If they are affected by gender dysphoria I hope they have adults in their life that will get them proper treatment. What you are proposing will prevent this treatment and harm the group you are trying to protect. As a proud life long Kansas resident I ask you to please vote no on SB12.

Limitations on Gender affirming care for minors make sense. A certain amount of therapy should occur before medical intervention is pursued. Then if all parties agree the doctor should be allowed to prescribe hormones or puberty blockers. No surgeries should be performed until the minor reaches the appropriate age of 18.

As a proud life long Kansas resident I ask you to please vote no on SB12 as it is written

January 27, 2023

Testimony to the Senate Committee on
Public Health and Welfare

I oppose SB12

I oppose SB12. Those who are promoting this bill are seeking to interfere with every citizen's right to have a safe, trusting relationship with their personal doctor. The bill attacks the personhood and dignity of trans youth and their families and strips them of basic human rights.

I oppose SB12 in that it singles out medical professionals and criminalizes them for providing medical care to their patients who are trans youth. Doctors who provide assistance and medical care to youth in the trans community will be felons or at risk of losing their medical license if this bill becomes law.

As a Christian, I believe that the health of transgender youth should remain a matter between the youth in question, their parents, and their doctor.

Respectfully,

Mary E. Charles

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

Gage Church
Pastor, Central Congregational United Church of Christ

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 Rev. Gage Church and I am pastor of Central Congregational United Church of Christ in Topeka. I live in District 18 and am writing in opposition to SB 12.

SB 12 needlessly discriminates against transgender youth, many of whom already struggle with hatred and discrimination. Having ministered to many transgender youth, I am aware that they often struggle with depression and suicidal thoughts because of the level of antagonism leveled at them and the isolation it causes. They just want to be themselves. Their families want the ability to make medical decisions for their children in consultation with their doctor.

All children deserve to have the same opportunities to live, thrive and participate in their communities. This bill unnecessarily interferes with family medical decisions.

Our children and families deserve better than this mean-spirited and harmful bill. I encourage you not to pass SB 12 and leave family medical decisions up to parents and doctors. Thank you for considering my testimony.

Tuesday, February 14, 2023, 8:30 am

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

Dennis Covell
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.

To the Senate Committee on Public Health and Welfare:

I submit this testimony in opposition to SB 12 on the 13th of February, 2023.

My name is Valerie Daugherty. I am a patient of the gender diversity clinic at the University of Kansas Health System, which leads the way in transgender care in the area, and I'd like to speak on the reality of transgender care from a patient perspective.

I'm 37 years old, and I spent most of my life pretending - to be a boy, first, and then a man. I have loving parents, loving siblings, loving extended family, and loving friends. By and large, I have lived a decent life despite a subtle but deeply rooted discontent with the role assigned to me.

At an early age I became keenly aware of this discontent. Everyone goes through periods in their development where they experiment with their expression to some degree. All of us seek to find who we are - the persona we feel comfortable with the world interacting with. For **most people**, this ends up being a relatively short exploration and they settle into what might be considered - for lack of a better term - an expression within the "standard range" for their assigned gender. Some of us, however, realize that our conception of ourselves does not entirely match what outside forces have demanded we adhere to. And it is a demand that all the forces of society impose on us - I knew from a young age that the way I felt about my gender didn't match what I was being told about myself. Incidentally, around the same time I also knew both the literal meaning and social connotation of being labeled a "faggot."

And so, I pretended - outwardly, anyway - to adhere to what was demanded of me. I do not pretend anymore. And if in yesteryears I survived, today I *thrive*. And I attribute the fullness with which I'm able to live my life to two factors: my wonderful social support system, and compassionate medical care that would be criminalized by this bill. It cannot be understated how deeply profound my relationship with both my physical body and my emotional heart is today **because of compassionate healthcare**.

It also cannot be understated that this bill is a political farce, willfully malicious, and devoid of any semblance of compassion let alone a desire to protect children. This bill *is* the political equivalent of the playground bully calling transgender people faggots. People who are *human beings* - including *adults* up to the age of 21, no less.

