

Danielle George
Private Citizen
dvoorhees24@gmail.com
1/25/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Member of the committee, thank you for the opportunity to share my position on SB63/HB 2071. My name is Danielle George and I am a voter in Johnson County. I am writing today to implore you to vote no on SB 63/ HB 2071.

I believe that gender affirming care affects everyone and in passing this bill you will negatively affect all Kansans. Citizens should have the right to determine their own medical decisions based on medical expertise and science, not based on what politicians have decided. Passing this bill will only make the mental health crisis facing children and teens today worse. Please think of everyone affected when considering this bill.

Thank you for your time and again as a constituent I urge you to vote no on SB 63/ HB 2071.



KANSAS NATIONAL EDUCATION ASSOCIATION / 715 SW 10TH AVENUE / TOPEKA, KANSAS 66612-1686

David Fernkopf
Executive Director
Written Testimony – Opponent
The House Committee on Health and Human Services
House Bill 2071
January 28, 2025

Chairperson Carpenter, members of the Committee:

Thank you for the opportunity to testify in opposition to HB 2071.

A 2024 survey conducted by the Trevor Project organization indicated that more than 39% of LGBTQ+ young people seriously considered attempting suicide within the same year. The survey further indicated that 46% of transgender and non-binary youth across the U.S. reported seriously considering suicide in 2024. Previous surveys have suggested that states where lawmakers have aggressively pursued anti-trans legislation exhibit extraordinarily high levels of suicide risk among LGBTQ+ youth.

To put it simply, Kansas NEA believes that House Bill 2071 is dangerous to Kansas youth.

When transgender youth feel supported by their families and medical providers, they have better health outcomes; when they feel affirmed, they experience less suicidal thoughts and attempts, increased self-esteem, and more feelings of safety in their community; all of which impacts their ability to learn better in the classroom.

Kansas NEA believes in allowing Kansas youth the freedom to be themselves. We want all students to be treated with dignity and respect, regardless of their races, backgrounds, genders, or religions. We stand with Kansas children and their families, and we believe everyone should have the right to access the healthcare they need to survive and thrive.

We ask the committee to reject HB 2071.

Honorable Committee Members,

My name is David Frahm, and I live in Wichita, KS in the 87th House District. I am a concerned constituent of Representative Estes'.

I'm here to talk about HB 2071. This bill is important to me because, as a parent, I believe that the people who should have the right to determine the healthcare outcomes for my children are myself, and my children's medical care team. I believe in the US Declaration of Independence when it says that life, liberty, and the pursuit of happiness are unalienable rights, and I believe that this bill is a direct affront to these unalienable rights. I also believe that, based on the majority of peer reviewed medical literature, that blocking access to trans health care, such as puberty blockers and gender affirming hormones, the risk of not having access to these methods of care far outweighs any benefits.

I believe this bill is harmful to Kansans because this bill restricts the ability of families and their healthcare providers to make individual decisions in the best interest of their children. If this bill only spoke to surgical interventions, then it might be reasonable. However, in its current state this bill is extreme and overreaching. It restricts even long standing, safe, and fully reversible interventions that have been in use in children since the 1950s, and in use specifically to treat transgender for the past 30 years. Kansas children and teens who are transgender or experiencing gender dysphoria should have the freedom to make medical and personal decisions with their parents, doctors, therapists, and faith leaders, just like all other Kansans.

I ask you to vote against HB 2071 and stand up for the rights of your fellow Kansans. Voting for this, or for bills as overreaching as this, are an affront to the American way of life, and deprive our youth and their families of life, liberty, and the pursuit of happiness. America needs to re-embrace its role as the great melting pot, and have all of its peoples have the dignity and tolerance that they deserve, and I believe that we can and should start that right here, in Kansas, and can do so by voting against this bill.

Thank you for your time and attention.
David Frahm

David Ludemann
PRIVATE CITIZEN
Davthebrave11@gmail.com
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you greatly for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is David Ludemann and I am a voter in Johnson County.

I oppose this bill on the strongest possible moral grounds. The very idea of the government dictating what a private individual does or does not do with their own identity is one I find to be frighteningly un-American. Our nation was founded on the concept of freedom from such an overstepping of bounds, and I find it discouraging that so many of our own elected officials could forget that in this day and age. Please consider the precedent this sets for the future: if the government can control the identity or freedom of expression of one group of people, why not that of another? Such things must not be permitted to occur, and it is your duty as our elected officials to see that they do not. Our freedom and our safety both rest in your hands. I hope they are not misplaced.

Once again, I must thank you all for hearing my thoughts on this bill, and I encourage you all to vote no on the passage of SB 63 / HB 2071. Thank you.

DAWN OLNEY
PRIVATE CITIZEN
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1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for allowing me to share my thoughts on SB 63 / HB 2071 with you today. My name is Dawn Olney and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

I have a cousin who is transgender. I don't know her well because she grew up in Florida and we didn't get together very much. But her grandmother, who is my aunt, talked to me about her. My aunt was a tried and true Republican, and I doubt ever voted for a Democrat for anything. She sang in the church choir for years. But she was full of love for her family. When her grandson (at the time) was small, he "wanted to play with My Little Pony, sparkly things, even dresses. He always wanted girly things. He was always like that, even when he was 2 or 3." My aunt loved her grandchild, and it hurt her that one of her other sons belonged to a church that spoke against the LGBTQ community. All she wanted for her trans granddaughter was to be happy and healthy, and live her life in safety and love.

I have trans friends and I know trans children. They have a medical diagnosis. Physicians and allied health care providers have studied this diagnosis and have a best practices plan. They are trained professionals, experts in the field. You would not deny insulin to people suffering from diabetes - you know the doctors have studied the disease and have a plan. Please do the same for people suffering from gender dysphoria. Parents and health care professionals are best positioned to care for transgender children and youth.

They have a high incidence of suicide attempts and suicide, partially because of cruel treatment from some members of our society. Please have compassion and allow trans youth to receive the gender affirming care they need and deserve.

I thank you all for hearing my story and thoughts on this bill, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you.

HB 2071 – WRITTEN ONLY

To whom it may concern:

I am writing in opposition to HB 2071.

As a Christian pastor, and the parent of a trans daughter, I speak from direct personal and professional experience when I say this type of legislation will do nothing to materially protect the lives of non-trans youth and families, but will undoubtedly create a context for continued, ongoing harm to the mental, emotional, and physical health of the trans youth and families this bill targets, as well as creating undo strain on the lives and work of state and public employees who will be forced to operate in the environment this bill would create.

In addition, as a professor of World Religions – and other biblically-rooted college courses – I also wish to express my deep concern over the constitutional overreach of this type of legislation, the way it violates our protections under the First Amendment, and the ongoing harm it will do to the overall civic discourse in our pluralistic society.

Respectfully submitted,

Deacon Godsey
Lead Pastor, Vintage Church – Lawrence, KS

DeAnna Schulz
PRIVATE CITIZEN
Deannaschulz22@gmail.com
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for taking the time to read my thoughts today on SB 63 / HB 2071. My name is DeAnna Schulz and I am voter in Johnson County, KS. I am writing to ask you to vote no on SB 63 / HB 2071.

I am opposed to this bill as I believe it can be harmful to the children of Kansas. I believe private decisions about a child's care should be made by themselves, their families and their doctors.

I also believe the bill is too vague in defining what is advocating or promoting and that could limit the free speech of Kansas citizens. I'm also concerned this bill can make the the lives of teachers, doctors and child care providers harder. As the child of two life long Kansas educators I know how hard these people work every day to better the lives of children. I would hate for them to be limited in the ways they can enrich the lives of Kansas kids.

Gender affirming care is life saving care. Kids who are in need of this care are at higher risk of substance abuse and suicide. Limiting the care they can receive and the ways in which adults can help them puts more children at risk.

Thank you for reading my words on this bill and I ask you again to vote no on SB 63 / HB 2071.
Thank you.

Debbie McDaniel
Private Citizen
mcdanield256@gmail.com
1/24/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Jane Smith and I am a voter in Shawnee County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

Patients, families, and their doctors should have the freedom to make their own private medical decisions—not politicians. Gender-affirming care is individualized to meet the needs of each patient, managed through a careful and evidence-based model of assessment and informed consent—which is already required by law.

This bill already failed last year because of its extremely broad reach beyond the healthcare space, such as enabling attacks on public employees. The bill does not define what it means to “promote,” “provide,” or “advocate” for social transition or gender affirming medical care—meaning not only will mental and medical health professionals be impacted by this bill, but it could also disrupt school counselors, teachers, daycare providers, etc., who interact with trans youth. The language of the bill clearly discriminates against transgender Kansans and raises constitutional concerns about state employee's free speech rights.

Gender-affirming care is life-saving care. Medical care for gender dysphoria is evidence-based, medically necessary, and safe—which is why every major medical association advocates against bills like this.

Once again, I thank you all for hearing my story and thoughts on this bill, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you.

Deedra Miller
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1/25/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Deedra Miller and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

I'm writing to encourage you to represent me by voting no because of my personal connections to a few trans people. Knowing that all of us have different genetic makeup and hormone levels that make us unique means that medical decisions need to be left to professionals who are licensed and patients and in the case of children, their parents. I believe in preserving the individual rights and freedoms of citizens to choose their own healthcare.

