

January 28, 2025

House Committee on Health & Human Services

HB 2071: In-Person Opponent Testimony via WebEx

Candice N. Moran, Psy.D.

Chair, Members of the Committee:

I am Dr. Candice N. Moran. I am a psychologist working in Kansas City, Kansas, and I have been working with transgender, nonbinary, and gender nonconforming individuals since graduate school in 2010. I have received extensive training and continuing education in transgender and nonbinary mental health and gender affirming care, and I am a nonbinary person myself. I currently primarily work with current and future healthcare providers, many of whom are also queer, trans, and nonbinary, and/or want to provide gender affirming care in the future. I am also a mom of a nonbinary elementary student who has given me permission to share how this bill would negatively impact them and their community. There is not an area of my life that would not be impacted by this bill, and I here today sharing to ask you to allow transgender and nonbinary minors and their families the autonomy to make their medical decision in collaboration with their highly trained healthcare providers.

My child shared their nonbinary identity with us at age 5, and they have been out at their school since kindergarten. They have experienced a lot of support from family, friends, and their therapist, and when they are in an affirming environment they are thriving. When they experience bullying, threats of violence, and misgendering, they experience symptoms of depression, anxiety, trauma, and more. They are terrified of puberty, due to their dysphoria, and the bright light in all of this for them has been the prospect of puberty blockers. This bill would take that hope, the thing that is sustaining them away, and I honestly am afraid of what that will look like, as I know the statistics. 66% of transgender and nonbinary youth have thought about suicide (Wang et al., 2024), and 42% of transgender and nonbinary adults have attempted suicide in their lifetimes (Kidd et al., 2023). However, research has shown that transgender and nonbinary adults who received puberty suppression/puberty blockers as adolescents were *less likely* to experience suicidal ideation in their lifetime (Turban et al., 2020). As a psychologist I have seen these statistics in the faces and life stories of the clients sitting in front of me. As a mom, I want to do everything in my power to have my child's story turn out differently, including sitting here and asking you to believe the science, believe the research, and believe the lives and stories of the many people of Kansas telling you that this will hurt their families, their children, themselves, and the medical providers of the state.

I currently work as a psychologist providing therapy for with current and future health care providers, many of whom are considering leaving the state of Kansas after their training and/or before as they are worried that are going through extensive schooling, research, training, and more, they will not be able to practice in a way that is in line with their ethics and fields best practices. The American Academy of Pediatrics, The American College of Obstetricians and Gynecologists,

The American Psychological Association, The Endocrine Society, The Pediatric Endocrine Society, and The World Professional Association for Transgender Health along with many others have affirmed their support for gender affirming care for minors including puberty suppression and hormone therapies. Requiring sanctions and penalizing physicians for following the best practice guidelines of their fields, professional organizations, and years of training and expertise, and forcing them to refuse lifesaving, medically necessary care, contributes to moral injury, burnout, and physicians leaving the state or refusing to practice in this state.

Gender affirming care is suicide prevention. Gender affirming care is best practice. Gender affirming care is healthcare. Gender affirming care is lifesaving. Gender affirming care is ethical. Gender affirming care is well-regulated. Medical treatment and healthcare involve very personal, individual decisions, made by carefully considering the individual circumstances of the person. Gender affirming care decisions should be left between the care provider, the individual, and in the case of youth, their legal guardians. The government should not be involved in those very personal decisions, and it should be left up to the highly trained professionals who have the knowledge and expertise to work with that individual and their family. Thank you so much for your time today. Please vote no on HB 2701.

Thank you,



Candice N. Moran, Psy.D.  
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They/Them/Theirs  
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Submitted via email on 1/27/25.

#### References

- Kidd, J. D., Tettamanti, N. A., Kaczmarkiewicz, R., Corbeil, T. E., Dworkin, J. D., Jackman, K. B., Hughes, T. L., Bockting, W. O., & Meyer, I. H. (2023). Prevalence of substance use and mental health problems among transgender and cisgender U.S. adults: Results from a national probability sample. *Psychiatry research*, 326, 115339.  
<https://doi.org/10.1016/j.psychres.2023.115339>
- Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2), 68-76.
- Wang, Y. C., Hoatson, T., Stamoulis, C., Herman, J., Reisner, S. L., Meyer, I. H., & Katz-Wise, S. L. (2024). Psychological Distress and Suicidality Among Transgender Young Adults in the United States. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 74(6), 1095–1105.