It's by criminalizing this portion of *adult medicine* that the bill subtly confesses its damning truth: it's not about children. And it's not about mutilation. If this bill is passed *real* lives will be *needlessly* harmed - human beings will be denied *real care* and caregivers will live with the myriad burdens of being felons. And if this bill passes the assault *will not* stop here. The window will shift until transgender medicine is outlawed wholesale. This bill is *hatred*, not healthcare.

It must be understood that absolutely no minor is asking their doctor for hormones and walking out the same day with anything in hand. Neither are minors, with the help of their caregivers, scheduling any gender affirming surgeries. These lifesaving medicines are dispensed in

accordance with the known best practices of treating a veritable diagnosis of gender dysphoria and requiring the consent of the patient and, in the case of minors, their guardian. They simply *are not* being handed out flippantly to anyone, let alone children.

The most respected medical associations in the United States and abroad agree that the available body of research shows that transgender health care, as would be outlawed by this bill, is medically necessary, safe, and effective. Some associations with statements to the same include the American Academy of Child and Adolescent Psychology, American Academy of Family Physicians, American Academy of Nursing, American Academy of Pediatrics, American Academy of Physician Assistants, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Psychiatric Association, Endocrine Society, National Association of Social Workers, Pediatric Endocrine Society, and World Medical Association.

I posit that if this bill were truly about protecting children from mutilation it would outlaw the practice of circumcision, which is medically unnecessary, outside the scope of a religious rite. The state has rightly outlawed these practices when applied to persons with vaginas. It would also place heavy restrictions or bans on surgical interventions performed, without the consent of the patient, on intersex children instead of carving out explicit exemptions for these procedures - Procedures the National Institutes of Health largely recognize as not medically necessary and unduly cause complications later in the patient's life including social maladaptation, gender dysphoria, body dysmorphia, lack of sensation in the genitals, and increased rates of suicidality stemming from these.

When I began to medically correct my hormone profile, 2 things happened: I grew the breasts I was always supposed to have and I finally felt, with my full heart, what it was to truly feel good about myself. That's the effect of gender affirming care.

People really, truly do know who they are deep in their cores and the efficacy of treatment that this bill would outlaw is well known. People that I know and love will be suddenly cut from access to medical care that is absolutely saving their lives. The procedures this bill seeks to outlaw *are not* mutilation. I am not mutilated. Children are not being mutilated.

I'd like to be able to call this bill a solution in search of a problem, but it's nothing so well intentioned.

This bill is **hatred**, not healthcare, and anything short of killing it is willfully inflicting suffering on human beings.

Thank you.

February 12th, 2023

To:

Kansas Senate Public Health & Welfare Committee

300 West 10th Street, Room 142-S

Topeka, KS 66612

Dear committee,

My name is Jackie Davis, I am a 20-year-old student at the University of Kansas, and I am writing in opposition to SB 12. While I fully understand and agree with the desire to protect children and young adults (including me) from medical malpractice and harm, this bill simply does not do that. I want to take some time to share my experience as a young transgender woman with my doctors, lab techs, nurses and so many more who have helped guide me (and my parents) in making well informed decisions about my medical care.

While the social part of my transition (changing my clothes, growing out my hair, and telling my family and friends) began in early 2020 (when I was 17), I did not begin taking any medications until later that year. The process to begin minimal medical intervention was thorough and sought to fully understand my life, my parents, and form a plan for how to move forward. Under the care of a pediatric endocrinologist, my parents and I decided that I would begin taking a testosterone suppressant, which would allow me to continue to live as myself while taking time to make any further decisions about my care. In that time, my confidence increased tenfold. I felt that I could be myself fully and completely.

I had routine follow-up appointments with my gender clinic, where my parents and I had met with my endocrinologist, a social worker, nurse, and chaplain, who helped guide us through the process of being transgender (inside and out). I also continued working with a therapist to help with the day-to-day issues that any senior in high school would face.