Once again, I thank you all for hearing my thoughts and stance on this bill as a voter In Johnson county, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you.



Written Testimony in Opposition to HB2071

January 28, 2025

Chairperson Carpenter and House Health and Human Services Committee Members,

The Kansas Chapter of the American Academy of Pediatrics (KAAP) represents over 400 pediatricians across Kansas. We stand in opposition to HB2071. We are concerned about the profound harm that HB 2071 poses to our ability to provide the best medical care to all children, the intrusion into the sacred patient-physician relationship, and the civil, liability, and licensure penalties that threaten physicians who are simply doing their duty to care for children. Additionally, this legislation undermines family involvement in a child's care and significantly harms vulnerable children and youth who are already dealing with significant stigma.

Gender-affirming care is Essential and Evidence-Based

HB 2071 seeks to ban medically necessary care for transgender and gender-diverse (TGD) youth. This life-saving care is recognized and supported by decades of evidence-based standards. It involves careful evaluation of each patient, and physicians then make individualized, developmentally appropriate medical decisions with their patients and families. Major US health organizations endorse such care, including the American Academy of Pediatrics, American Medical Association, Endocrine Society, and Pediatric Endocrine Society. They affirm its critical role in addressing the needs of transgender youth.

Impact of the Legislation

The proposed bills undermine the ability of medical professionals to provide patient-centered care. Medical decision-making is inherently complex and cannot adhere to a one-size-fits-all approach. This legislation restricts physicians from practicing based on their expertise, training, and understanding of their patients' needs. By prohibiting evidence-based practices, it inserts politics into the exam room, jeopardizing the physician-patient relationship and reducing the quality of care for vulnerable populations.

Consequences for TGD Youth

Transgender youth disproportionately face stigma, discrimination, and higher risks of mental health challenges, including depression, anxiety, and suicide. Access to comprehensive gender-affirming care significantly improves mental health outcomes and helps these young people focus



on critical developmental tasks such as education and building relationships. Denying this care exacerbates feelings of rejection and isolation, increasing risks of adverse outcomes such as homelessness, self-harm, substance use, and suicide.

Mental Health and Family Support

The American Academy of Pediatrics and other leading organizations emphasize the necessity of a supportive, inclusive clinical environment that includes family-based therapy. Supporting families in understanding and affirming their child's identity is paramount to fostering resilience and reducing emotional distress among TGD youth.

Why This Legislation is Harmful

Legislative mandates that limit medical care infringe on the expertise of healthcare providers and harm patients. These laws fail to account for the unique circumstances of individual patients and would lead to unnecessary suffering. The proposed legislation not only discriminates against TGD youth but also sets a dangerous precedent by allowing non-medical professionals to dictate medical care.

Conclusion

We owe it to all children to ensure they have access to safe, evidence-based medical care and the opportunity to thrive. Discriminatory policies like HB 2071 will harm the well-being of transgender youth and erode the fundamental trust between patients and their doctors. We urge this committee to reject this harmful legislation and stand for the health and dignity of all children.

Thank you for your time and consideration. We are happy to address any questions and provide further resources on this critical issue.

Respectfully submitted,

Public Policy Committee
Kansas Chapter American Academy of Pediatrics

Devin Forbes
PRIVATE CITIZEN
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1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Good afternoon Chairman and Committee members. Thank you for allowing me to speak on HB 2071.

My name is Devin Forbes and I am a voter from Douglas County. I believe that HB 2071 is unnecessarily cruel due to how few trans children live in Kansas and is a distraction from work that can be done to improve the lives of all children in Kansas.

Per 2023 census data, Kansas has a population of 2.94 million with 23.6% of those individuals being under the age of 18. The Williams Institute reports that only 1.4% of Americans identify as transgender. That works out to around 9,714 trans children living in the state of Kansas. HB 2071 will target less than 0.33% of the population of Kansas.

You can continue to target a minority of less than 10,000 kids here in the state of Kansas, or you could dedicate your time to improving healthcare for the nearly 700,000 kids that live in Kansas.

The Trevor Project has reported that the suicide attempt rate of transgender youth is at 44% here in the US. I don't want to risk losing even one more of our already vulnerable community. I ask that you let trans kids live their lives in the way that is best for them. Allowing trans youth to maintain their healthcare is the best way to prevent additional harm.

<https://censusreporter.org/profiles/04000US20-kansas/>
<https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>
<https://datacenter.aecf.org/data/tables/5907-population-under-18#detailed/2/any/false/2545,1095,2048,574,1729,37,871,870,573,869/any/12533>
<https://www.thetrevorproject.org/blog/anti-transgender-laws-cause-up-to-72-increase-in-suicide-attempts-among-transgender-and-nonbinary-youth-study-shows/>

Thank you for your time and I encourage you to vote no on HB 2071.

DONNAVAN DILLON
Private Citizen
donnavandillon1011@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chair Carpenter and members of the Committee,

My name is Donnavan Dillon. I was born and raised in Lawrence, Kansas. I am a Senior at the University of Kansas pursuing a double major in political science and sociology. I graduated from Lawrence High in 2021. I am gay and a proud member of the LGBTQ+ community, and I am here today to urge you to oppose HB 2071/sb 63.

HB 2071 uses state legislative power to single out and attack transgender minors' access to medically necessary care and would require the state-sanctioned dehumanization of children.

My first concern is this bill legislates an issue that does not exist and creates a harmful narrative around beneficial care all Kansans receive. As stated year after year by medical professionals in Kansas who are versed in Gender Affirming Care - Transgender minors in Kansas are not receiving procedures such as gender reassignment surgeries. This bill creates a false issue by banning something that is not occurring; this is a waste of the legislature's time when there are so many actual issues that deserve the time and consideration of the committee. Secondly, this bill paints this care as harmful and not medically necessary ONLY if a transgender minor is receiving it; however, it does not implicate the same care for cisgender people. If this gender-affirming care were a significant threat to minors, it would be banned for all minors and not just a select population. What this bill would accomplish is create a two-class system by law where gender-affirming care and medications are only acceptable for cisgender people to receive, which is a gross misuse of legislative power.

My next concern is that this bill is far-reaching in scope and fails to define key terms. This lack of clarity is essential to good policy and has real-life implications for Kansas medical professionals, families, and state employees. The vague and overly broad restrictions on "social transitioning" outlined in this bill raise serious concerns, especially since key terms like "promote" and "advocate" lack precise definitions, and the range of individuals affected remains uncertain. By including unclear language that could extend to mental health providers, educators, social workers, librarians, foster care staff, and others who serve children, this legislation would almost certainly suppress the free expression of state employees. This would also result in children being subjected to cruel treatment by adults whose jobs are meant to protect their safety and well-being. The state legislature should not require state employees to be some of our children's earliest bullies. Whether the lack of defining terms in this bill is intentional or unintentional by its authors, the result is still the same- HB 2071/SB 63, as a result, has far-reaching implications

that have real-life effects on the lives of trans kids and state employees implicated in its language.

My last primary concern is that this bill creates a path where transgender Kansans are not afforded the same autonomy that all Kansans possess because of their gender and allow for a state-sanctioned path to dehumanize our state's transgender children. The right to bodily autonomy is a fundamental freedom protected by the Kansas Constitution, yet HB 2071/SB 63 threatens to undermine it through government overreach into private medical decisions. This bill not only restricts access to life-saving healthcare for transgender youth but also dictates how adults respond to children's self-expression. The government infringes upon both children's and adults' freedoms by imposing vague regulations on caregivers. Such interference violates Kansans' Right to Self-Determination and undermines one of our nation's foundational principles. Simply put, the government has no place in mandating personal decisions or restricting individual expression.

As students who study policy and government in our first-year courses, we are taught that good policy is narrow in scope, clearly defined, and intentional in solving a systemic issue or increasing public good. A college freshman could easily see this bill meets zero of these criteria. When legislators pass unclear, far-reaching bills that attack specific communities, they go to court and cost the state time and money, something the legislature has seen happen repeatedly in recent years. Save yourself this hassle and the harm it would cause our state's vulnerable youth and vote in opposition to HB 2071/SB 63.

Save yourself this hassle and the harm it would cause our state's vulnerable youth and vote in opposition to HB 2071/SB 63. Thank your

January 26, 2025

House Committee on Health & Human Services

HB 2071: Written Opponent Testimony

Eliana Hanneman

Hello. I am a first grade teacher in the Kansas City suburban area. My job as a teacher to 6 and 7 year olds starts with a morning meeting, where we vote on whether we would rather swim or skateboard, or eat cheeseburgers or hot dogs. Where we learn a new vocabulary word to practice throughout our school day. Where we go over our calendar and the weather for the day. Where we talk about being kind and empathetic to our classmates if they fall down or need help. We then do handwriting, phonics, paragraph writing, math, reading, science, social studies, and snack time. In no part of our busy school day of learning, do we ever discuss gender identity.

I model kindness, empathy, and understanding to my students. If a student in my classroom was struggling with something that big and important, they should be able to first go talk to our school counselor without fear of being reported. They should be legally protected to go talk to their doctor about it with privacy. Anything having to do with someone's healthcare, and yes, this is healthcare, should be private. It is between that person and their doctor. What about HIPPA? A stranger talking to their doctor about their gender identity affects me in no way, shape, or form. It is none of my business what someone talks to their doctor about. So why should it be any different if it is an adult or a child?

