

SB 63/HB 2071 Testimony for Angela Turpin, MD

Thank you to the Committee for allowing me to be here to address you today and encourage you to vote no on SB63/HB 2017.

As a pediatric endocrinologist, I know first hand the harm that banning gender affirming care for the adolescents in Kansas who may benefit from it. On a broader scale this harm was recently published in the fall of 2024 in the Nature of Human Behavior Journal. This study while controlling for confounding factors found states that enacted anti transgender laws between 2018 and 2022 had a 7-72% increase in past year suicide attempts for transgender people ages 13-17 compared to states who did not enact these laws. Personally, I have seen adolescents severely depressed, anxious, and unable to function in their daily lives because of gender dysphoria. They have confided in me that they shower in their clothes in the dark, that they are isolated doing school on-line because they don't want their peers to see their bodies in person, that they want to look in the mirror and "not hate their face", that repeatedly cutting their bodies is the only way to find any relief from the distress they feel from gender incongruence. These are adolescents who have wonderful loving parents and families. They are adolescents who have wonderful therapists and psychiatrists guiding and helping them, and yet they still feel like their bodies have betrayed them. These are the adolescents who may benefit from gender affirming medical care. In over a decade of experience treating these individuals I have seen it lead to showering with the lights on, enjoying in person school engaging face to face with peers, looking in the mirror and smiling at who they see, and faded scars of self-harm that is no longer a concern. We may not know everything about what causes gender dysphoria but we do know that functional MRI has shown that trans women's brains look more similar to cis-gender women's brains and that trans men's brains look more similar to cis-gender men's brains (prior to any medical treatment). And that research data has shown that rates of treatment regret are extremely low and that mental health tends to improve with treatment.

I would also like to stress that the number of adolescents who receive medication in Kansas is very small. The Williams Institute at UCLA in June of 2022 estimated the percentage of youth ages 13-17 who identify as transgender in all 50 states. Their estimate was based on the CDC and Prevention Youth Risk Behavior Surveillance System and advanced statistical modeling. In Kansas their estimate was 1.05% of adolescents ages 13-17 identified as transgender. Using this statistic and knowing the number of adolescents seen in a Kansas clinic that could provide medical intervention one can estimate the number of adolescents receiving only mental health intervention. The number of adolescents ONLY being seen by a mental health provider for gender dysphoria is 74% of the estimated 1.05% with gender dysphoria. Keeping in mind that not all who present to a medical clinic receive medication, the number who receive mental health care alone is actually higher. This gives proof that the utmost thought and care goes into treating adolescents with gender dysphoria in Kansas.

And what this very small group of transgender adolescents deserves is individualized care provided to them by a multi-disciplinary team of therapists, psychiatrists, and physicians in consultation with their parents. If eligibility criteria for treatment are met physicians may outline risks vs benefits of medical intervention, and parents along with their children should ultimately make the decision to pursue medication or not. The government should not impose a one size fits all ban. This violates parents' rights to act in a way that they see best for the health outcomes of their children.

Beyond the medical portion of the bill I would like to address the ban on state employees from "encouraging social transition" in adolescents. This is extremely vague. What constitutes a "social

transition"? Is it just about pronouns? Or does this stretch into preferred names, societal norms for dress, hair styles, and accessories? To have the government trying to dictate what someone wears or what they prefer to be called is a total violation of that person's liberty as an autonomous human being to determine their own self-expression. The government has no place discouraging or banning someone from wearing clothing or hairstyles that make them feel comfortable or banning them from being called what they prefer. Who is to decide whether any of these things is feminine or masculine? This also assumes that the state employee knows intimately that the person was assigned male or female at birth. How will this be determined? What about intersex individuals of whom I follow many in my clinic? Will they need to disclose private health information to prove who they are? Finally, why does it matter? This is an extreme overreach and additionally violates state employees' rights to free speech and the ability to honor the wishes of the adolescents and their families.

In closing, I thank you again for this opportunity to share my thoughts on SB 63/HB 2071 and I strongly encourage you all to vote no on this bill.