A few months after turning 18, I was ready to begin estrogen. Confident in my identity and having been seen as a girl by the world around me for a whole year, I met with a psychologist who helped to ensure there were no other underlying psychological concerns that needed to be addressed before I could make an informed choice. That having gone well, the clinic sent me home with paperwork detailing the effects that estrogen would have on my body, how to monitor for long-term side effects and an order for bloodwork to make sure everything was progressing as expected.

I have now been taking estrogen for a little over two years and haven't looked back. I am in the second year of my undergraduate degree at KU and am loving it. I have a strong network of support in my community, from my friends, to my church, to my professors. I love spending lots of time outside with my dog, Ella, and love reading when the weather is less than ideal. I am

looking forward to pursuing my graduate degree in Public Health in a few short years and beginning a vibrant and thriving career.

While I am fortunate to have had this experience with medical care, if this bill passes, children and young adults across our state will lose access to this comprehensive, compassionate, and well-researched healthcare. In fact, if this bill passes, I will likely have to stop taking my medication abruptly for a few months (with unknown side effects) until my 21st birthday. I am unfortunately not the worst affected by this bill. The sad truth is that if this bill is allowed to become law, transgender children and young adults will die of suicide all across our state. Without the healthcare and resources they need, many will not make it to their 21st birthday.

I ask that you please keep transgender children and young adult's futures in mind and please vote against advancing SB12.

February 14, 2023

Corrected Testimony to the Senate Public Health and Welfare Committee

Name: Jennifer Day

Title: Kansas citizen

Email: jendaykc@gmail.com

Bill #: SB 12, Kansas "child mutilation" prevention act

Proponent, Opponent, Neutral: Opponent

Oral or Written Only Testimony: Written only

Dear Chair and members of the committee,

I am writing today to express my opposition to SB 12. I have similar feelings about legislation like this as I do about my own bodily autonomy as a woman being legislated. People should be able to access the healthcare they need without interference from government officials. I wonder if the name of the bill also indicates a level of misunderstanding about what is happening with trans youth and their families as they work through the challenges of possible transitioning earlier in their lives. I'm sure you will be hearing from several experts in this field as you hold your hearing, so I sure hope you'll listen to their input, and find it helpful as you process this bill through committee.

As I've mentioned in similar testimony I've submitted to your committee and others, I would like to know how bills like SB 12 are actually *helping* Kansans. Are they helping to feed our hungry children? Are they helping to house our houseless population? Are they helping people to find meaningful employment and a fulfilling existence? Are they assisting our senior community, or our wonderful veterans who have possibly actually fought for our rights as Americans?

Members of our LGBTQ+ community are often searching for acceptance and understanding. Statistics show that 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. I would love to see our lawmakers work on legislation that helps Kansans to feel a part of community that embodies acceptance, understanding, and freedom for all our citizens. SB 12 works against that ideal, and I simply cannot fathom why it would be necessary.

I hope that you will act judiciously on this legislation and vote no on SB 12.

I thank the committee for your consideration of my position.

Jennifer Day

Overland Park, KS 66204

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

Jonathan Dresner
Parent and Historian

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 the parent of a young trans adult, and a world historian, and the attempt to delegitimize reasonable medical care and public life for trans people is both personally concerning and professionally frightening. There are no good-faith anti-trans arguments, and it is deeply troubling to see these lies and threats in our home state.

It is hard enough being a trans person in Kansas, which already has a history of anti-trans legislative proposals, including 'bathroom bills' and anti-trans sports legislation. There are very few medical professionals that handle the hormone, mental health, and surgical management necessary for a healthy, secure, personally satisfying life. If the Kansas legislature were serious about the health and well-being of Kansans, they would be trying to support rural hospitals, expand access to health care outside of the big cities. It's hard enough being a parent of a trans person, worried about how your child will access the care they need to live, to thrive, when the state itself seems determined to make life harder.