As an elementary teacher, my school has only seen gender identity brought up one time in my time teaching so far. The child identified as a girl, and so she was a girl. Her parents advocated for her, and our teachers treated her like every other student at the school- with respect. Not one student ever questioned that this child was a girl. Kids are innately understanding and compassionate. If kids can be compassionate, then adults can be as well.

For a lot of our students, school is their only safe place where they know they are getting a warm meal and that they will be taken care of for at least 7 hours that day. A lot of our students have so much to worry about, and adding on this stressor of not being treated with respect and

not knowing if they can talk to anyone about their struggles will not help them, it will harm them.

This topic can be more prevalent in high school grades. Again, a teacher's job is to teach. Teachers have to follow strict state standards of teaching. There is no time or willingness in any busy school day, whether it is elementary, middle, or high school, to "indoctrinate" our students about gender.

Please do not involve teachers in this. I would love to do my job that I have wanted to do since I was in 5th grade without such false judgement from society. Gender-affirming care should be private and between a person and their doctor. Teachers should not have to report if a student is struggling with their identity. Just like doctors, this should be private between counselor and student until a student chooses to talk to family or healthcare providers. Thank you for your time.

Signed,

Eliana Hanneman

Shawnee, KS

House District 17/Senate District 10

Elizabeth Crouch
Private citizen
Beaniecrouch@gmail.com
1/26/2025

For both SB 63 and HB 2071
Opponent
Written only

The discussion about transgender rights has become heated and emotional. I understand opinions differ and that we live in a time of change and challenging our thinking of what we have always considered to be "normal." This is where I would like to focus my thoughts. Ours is not to understand the need for transgender people to seek the care and treatment they must have in order to feel stable, worthwhile, and mentally healthy, just as it is not for others to understand why we might want to fix crooked teeth with braces, remove an unsightly benign mole, or reduce an oversized nose with rhinoplasty.

The Trevor Project has conducted a peer-reviewed study that has come to alarming conclusions:

The study's findings demonstrated a significant increase in suicide attempts among all participants whose home state had enacted at least one anti-transgender law. The highest increase in suicide attempt rates – ranging from 7% to 72% — was reported among participants younger than age 18. Across the full sample of transgender and nonbinary young people ages 13-24, an increase in suicide attempt rates of 38% to 44% was observed.

These people are vulnerable. Your constituents, their family members, their friends are vulnerable. These human beings are vulnerable. And their need to feel human and at peace with themselves is not harming their neighbor, despite what some might want to spread in the way of fear and hatred. Their existence is not increasing sexual assaults in public restrooms. Their decisions to be themselves affect them. Their right to exist does not restrict anyone else's right to do the very same.

When we choose legislation, it should be for the betterment of the community. This bill will do more harm than good. It has the potential to have a direct correlation to a rise in suicide attempts in a community that is simply trying to live their lives. To not pass it would not change the lives of those proposing the bill one bit. The risks outweigh the benefits far too much, and for that reason, I ask you not to support it.

Please choose life.

January 26, 2025

House Committee on Health & Human Services

HB 2071: Written Only Opponent Testimony

Emera Greenwood, LMSW

I am writing to share my strong opposition to HB 2071, which seeks to ban life-saving healthcare, including acceptance of social transition for transgender youth in Kansas.

We often talk about how gender-affirming healthcare and mental health support creates positive impacts for transgender people, and the dire consequences of depriving people of the care and support that they need. For myself, being deprived of support and care as a child led to long-term mental health challenges that only subsided when I was able to access support as an adult. My childhood and young adult years were spent suffering poor mental health, which resolved when I was able to live authentically and found the care that I needed.

Research consistently demonstrates that such care is medically appropriate, safe, and supported by every major medical association in the United States. These treatments provide critical support to young people, improving their mental health and overall well-being. Denying access to this care would cause needless harm and perpetuate the challenges faced by the transgender community, including bullying, ostracism, and mental health struggles.

I hope you will consider opposing HB 2071 and keep the power to make healthcare decisions for trans youth where it belong, in the hands of their families and their healthcare providers.

Signed,

Emera Greenwood, LMSW

Shawnee, KS

House District 18

Submitted via email on 1/26/25

Emily Bartlett
Private citizen
emrbartlett@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

chairman and members of the committee, thank you for giving me time to share my thoughts on SB/63/HB2071. My name is EMily Bartlett and I am a voter in Johnson county. I am writing today to encourage the committee to vote no on sb63/hb2071.

I have family and friends that you members of the transgender community, and this bill will decrease their quality of life significantly. They are joy-filled, normal human beings who can't hurt a fly, and deserve full life and rights like anyone else.

Thank you again for reading my testimony, and I sincerely encourage yo unto vote no on the passage of SB 63/HB 2071. Thank you.

Emily Rost
Private Citizen
ejr3620@yahoo.com
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, I appreciate you giving me the opportunity to share my opinion on SB 63 / HB 2071 with you. My name is Emily Rost and I'm a Douglas County voter. I am writing today to encourage the committee to vote no on SB 63 / HB 2071.

As a life long Kansan and ally to the LGBTQ+ community, I find this bill both appalling and unacceptable. I grew up in Lawrence, Kansas, a known safe space for ALL. This bill takes away the safety of Trans minors by denying gender-affirming HEALTHcare access. I find it disturbing that Kansas Legislators are ok with withholding lifesaving medical treatment from CHILDREN. Do better. For ALL Kansans.

I would like to offer my thanks, again, for taking the time to hear my thoughts on this bill. I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you.

Ericka Cole
PRIVATE CITIZEN
ericka.cole@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

As our Topeka lawmakers, you were all offered the privilege and responsibility of utilizing your extensive knowledge of our laws and legislative processes to advance the needs of all Kansans. By accepting this privilege and responsibility, you affirmed that you will faithfully support the Constitutions of both the United States of America and of Kansas.

I, Ericka Cole, adamantly oppose SB63 and HB2071. Although I can see no way that you all would ever allow such a violation of your constituents' rights to privacy to move any further along in the legislative process, I cannot in good faith, as a proud and loyal Kansan, remain silent in the face of such an affront to the liberties of the citizens of this great state.

I greatly appreciate your commitment to upholding the moral values that have guided us through the difficulties of the past 164 years. I know that you all will continue to make decisions in the best interests of us all. Thank you for taking the perspective of a born and bred, Kansas voter into account as you discuss this abhorrent bill. re

Let me give you an example. If I decide to talk to my friend, Barb, about my current health issues in the fellowship hall after the church dinner, and that nosy Krista overhears and decides to blather my story all over town, that is my own fault for not being more discreet. However, if I ask Barb to stay a few minutes after Bible study to pray with me over my health and Krista stops outside to eavesdrop, as she does, Krista is definitely violating my right to keep my private information private.

SB63 and HB2071 are just like Krista. If anyone is digging around in our children's medical information to see which providers are harming those poor kids they are supposed to be helping, then they are also going to be mucking around in my grandsons' medical records, too. No one should be able to breach the confidentiality of my little guys' records.

I'm sure there are better and less invasive ways to evaluate the integrity of our providers. I thought we already had several types of oversight in place to ensure that our medical staff are fulfilling their promise to heal and not to harm. No one, not even our government, should be allowed to destroy the trust between a provider, their young patients, and those kids' parents.

Thank you again for looking out for us and listening to those of us you work so hard for. I trust in God and our government and have faith that neither of you will let us down.

Please protect our children and grandchildren by voting no on SB63 and HB2071. Thank you.

Erika Walker
PRIVATE CITIZEN
erikawalkertherapy@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for allowing me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Erika Walker and I am a voter in Sedgwick County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071.

I am a mental health therapist in Wichita, Kansas and have been in practice for almost 12 years. If you've never been to therapy before, something you might not know is that it takes courage for an individual to first reach out to me, and then come into my office and lay their vulnerabilities on the table for me to see. Another thing you also might not know is that there are numerous Kansans who are struggling to get the mental health help they need. This is largely due to there not being enough therapists to meet the increasing demand for mental health services. To add to this already short demand as it specifically pertains to the bills being proposed, "scholars have indicated that few counselors possess clinical training and experience to adequately conceptualize experiences of individuals who are transgender and utilize a trans-affirmative approach to therapy" (Cannon, et. al., 2017).

As a clinical social worker, practicing as a therapist, I am bound by the National Association of Social Workers Code of Ethics. The two bills that are being proposed violate several of those ethics. These include the following to name a few:

- 1.01 Social workers' primary responsibility is to promote the well-being of clients.
- 1.02 Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.
- 1.07 (a) Social workers should respect clients' right to privacy.
- 1.12 Social workers should use accurate and respectful language in all communications to and about clients.
- 6.01 Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.
- 6.02 Social workers should facilitate informed participation by the public in shaping social policies and institutions.
- 6.04 (a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy

and legislation to improve social conditions to meet basic human needs and promote social justice. (b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups. (c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people. (d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability.

If this bill passes, I will not be able to ethically abide by my code of ethics and will either have to choose between breaking that code, which will lose me all of the trust that my clients put in me, or lose my job and livelihood if I choose to follow the code of ethics I am bound to as a clinical social worker. It is crucial that those making the decisions on this bill understand and keep in mind that the professionals who are treating the youth this bill is targeting have to maintain competence and continuing education to treat their clients. Our governing boards see to it that we maintain this education and competence, too, and there are checks and balances if it is not adhered to.

By restricting social workers and other healthcare providers with similar code of ethics, this bill is causing harm to the youth it is targeting. According to a survey conducted by the Trevor Project in 2023, among LGBTQ+ who took part in the survey 41% of them seriously considered completing suicide in the past year and including nearly half of these of them being transgender or non-binary youth. Over their lifetime, Kaniuka, et. al. (2020) reported that approximately 41% of transgender individuals will attempt suicide at some point in their lifetime. Because transgender youth have to continually fight for their identity to be socially accepted, they are often feel ostracized by their families, communities, and their world around them, which leads them to feel a sense of burden and decreases their sense of belongingness. When a person's belongingness is put into question, there is a greater chance for suicidal ideation (Fulginiti, et. al., 2020).

I want to make clear that the transgender youth being treated in therapy do not have mental health concerns inherently because they are transgender. Research has shown and continues to show that the near constant stressors they face, including harassment, discrimination, prejudice, and stigma compound to create a psychopathology that ends up being diagnosable by the DSM-5-TR in these youth. In fact, research has shown that when transgender youth are able to consistently experience gender euphoria ("a positive emotional response to internal experiences or social events which affirm and support one's gender identity or sexual orientation," Mann, et. al., 2023) they are able to thrive in their environments.

Once again, I implore you all to vote no of the passage of SB 63 / HB 2071. Thank you.

Erin Dahl
Private Citizen
edahl@kcai.edu
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for considering feedback on SB 63 / HB 2071. My name is Erin Dahl and I am a voter in Roeland Park. I am writing today to encourage the committee to vote no on SB 63 / HB 2071.

I know a number of families with trans minors and they deserve the dignity, privacy, and trust to make decisions for themselves, decisions made between their doctors and themselves without politicians forcing their will on Kansas voters. SB 63 / HB 2071 threatens the safety, health, and privacy of minors. As a teacher, SB 63 / HB 2071 will negatively impact the health and wellness of my students and their families.

Once again, I thank you all for considering my thoughts on this bill and its grave implications, and I implore you all to vote no of the passage of SB 63 / HB 2071. Thank you.

January 23rd, 2025

Dear Members of the House Committee on Public Health and Welfare and the House Committee on Health and Human Services,

I strongly oppose House Bill 2071. I am writing to respectfully share evidence-based information regarding the benefits of access to gender-affirming care for youth and to express concern about the potential harm of removing critical support structures provided by credentialed professionals in counseling, education, and healthcare. Ensuring the health and safety of all youth, including those who are gender non-conforming or transgender, is a moral and professional imperative grounded in research and ethical practice.

Benefits of Gender-Affirming Care for Youth

Research has consistently shown that access to gender-affirming care is associated with significant improvements in mental health outcomes for transgender and gender non-conforming youth. According to the American Academy of Pediatrics (AAP), gender-affirming care can alleviate gender dysphoria and reduce risks of depression, anxiety, and suicidal ideation (Rafferty et al., 2018). In a study published in *JAMA Pediatrics*, researchers found that youth who received puberty blockers had significantly lower odds of lifetime suicidal ideation compared to those who desired but did not receive this treatment (Turban et al., 2020).

The Trevor Project's 2023 National Survey on LGBTQ Youth Mental Health reported that gender-affirming care and supportive environments led to a 60% reduction in suicide attempts among transgender and nonbinary youth who had affirming spaces in their lives (The Trevor Project, 2023). By ensuring access to these life-saving interventions, we empower young people to thrive and reach their full potential.

The Harm of Removing Support Structures

Denying access to gender-affirming care or restricting adults from providing support to vulnerable youth can have devastating consequences. Gender non-conforming youth are already at heightened risk for mental health challenges due to stigma, discrimination, and family rejection. According to the National Center for Transgender Equality (NCTE), 54% of transgender and nonbinary individuals report being verbally harassed at school, and 17% report leaving school altogether due to mistreatment (James et al., 2016).

Removing the guidance of empathetic professionals who are credentialed experts in counseling and healthcare exacerbates these risks. Youth who lack affirming environments are more likely to experience depression, self-harm, and suicidal ideation. The Trevor Project's 2023 survey revealed that 41% of transgender youth had seriously considered suicide in the past year—a number that underscores the urgency of preserving support systems for these vulnerable children.

Statistics on Gender Non-Conforming Individuals

According to a 2022 report by the Williams Institute at UCLA School of Law, approximately 1.6 million individuals in the United States identify as transgender, including about 300,000 youth aged 13-17 (Herman et al., 2022). In Kansas, an estimated 12,800 individuals identify as transgender, including 1,100 youth. These individuals are part of our communities, and policies that affirm their identities contribute to their well-being and integration into society.

Increasing Violence Against Transgender Individuals

The rise in assaults and violent crimes against transgender individuals further underscores the need for protective policies and affirming care. The Human Rights Campaign (HRC) reported at least 38 violent deaths of transgender and gender non-conforming individuals in 2022—a tragic undercount, as many incidents go unreported or are misidentified (HRC, 2022). Transgender women of color are disproportionately affected, with systemic racism and transphobia compounding their vulnerability.

No one should feel hunted in their own community or attacked for being their authentic selves. Addressing this violence requires a multi-faceted approach, including affirming policies, community education, and access to gender-affirming care.

Conclusion

Policies that restrict access to gender-affirming care or remove support structures for transgender and gender non-conforming youth place them at significant risk of harm. Evidence from reputable organizations and studies underscores the positive impact of affirming care and environments on mental health and overall well-being. I urge you to consider this evidence and prioritize the health and safety of all youth in Kansas.

Thank you for your attention to this important matter. I am confident that, with your leadership, we can create a community where every child feels safe, supported, and valued. To that end, I respectfully request that you vote “No” to HB 2071.

Sincerely,

Erin J Keith-Chancy DNP MS-NE RN
535 Elm Street Lawrence KS 66044

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Erin Slaughter
PRIVATE CITIZEN
erinkins@ymail.com
1/25/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, I am reaching out to share my thoughts on SB 63 / HB 2071. My name is Erin Slaughter and I am a voter in Wyandotte County. I am writing today to express my opinion and urge you to vote no on SB 63 / HB 2071.

I am in opposition to this bill as it is harmful to transgender youth and urges the government to take more control over people's individual rights. Medical decisions should stay in the hands of parents, doctors and families - not politicians. This bill also furthers the ideology that transgender individuals can be eliminated by the government, when history has shown that transgender people have always existed and always will, no matter what the government wants. Gender affirming care saves lives! The mental health of our youth is so important, and the research has proven that gender affirming care is safe and helpful for these struggling youth.

Thank you for hearing my thoughts on this bill, and I highly encourage you to vote NO of the passage of SB 63 / HB 2071. Thank you.

Erin Woods
Private citizen
ewoods999@gmail.com
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Thank you for the opportunity to share my opposition to HB 2791. I am a mother of two children. Neither of my children are transgender, but as a mother I can recognize that this bill is not in the best interest of children or their parents. In fact, although the sponsors of this bill may think they are protecting children, in truth they are causing untold harm and ultimately risking tax payer dollars on a lengthy court battle.

Parents look to medical professionals.

I have a number of friends with children who have faced scary situations with their health such as pediatric cancer, diabetes, anxiety, and depression. In every one of those cases, my friends have relied upon medical professionals to guide them through the best medical and mental health treatment for their children to ensure they could go on to live happy and fulfilling lives.

They trusted that their doctors were following the most up-to-date, evidence-based, well researched healthcare treatment guidelines for their child's diagnosis. Because that's what doctors do. I shudder to think how any of these children would be doing today if they were prevented from receiving the healthcare treatments supported and approved by our major medical associations.

Gender-affirming care is basic health care supported by medical organizations.

Gender-affirming care is one of those healthcare treatments supported by every major medical association, including the American Medical Association, the American Academy of Pediatrics, and the American Academy of Child & Adolescent Psychiatry.

Gender-affirming care is life-saving care. A study published by the American Academy of Pediatrics revealed alarming levels of attempted suicide among transgender youth.

HB 2791 will lead to lawsuits at the expense of tax payers.

Similar bills in other states have resulted in on-going court cases. The state of Arkansas has been involved in a costly lawsuit for almost three years now.

This bill focuses on the estimated 1% of Kansans kids who identify as transgender. Our tax dollars would be better served in a way that benefits all Kansas kids. Please do not lead our state down this costly path.

Talk to parents of transgender children.

Before you consider passing this law, I ask that you take the time to meet with some parents of transgender children. There is no better way to gain an informed understanding of the impact this bill would have on their mental health and well-being.

Please recognize where your limitations as a legislator are as compared to trained medical professionals. Do not take gender-affirming care, that it is often quite literally life-saving care, away from children and the parents who love and care for them.

I appreciate your time and consideration in reading my testimony and I ask that you vote NO on HB 2791.

Thank you.

Subject: Opposition to HB 2071 and Support for Transgender Healthcare

Dear Legislator',

I am writing to express my strong opposition to HB 2071, which seeks to restrict transgender healthcare for minors and penalize providers who offer these essential services. As a parent to a 10-year-old daughter who is transgender, I feel compelled to share my perspective on the harm this legislation would cause to children and families in Kansas.