As a historian, who teaches modern world history, it is hard to see these kinds of proposals as anything other than discriminatory, the kind of exclusion from full citizenship that raises specters of segregation, deliberate destruction of resources and culture, expulsion and depraved indifference to suffering. As a Jew, it has echoes of horrible history. Imagine what we would say if the state declared that Jews couldn't celebrate Bar/Bat Mitzvah at 13, because declaring a minor child an adult was inappropriate and harmful? What grounds would the state have to regulate the medical care of Jews, just because they are Jews, and to put doctors who treated Jewish patients under special scrutiny?

Instead of attacking trans people, their families, and the professionals who make their lives better, perhaps the legislature should consider adding sexual orientation and gender identity to non-discrimination laws, which would make this a much better place to live.

Trans people do not deserve to be treated like criminals for wanting to have the same right to medical care as anyone else. Medical professionals do not deserve to be treated like drug dealers for helping people live their lives to the fullest.
Thank you for your attention.

Dear Senate Public Health & Welfare Committee,

I am writing to you to express my deepest concern and dismay about Senate Bill No.233 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. 233.

As an individual concerned for the medical health and wellbeing of transgender individuals, I support gender affirming care. Senate Bill No. 233 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 233.

Rev. Denise Dugan
Overland Park, KS
February 13, 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.

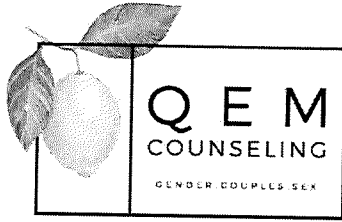
As an individual concerned for the medical health and wellbeing of transgender individuals, I support gender affirming care. Senate Bill No. 12 does not support gender affirming care. Gender affirming care is a critical and lifesaving component in improving a transgender person's quality of life and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

Joni Dugan
10 February 2023



My name is Quinn Eggesiecker-Mack and I am a Licensed Professional Counselor as well as American Association of Sex Educators Counselors and Therapists Certified Sex Therapist who has been licensed and practicing in both Missouri and Kansas for the better part of a decade. I am writing to you to express my deepest concern and dismay about 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 has worked with transgender people for over 10 years, 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 clinical 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.

Sincerely,

Quinn Eggesiecker-Mack, LPC

Quinn Eggesiecker-Mack, LPC, CST
Licensed Professional Counselor (MO & KS)
Certified Sex Therapist

JANUARY 22, 2023

TESTIMONY TO THE SENATE COMMITTEE ON PUBLIC HEALTH
AND WELFARE - OPPONENT FOR SB12 JANUARY 22, 2023

As a Christian and follower of Jesus, I VETERMENTLY OPPOSE SB12. FOR YEARS, legislative bodies across the country have vilified the trans community, seeking to interfere with the right to a safe, trusting doctor-patient relationship. Contrary to the example set by Jesus, who welcomed ALL CHILDREN with open arms, they have chosen to attack the personhood and dignity of trans youth, attempting to strip them of their basic human rights.

As a Christian and member of Plymouth Congregational Church (though I do not speak on behalf of the church), I find SB12 despicable and hate-filled. The legislature is forcing children to carry the weight of the anti-trans agenda on their backs, and it is killing people.

Trans youth are not an abstract concept. They are my neighbors, my child's classmates, and my students. They are PEOPLE. Trans youth are among the populations most at risk of suicide in the U.S. today. This is in part due to the vicious and sustained attacks waged by people who hope to gain favor personally and politically - at the very real expense of an innocent and vulnerable community.

I also oppose SB12 on the grounds that it singles out medical professionals, criminalizing them simply for doing their jobs. Doctors who seek to provide medical care to trans youth 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. Given the dangers posed by such discriminatory legislation and the high level of expertise required to make medical decisions, I believe the health of transgender youth should remain a matter between the youth in question, their parents, and their doctor.

It is for these reasons that I oppose SB12.

Respectfully,
Brandy Erntzen
Brandy Erntzen

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 someone who knows a trans person, I can say with absolute certainty that 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.

Jacquelyn Garza
11 February 2023