Transgender healthcare, including access to puberty blockers and other gender-affirming care, is guided by established medical best practices. These interventions are neither harmful nor permanent but serve as a crucial pause, allowing children the time to explore their identities and make informed decisions about their futures. These services are life-saving. Research consistently shows that gender-affirming care significantly reduces rates of depression and suicide among transgender youth, improving their overall mental health and quality of life.

Mental health is already a critical issue in Kansas, and this bill would exacerbate it. Punishing providers and denying care to transgender youth sends a devastating message to an already vulnerable population. As someone who has dedicated my career to social work and holds a Master's degree from Wichita State University, I have seen firsthand how essential it is to provide support and acceptance for those navigating mental health challenges.

My daughter has been socially transitioned since February of last year, and her experience demonstrates the positive impact of acceptance. Her friends at school love her, and she thrives because she is affirmed for who she is. Legislation like HB 2071 threatens to disrupt this support system and put unnecessary barriers in place for families like mine.

I also want to emphasize that lawmakers are not medical professionals. Decisions about medical care for children should be left to parents, families, and doctors who know these children personally and understand their unique needs. It is inappropriate for the government to dictate medical decisions that directly impact the well-being of children.

Finally, I recognize that some proponents of this bill cite religious beliefs as justification. As a person of faith myself, I believe that we are called to love and support one another. This legislation runs counter to the compassion and understanding that faith communities should promote. True care for children means trusting families to make the best decisions for their kids —not stripping them of the ability to access care that could save their lives.

I urge you to reject HB 2071 and stand with families like mine who want nothing more than to see their children live happy, healthy, and fulfilling lives. A vote for this bill would send a harmful message that our state is willing to risk the mental health and safety of transgender youth. I hope you will choose instead to stand for compassion, understanding, and respect for parental rights.

Thank you for your time and consideration. Please accept this letter as written testimony opposing HB 2071.

Sincerely,
Estin Talavera LMSW
513 N Pine Grove St Wichita ks 67212]
estint1@me.com]
6208997833

Evie Craig
Private Citizen
agirlcould@gmail.com
1/27/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for giving me time to share my thoughts on SB 63 / HB 2071. My name is Evie Craig and I am a voter and 30-years plus resident in Johnson County. I am writing today to urge the committee to vote no on SB 63 / HB 2071"

This bill would let the State of Kansas restrict health care and choices to my grandchild, a Johnson County resident and new voter, who requires gender-affirming care with the full support of her father, stepmother and family. The State has no role in determining our choices, overriding parental rights, and restricting our liberties as citizens of the State of Kansas.

Thank you all for giving me this opportunity to share my family's health care decisions with you and I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you."

Fred Bellemere
Private Citizen
fbellemere@gmail.com
1/26/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Committee Members, Thank you for taking time to read my comments on HB 2071. My name is Fred Bellemere and I am a voter in Leavenworth County. I am writing you today to encourage the committee to vote no on HB 2071.

I am the father of a now adult Transgender Daughter. My daughter came out to us as a minor. My wife, my daughter, myself and Dr's of our choosing made decisions based upon what we felt was best. We were told about options with respect to puberty blockers and hormone treatment and were made fully aware of all risks involved. We were also told, in no uncertain terms, that surgery is not an option for a minor. Your job as Legislators is not to dictate medical treatment for your constituents. You have no business getting in between a parent and there medical doctors. Beyond the restriction of medical treatment this bill adds plenty of vague wording about unacceptable practices leaving plenty of room for lawsuits that will ultimately cost our state money. My daughter is a hard working college graduate and I could not be more proud of her. I do not understand why you think this issue is so pressing every year. Our state has far bigger problems thank this to adress.

Thanks again for reading my story. I encourage you all to vote no to the passage of HB 2071.

Gerald Briscoe
PRIVATE CITIZEN
gjb7917@nyu.edu
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Gerald Briscoe and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

This bill effectively bans all gender-affirming healthcare for trans minors, including puberty blockers and hormone therapy, which are evidence-based, medically necessary treatments for gender dysphoria. It goes even further by banning state facilities, employees, and funds from affirming trans youth in any way, and by threatening healthcare providers with lawsuits and licensing penalties if they dare to provide care to these young people. This bill isn't just harmful—it's cruel.

I know what it feels like to live in a world that sends you the message that your identity is wrong, unnatural, or unacceptable. For me, being part of the LGBTQ+ community has meant having to fight for my right to exist, often in the face of stigma, exclusion, and hostility. This legislation is a formal codification of that hostility. It tells trans youth that their identity is not valid, their healthcare needs are not real, and their existence is not worth protecting. It isolates them in a way that many LGBTQ+ individuals, including myself, know all too well—and that isolation is not only traumatic, it's dangerous.

Gender-affirming care is not experimental or reckless. It is a safe, well-researched, and life-saving intervention that is provided through a careful process of assessment, informed consent, and individualized care. These are private, personal medical decisions that should remain between patients, their families, and their doctors—not dictated by politicians. Denying this care denies trans youth the chance to live authentic, healthy lives.

This bill's impact also extends far beyond the medical community. The vague and punitive language targeting "promoting" or "advocating" for trans kids' social transitions creates fear and confusion for educators, counselors, and other professionals who interact with trans youth. The chilling effect of this bill will make schools, childcare centers, and other environments unsafe for these kids by preventing the very support systems that they rely on.

This legislation doesn't just harm trans youth—it also violates international humanitarian principles. The United Nations has repeatedly condemned laws that discriminate against transgender individuals as violations of human rights. SB 63 / HB 2071 would take Kansas down a dark and shameful path, reinforcing the same kind of exclusion and dehumanization that

leads to poor mental health outcomes, high rates of suicide, and diminished opportunities for LGBTQ+ individuals.

The question before us is whether we will stand for dignity, compassion, and inclusion—or whether we will allow fear and prejudice to dictate our laws. I urge you to reject this harmful legislation. Let Kansas be a state that uplifts its most vulnerable, not one that crushes their hope.

Thank you for your time and consideration.

Grace Van Nieuwenhuyse
PRIVATE CITIZEN
peejykeen@gmail.com
1/25/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and committee members, I thank you for taking a moment to hear my thoughts on SB 63/HB 2071 today. My name is PJ Van Nieuwenhuyse and I am a voter from Johnson county. I write to you today to ask that you please vote no on SB 63/HB 2071.

I strongly oppose the passage of SB 63/HB 2071. The reason this matter so much to me, frankly, is because if a bill like this had been passed when I was in high school, I can't say I'd still be on this earth today. Taking away young people's choice of what to do with their medical treatment and body in this way is extremely harmful. Gender affirming care saves lives, and I know this because I've seen it save lives. And I've seen blocked access to gender affirming care take lives. Not even having the option to socially transition is absolutely a violation of free speech. It's unjust to limit people in this way, and will hurt many youths who are already at high risk for crisis. Not only would this bill limit the rights of transgender youths in unacceptable ways, but it would also limit the rights of the people who have trans loved ones. A parent has every right to decide with their child and a medical professional what's medically right for them, way more right than the government has to interfere. There are already so many hoops transgender people must jump through to get a transition already, even as adults. Please make it possible for the people already willing to jump through these hoops to get the medical care they need and deserve.

Once again, I thank you sincerely for hearing me. I encourage you all to please vote no on the passage of SB63 / HB2071. Thank you.

Testimony for the Record
KS House Committee on Health and Human Services
In OPPOSITION to HB 2071 and SB 63
01/28/2025
Written by Greyson Harmon

Chair Representative Landwehr, Ranking Member Representative Ruiz, and members of the committee, I thank you for the opportunity to share my thoughts and experience with you regarding House Bill 2071 and Senate Bill 63 today. The care and well-being of children has been my career for 5 years, and the discussions around Transgender children and Gender Dysphoria have been at the forefront of my time in Child Welfare.

I began my career in the Department for Children and Families as a Child Protection Specialist, then moved to being a Kinship Care Coordinator with KVC, contracted through the Department for Children and Families and working primarily with children placed in the custody of the State.

I have worked directly with children House Bill 2071 and Senate Bill 63 would impact. I have been in the homes of friends, family, and virtual strangers who have opened their homes to take care of the children House Bill 2071 and Senate Bill 63 would impact. I have heard the stories of bullying at school. I have heard first hand how something as simple as a wig or a haircut has drastically improved a child's confidence in themselves. I have seen children on the verge of becoming adults fight tooth and nail for the services, medical and mental health wise, these two bills seek to ban.

A study conducted by Lee, Hobbs, Hobaica, Dechants, Price, and Nath published in Nature Human Behavior in 2024, stated that following bills - such as House Bill 2071 and Senate Bill 63 - "there were statistically significant increases in rates of past-year suicide attempts among [Transgender and Non-Binary] youth ages 13-17 in states that enacted anti-transgender laws" (Lee et al, 2024). Bills like House Bill 2071 and Senate Bill 63 push children into attempting suicide.

House Bill 2071 and Senate Bill 63 mention punishments and prohibitions on medical professionals for treating patients whose preferred gender does not match their sex assigned at birth. In 2023, 58% of Kansas rural hospitals were at risk of closing according to an article published by the Kansas Reflector. My father works for a hospital and is contracted to care for high school student athletes. These bills would ask doctors and other hospital employees to choose between an oath they made to do no harm or jeopardizing already struggling hospitals' ability to render aid to their communities.

I am not a doctor. I will not be asked to make that choice should you support these two bills. But I will see the fallout of these decisions. I have already seen children abandoned by their families for something that is not their fault or within their control. I have already seen children who have not received the mental and physical help they need when they need it most. I have seen

Kansas be reprimanded by the courts for our already overtaxed mental health services. And I have already seen this cost us the lives of our children.

In Child Welfare, when a child is removed from family we are instructed to conduct a case in the manner least restrictive to the child and their family. So I implore you to consider following those same guidelines. Let children, their families, and their doctors address their physical and mental health needs without the State restricting their options. Allow children the same rights to Life, Liberty, and the Pursuit of Happiness. Cast your vote in opposition to HB 2071 and SB 63.

Thank you for your time and consideration,
Greyson Harmon

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

BILL NUMBER: HB 2071

Support _____ Oppose ___X___ Neutral _____

Testimony Will Be: In Person Oral _____ Webex Oral _____ Written Only ___ X ___

For Meeting on: Tuesday, January 28th

Testimony By: Hannah Howard

On Behalf Of: Individual

Email Address: hannahhoward916@gmail.com

Telephone: 913-952-5224

January 28, 2025

Testimony to the House Health and Human Services Committee

Hannah Howard

hannahhoward916@gmail.com

HB 2071

Opponent

Written Only

Dear Chair & members of the committee,

I am writing to voice my opposition to bill HB 2071.

As a Kansas resident, I'm deeply concerned about the overreach outlined in this bill. It would interfere with personal decisions that should remain private between a family, a patient, and a medical provider. Every family has the right to make decisions about healthcare without government interference.

This bill has already been proposed before and failed last year due to its overly broad scope, extending beyond healthcare into areas like public employees. It fails to define key phrases and terms like "promote or advocate the use of social transitioning", which means it could affect not just healthcare professionals, but also school counselors, teachers, daycare providers, and other public employees who interact with transgender youth.

I'm particularly worried that this would burden staff who play a crucial role in supporting all young people's well-being. It would put public employees and healthcare providers in a position of fear, facing interrogation or accusations for simply doing their jobs. This overreach would impact all youth, pulling resources away from essential services like counseling, education, healthcare, and childcare.

Moreover, bills like this cause harm to life. State-level anti-transgender laws, just like these, increased past year-suicide attempts up to 72% among transgender and nonbinary youth ([Nature Human Behavior](#)). Additionally, the CDC has reported that one in four transgender youth have attempted suicide due to health disparities ([CDC, 2023](#)). These young people already face significant disparities in health and education, including higher rates of violence and discrimination at school, when compared to their peers.

In conclusion, decisions regarding a person's healthcare should remain between patients, their families, and their doctors—not politicians. This bill seeks to bring the government into private medical choices and creates unnecessary fear for those who work with youth. I appreciate you listening to my perspective on this matter, and I strongly urge you to vote against HB 2071.

Sincerely,

Hannah Howard



Merriam, KS

Heather Fiore
Private citizen
Hfiore03@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chair and Committee Members, thank you for considering my thoughts. My name is Heather Fiore, and I'm a voter in Douglas county. I am writing to ask you to vote no on SB 63/ HB 2071.

As the parent of a trans teen, I reserve the right to make medical decisions for my child with my child and her medical team. I'm additionally concerned about the additional obstacles and hardships employees of the state and institutions run by it will experience as a result of this law. Teachers work hard enough!

I would also like to point out that suppressing social transition does nothing to help youth but instead actively harms them. The evidence is clear on this point. Gender affirming care is life saving.

Thank you for your time. Please do the right thing and vote no on SB 63/ HB 2071

Heather Kullman
PRIVATE CITIZEN
nekekull@gmail.com
1/24/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Heather Kullman and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

Transgender people have been targets for straight men throughout history, it's well documented. And Transgender women are already the most at risk to fall to violence, because often sometimes misunderstood and have little support. They are a number one target for phobic men, who will dish out violence or worse, because they're betting that no one will care. Bad men will use the passing of this bill, to justify hurting people, in all kinds of ways; that's a fact.

I remember knowing a transgender woman when I was a teenager working at a coffee shop, back in the 80's. When I look back, I am proud that she came to our place, because now I realize she felt safe there. My elders, in our restaurant, would never have tolerated someone harassing a customer. And I would have removed anyone who dared such a thing, most unkindly. We taught people how to act with consequences.

This bill will threaten people's lives, and give uninformed and unethical people a leg to stand on, to bully, by taking some of those consequences away. There will be unlawful vigilantism, against a perceived threat, where no threat exists. In short, this bill will lead to even more violence against transgender people. Kansas legislature should stop making people's clothes, and doctor visits, and sexual preferences their business, before unforeseen consequences emerge. And they will, because all this is none of the government's business.

Today, I am insisting on ethical treatment for all Kansans. We live and we let live, that's how we have a peaceful society. Please stop making people's personal lives political. It's wrong.

Once again, I thank you all for hearing my story and thoughts on this bill, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you.

Hebah Amin-Headley
10014 W 92nd Pl
Overland Park, KS 66212
816-872-4927
hebah.amin@gmail.com

Subject: Protect Kansas families. Oppose HB 2071.

Dear Madam Chair and Committee on Public Health and Welfare,

I am providing my testimony as a Kansan and parent and asking you to vote against House Bill 2071, which seeks to deprive Kansan parents of being able to make decisions in the interests of their children's wellbeing, in a massive governmental overreach.

An estimated 14,500 Kansans are transgender (and approximately 2000 of those are teenagers), making up just under half a percent of the Kansas population, yet bills like this one form an outsized presence in our state legislature, and they deprive Kansan parents of the ability to support their children. I don't know who my kid will grow up to be yet, but as a parent, it is my job to seek the best medical care and support for my child; I have chosen a medical team I trust, with the assumption that they provide all possible options for care. And make no mistake - trans-affirming health care is life saving.

I do not want to live in a state where my health care professional is forbidden by law to help come up with a plan for care if my child does have the courage to come out as transgender in a world where that makes a person an instant political scapegoat, where teachers must misgender a child who had the courage to come out as their true self, where if I ever lose the health insurance provided by my employer, my state benefits would deny my child life-saving care. I don't know what my child's future holds, but I don't want to live in a state where big government has made the care professionals in my child's life either afraid or unable to provide needed care. Broad legislature like this is intended to sow confusion and discord, and innocent people will be hurt by it.

We live in a moment where it is politically expedient to promote legislation like HB 2071 instead of dealing with issues that impact all Kansans. Please focus on priorities that actually impact child wellbeing - like funding education and healthcare, to name a couple obvious ones - not blocking life-saving healthcare in an agenda being promoted by a radical fringe.

Thank you for your consideration,
Hebah Amin-Headley
Kansas House District 22

Written Testimony for Hearing on HB2071

January 26, 2025

Dear House Health and Human Services Committee,

I am writing to voice my opposition to HB2071. I am a lifelong Kansan, and I have a transgender child who benefits greatly from receiving supportive care from all of their healthcare providers, including their therapist, primary care doctor, and more.

Our child identifies as non-binary and are not receiving hormone treatments, but they do receive care that helps them make sense of their experience of life so they can be mentally healthy. Their identification as non-binary harms no one, yet this bill would harm them and others because it would prohibit their healthcare providers from addressing their health fully and accurately.

I support health care freedom and privacy and believe doctors and patients should have the freedom to privately discuss and manage patients' health in all matters. I request that you vote no on HB2071.

Sincerely,

Holly Krebs

A handwritten signature in cursive script that reads "Holly Krebs". The signature is written in black ink and is positioned below the typed name.

Hunter Squires
Private Citizen
huntersquires4@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for considering my thoughts regarding HB 2071. My name is Hunter Squires and I am a citizen of Shawnee County. I am writing today to urge the committee to vote no on HB 2071.

One of my greatest concerns with government today is legislative overreach. My view, and the view of many Kansans is that the state should minimally interfere in the lives of private citizens like myself. Kansas citizens should be able to make medical decisions without government officials placing themselves between a patient and a doctor. I trust the legislature to create necessary laws that structure society, but this bill is not necessary to the structure of Kansas. I trust the doctors of our state to accurately and in good faith advise proper treatment for their patients.

Once again, I thank you all for hearing my thoughts on this bill, and I strongly encourage you to prevent governmental overreach and vote no on the passage of HB 2071. Thank you for your time and consideration.

January 28, 2025

Testimony to the House Committee on Health and Human Services

Ian Brannan

Private Citizen

idbrannan@yahoo.com

HB 2071, Enacting the help not harm act to restrict the use of state funds to promote gender transitioning, prohibit healthcare providers from providing gender transition whose gender identity is inconsistent with the child's sex, authorize a civil cause of action against healthcare providers for providing such treatments, require professional discipline against a healthcare provider who performs such treatment and prohibit professional liability insurance from covering damages for healthcare providers that provide gender transition treatment to children and adding violation of the act to the definition of unprofessional conduct for physicians.

Proponent

Written only testimony

Chair Carpenter and members of the committee,

I am writing to voice my support for HB 2071. As a concerned member of the LGBT community in Kansas, it is well understood that the transitioning of youths in our state is not only happening, but also dangerous.

When this issue first arose, studies suggested that this type of intervention for young people was a positive thing. However, as time has continued, those studies have been debunked, lacking credible evidence and failing to reach the gold standard in scientific research. Supporters of transitioning minors may continue to reference studies for their talking points, but please remember these studies are of low quality and go against what newer, higher quality studies suggest.

Since 2022, the American Academy of Pediatrics (AAP) has taken a more nuanced approach to this issue, even removing from their website an abstract for a study presented at the 2021 American Academy of Pediatrics National Conference and Exhibition that found “no effect on generalized anxiety over the 12-month study period”.

Another 2021 study examining 44 12- to 15-year-olds that were put on puberty blockers suggested there were “no changes in psychological function.” This study was re-analyzed in 2023 as the original data was “deemed ‘low quality’ by the UK National Institute of Health and Care Excellence.” The re-analyses showed that the mental health of 34 percent of the children had reliably deteriorated while another 37 percent saw no change in their mental health when taking puberty blockers.

There are many other examples I could provide, and if someone is a health professional with such focus as gender transitions, they should be aware of such issues. As it stands currently, Kansas has legal medical malpractice under the guise of “LGBT inclusivity” and as an LGBT Kansan, I urge you to understand that that is wrong.

I respectfully ask that you please vote 'yes' on HB 2071.

Ian Brannan
Topeka, KS

Iridescent Roney
Private Citizen
iridescent.sylva@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Iridescent Roney and I am a voter in Douglas County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

I urge the Senate Committee on Public Health and Welfare to listen to medical professionals and queer/transgender resource organizations. There is a lot of misinformation that has been shared with the legislature historically. Below is a plethora of studies and statements of support from many trusted major medical organizations. What I have shared in this document is a fraction of resources and studies available that speak to the safety and necessity of gender affirming care. Before pushing legislation that will negatively impact transgender youth and their families it is imperative that this committee review the science and listen to experts in this field-not out of state hate groups. Before I begin sharing the resources below I do have a couple of constitutional questions that I believe this committee needs to highly consider:

The first question I have is this. What if a child moves to Kansas from out of state, already socially transitioned, including an amended birth certificate from their birth state, will the state of Kansas recognize them as they identify or will the state of Kansas violate the US Constitution Article IV, Section 1 which requires each state to give full faith and credit to what other states have done?

The US Constitution Article IV, Section 1 reads "Full Faith and Credit shall be given in each State to the public Acts, Records, and judicial proceedings of every other State. And the Congress may by general laws prescribe the manner in which such Acts, Records, and Proceedings shall be proved, and the Effect thereof".

Under this legislation if a parent of a transgender child taught or worked at the same school as their child, they would be forced by the state to misgender their own child. This would infringe upon a parent's ability to raise and support their child- not to mention the emotional and mental trauma this would create for both parent and child.

An additional consideration- should the bill be amended to follow the US Constitution and carve out exceptions for people coming from out of state: That would make the state of Kansas liable to be sued under the 14th Amendment regarding equal protection under the law.

The question is- does the state of Kansas really want to put itself up for such a legal battle?

Studies and Statements in Support of Gender Affirming Care for Minors Begin On The Next Page.

1. The World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. 7th Version.

Link: https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf

1. Public Policy and WPATH Statement of Support “Health is promoted through public policies and legal reforms that promote tolerance and equity for gender and sexual diversity and that eliminate prejudice, discrimination, and stigma. WPATH is committed for these changes in public policies and legal reforms” p.1-2

2. WPATH’s Standards of care and their benefits. “These principles include the following: “Exhibit respect for patients with nonconforming gender identities (do not pathologize differences in gender identity or expression); provide care (or refer to knowledgeable colleagues) that affirms patients’ gender identities and reduces the distress of gender dysphoria, when present; become knowledgeable about the health care needs of transsexual, transgender, and gender nonconforming people, including the benefits and risks of treatment options for gender dysphoria; match the treatment approach to the specific needs of patients, particularly their goals for gender expression and need for relief from gender dysphoria; facilitate access to appropriate care; seek patients’ informed consent before providing treatment; offer continuity of care; and be prepared to support and advocate for patients within their families and communities (schools, workplaces, and other settings)” p.3

3. Care is needed to combat stigma which lead to prejudice and discrimination. See “Minority Stress”. “Unfortunately, there is stigma attached to gender nonconformity in many societies around the world. Such stigma can lead to prejudice and discrimination, resulting in “minority stress” (I. H. Meyer, 2003). Minority stress is unique (additive to general stressors experienced by all people), socially based, and chronic, and may make transsexual, transgender, and gender nonconforming individuals more vulnerable to developing mental health concerns such as anxiety and depression (Institute of Medicine, 2011). In addition to prejudice and discrimination in society at large, stigma can contribute to abuse and neglect in one’s relationships with peers and family members, which in turn can lead to psychological distress. However, these symptoms are socially induced and are not inherent to being transsexual, transgender, or gender nonconforming.” p.4

4. Fully Reversible Interventions “Two goals justify intervention with puberty suppressing hormones: (i) their use gives adolescents more time to explore their gender nonconformity and other developmental issues; and (ii) their use may facilitate transition by preventing the

development of sex characteristics that are difficult or impossible to reverse if adolescents continue on to pursue sex reassignment. Puberty suppression may continue for a few years, at which time a decision is made to either discontinue all hormone therapy or transition to a feminizing/masculinizing hormone regimen. Pubertal suppression does not inevitably lead to social transition or to sex reassignment.” p.18-19

Risks of Withholding Medical Treatment for Adolescents Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence (Nuttbrock et al., 2010), withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.” p. 21

Medical Necessity of Hormone Therapy Feminizing/masculinizing hormone therapy – the administration of exogenous endocrine agents to induce feminizing or masculinizing changes – is a medically necessary intervention for many transsexual, transgender, and gender nonconforming individuals with gender dysphoria (Newfield, Hart, Dibble, & Kohler, 2006; Pfäfflin & Junge, 1998)... Hormone therapy can provide significant comfort to patients who do not wish to make a social gender role transition or undergo surgery, or who are unable to do so (Meyer III, 2009). P.33]

Lifelong Preventive and Primary Care is a Necessity Transsexual, transgender, and gender nonconforming people need health care throughout their lives. For example, to avoid the negative secondary effects of having a gonadectomy at a relatively young age and/or receiving long-term, high-dose hormone therapy, patients need thorough medical care by providers experienced in primary care and transgender health. If one provider is not able to provide all services, ongoing communication among providers is essential. Primary care and health maintenance issues should be addressed before, during, and after any possible changes in gender role and medical interventions to alleviate gender dysphoria. While hormone providers and surgeons play important roles in preventive care, every transsexual, transgender, and gender nonconforming person should partner with a primary care provider for overall health care needs (Feldman, 2007).

2.Human Rights Foundation: Get The Facts on Gender-Affirming Care

Link: <https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care>

1.The Effects of Disinformation “State legislatures, governors and administrative agencies across the country are taking steps to eliminate access to gender-affirming care — medically necessary, safe health care backed by decades of research and supported by every major medical association representing over 1.3 million U.S. doctors. Some are even going as far as to accuse parents who support their transgender children of child abuse. Those backing these bills are also seeking to ban this care for adults.A concerted disinformation campaign is not only behind discriminatory laws but is fueling threats and violence against providers of gender-affirming care, preventing them from supporting the communities they are meant to serve” (found in introduction).

2.Gender Affirming Care is Life Saving Care “Gender-affirming care, sometimes referred to as transition-related care, is life-saving healthcare for transgender people of all ages. It is not a

single category of services but instead is a range of services, including mental health care, medical care, and social services. At all ages, clear, well-established, evidence-based standards of care exist for who can access what form of gender affirming care, and when they are eligible to receive it.” (found under “What exactly is gender-affirming care?”)

3. Gender Affirming Care Is Safe, Evidence Based, and Age Appropriate “Gender affirming care is always delivered in age-appropriate, evidence-based ways, and decisions to provide care are made in consultation with doctors and parents. Collectively representing more than 1.3 million doctors across the United States, every major medical and mental health organization — including the American Medical Association, the American Academy of Pediatrics, and the American Psychological Association — recognizes that it is medically necessary to support people in affirming their gender identity.” (found under “What exactly is gender-affirming care?”)

4. Childhood Gender Affirming Care “transgender and non-binary people who begin transitioning during childhood or adolescence work closely with parents and health care providers — including mental health providers — to determine which changes to make at a given time that are age-appropriate and in the best interest of the child. At all stages, parents, young people and medical professionals make decisions together, and no permanent medical interventions happen until a transgender person is old enough to give truly informed consent. Prior to puberty, transition is entirely social, and may involve changing names, pronouns, clothing, and hairstyles. During and after puberty, some medical treatments may be available, but only after significant consideration and consultation between the youth, their families and their health care providers. (found in section, “What does it mean for children to transition? Aren’t they too young to do so?”)

5. Puberty Blockers are safe, fully reversible, and life saving. “Puberty blockers are safe. They were approved by the FDA to treat precocious puberty in cisgender youth in 1993, citing minimal side effects and high efficacy; 30 years later, puberty blockers remain the gold standard treatment for precocious puberty in cisgender youth. All youth who are taking puberty blockers — cisgender or transgender — are monitored by their care team for any side effects or complications. Puberty blockers are fully reversible. If a person stops taking puberty blockers, normal puberty will resume, with minimal long-term effects, if any. While there may be some loss of bone mineral density, this can be easily addressed with calcium and vitamin D supplements. Previous research has also shown that cisgender youth who take puberty blockers for precocious puberty have normal fertility and reproductive function. Puberty blockers can also be life-saving: Previous studies have found that transgender and non-binary youth who are able to receive puberty blockers report positive psychosocial impacts, including increased well-being and decreased depression. Other recent studies have found that receipt of puberty blockers can dramatically reduce risk of suicidality — in some cases by over 70% — among transgender youth, compared to those who were unable to access desired treatment.” (found in section, “What are puberty blockers? Why are they used? Are they safe?”)

6. Gender Affirming Hormones Are Typically Not Prescribed until a person is at least 18 years old “Gender affirming hormones are typically not prescribed until a person is at least 18 years old. Though adolescents may receive gender-affirming hormones starting in their late teens, this is only done with physician approval, parental consent and informed consent from the adolescent in question, and is typically reserved for those adolescents who have been on

puberty blockers and/or socially transitioned for some time.” (found under section, “What are cross-sex hormones or gender-affirming hormones? Why are they used? Are they safe?)

7. “Gender affirming hormones are safe in both youth and adults with provider supervision and appropriate management. Depending how long a person has been taking gender-affirming hormones, the effects may be fully or partially reversible as well. The informed consent process involves discussions about side effects and benefits—as with any informed consent process for medication or treatments—including discussions about fertility.” (found under section, “What are cross-sex hormones or gender-affirming hormones? Why are they used? Are they safe?)

8. Every Single Major Medical Organization Support Gender Affirming Care “Every single major medical organization, including the American Academy of Pediatrics, the American Medical Association and the American Psychiatric Association, supports the provision of age-appropriate, gender-affirming care for transgender and non-binary people. These organizations represent millions of doctors, researchers and mental health professionals in the United States. Gender-affirming care has always existed and isn’t a new phenomenon — it’s just that in recent years, extremist politicians have made it into an issue for their own self-gain.” (found under section, “What do doctors have to say about gender affirming care? Do they think it’s necessary?”)

9. Being Trans is Not a Trend or “Social Contagion” or New “Being transgender is not new. Transgender people have always existed and will continue to exist regardless of harmful laws that pass.

One thing that has changed is that people are more willing to be out about their gender identity (and sexual orientation) and live openly as LGBTQ+ in all facets of their lives. This is happening because transgender people feel safer about coming out. Public support for LGBTQ+ rights, and acceptance of LGBTQ+ people, are the highest they’ve ever been.

Another thing that has changed is people’s awareness of transgender people and gender identity. As transgender people become more visible, and willing to live openly as their authentic selves, people are simply seeing more depictions of transgender people — and encountering more transgender people in their lives.

It is also true that people are openly identifying as LGBTQ+ at younger ages. But this is because, in addition to rising national support for pro-equality policies overall, on average, younger age groups hold more pro-equality, LGBTQ+ affirming attitudes and beliefs than older generations. This shift creates a cycle where:

Higher acceptance leads more people to come out

More people coming out increases visibility of LGBTQ+ people

Increased visibility leads to increased acceptance

Increased acceptance leads more people to feel safe coming out

(all this information was found under the section, “Are people transitioning because it’s trendy? It feels like everyone is transgender all of a sudden?”)

This is a right-wing theory known as “rapid onset gender dysphoria” or “social contagion” — and it has been thoroughly debunked. The American Psychological Association, the American Psychiatric Association and over 120 other medical associations issued a position statement calling for eliminating the use of this term as a diagnosis, based on a “lack of rigorous empirical support for its existence” and “its likelihood of contributing to harm and mental health burden.”

The statement also specifically calls out laws which use this debunked theory to justify anti-trans

legislation. (found under section, “Are kids transitioning because of social media, or because their friends are also transitioning?”)

10. Detransition and regret rates are extremely low. “Previous studies have found that de-transitioning is quite rare —with some studies finding levels of de-transition and regret as low as 1% or 2%. Transgender youth who meet criteria for gender dysphoria and who undergo social or medical transition are actually the least likely to de-transition — and those vast majority of transgender youth remain consistent and persistent in their gender identity over time: One recent study, published in the Academic Journal of Pediatrics, followed over 300 transgender youth after first initiating social transition, and found that over 92% remained consistent and persistent in their gender identity 5 years later.” (found in section, “What if someone transitions and then they change their mind about it? Don’t a lot of people detransition?”)

11. These laws are not about the safety of kids- it's discrimination. “These laws are not about safety — as the safety, efficacy and life-saving nature of gender-affirming care for transgender and non-binary youth and adults is clear. Instead, in ignoring a wealth of scientific evidence and overwhelming support from the medical community, these legislators are attempting to enshrine discrimination into law. Rather than protecting kids, these laws are preventing parents and young people from making informed medical decisions, and doctors and health care providers from providing best-practice care to their patients.” (found in section, “But what about legislators who say they’re protecting kids with laws about gender-affirming care?”)

3. Gender-affirming Care for Transgender Patients Innovations in Clinical Neuroscience: A peer-reviewed journal providing evidence-based information

Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9341318/>

Abstract: Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, plus (LGBTQIA+ or LGBTQ+) individuals face a wide array of health disparities both within and separate from the healthcare system. Transgender patients are subject to microaggressions, misgendering, and harassment from providers, medical staff, and fellow patients. These patients experience drastic disparities in suicidality, depression, anxiety, substance use, malignancy, sexually transmitted disease (STD), and victimization of violence. Providers have the opportunity to intervene and positively impact patient experiences through gender-affirming care, but they first require an adequate knowledge base and understanding of the importance of sensitive and inclusive care. Seemingly small interventions, such as listing one’s own pronouns, using gender-neutral language, validating and affirming patients, and utilizing appropriate mental and physical health screenings, can lead to significant impacts on the patient experience, health outcomes, and quality of life. This article will discuss some of the most common disparities and obstacles faced by transgender patients and will argue the paramount role of the provider in establishing gender-affirming care and some high-impact avenues which the provider, regardless of specialty, may pursue when caring for these patients.

1. Effects on Gender Expression “For various reasons, including but not limited to comfort, safety, self-realization, laws, institutional guidelines, and conformity to social norms, the gender expression of a person may not necessarily correlate to their gender identity.” (Found in 2nd to last paragraph of the introduction)

2. Mortality Rates for Transgender People as a Result of Violence “Furthermore, increased rates of IPV and physical and sexual abuse in this population may additionally trigger posttraumatic stress disorder (PTSD) or secondary trauma.¹³ Tragically, mortality from violence is significant among this population, particularly in further intersectionalities. Some studies estimate that up to 93 percent of transgender homicide victims in the US are Black or Latinx transgender women. Their homicide rates are even higher than cisgender Black and Latina women, even though they represent a smaller population.⁸ Trauma-informed care and sensitive exams should thus be a pillar of treatment for all patients, but especially for this population.” (found in section, Practice Point: Addressing Appropriate Screening and Preventative Healthcare in Transgender Patients)

3. Lack of Care, Homophobia/Transphobia Are Chronic Stressors “Substance use disorders originate from biopsychosocial etiologies and often begin as coping mechanisms or self-treatment for abuse or psychiatric illness.¹³ Transphobia and homophobia lead to chronic stressors and stigma playing into the minority stress model; this frequently progresses to coping mechanisms becoming increasingly maladaptive, often resulting in high-risk substance use and sexual behavior. (found in section, Practice Point: Addressing Mental Health Issues in Transgender Patients)

4. Importance of Patient-Caretaker Relationships “Furthermore, a trusting and effective provider-patient relationship, formal or informal psychotherapy and cognitive-behavioral therapy (CBT), and affirmative care are effective in reducing symptoms of anxiety, depression, and hypervigilance and further foster patient agency with improved long-term physical and mental health.¹⁴ (found in section, Practice Point: Addressing Mental Health Issues in Transgender Patients)

5. Trans Children are not just “in a phase” “Gender exploration is thus a normal facet of social development. This does not, however, suggest that a child or adolescent who identifies as a specific gender is merely exploring these identities, but rather, that they may have already begun to establish their identity. Nearly all cisgender children will begin to identify with their assigned sex by the age of 3 years, with corresponding gender expression based on their playmates, toys, and clothing.²¹ Research supports that development of gender identity in most individuals, whether cisgender or transgender, becomes noticeable and stable between the ages of 3 and 8 years old. (Found under section, “Practice Point: Transgender Patients in Pediatrics”)

6. Gender Affirming Care Decreases Anxiety and Depression Among Trans Kids “The research indicates, however, that transgender and gender minority children who receive meaningful gender identity support may not be prone to the increased prevalence of anxiety and depression.²²” (Found under section, “Practice Point: Transgender Patients in Pediatrics”)

7. Gender Affirming Surgeries Prevent Sexual Assault “Nonaccess to gender-affirming surgery has been shown to confer 73-percent greater odds of SAs in transgender patients.¹⁶ Indeed, the literature suggests that one of the most significant interventions by which providers may assist patients is letter writing. Both hormone therapy and gender-affirming surgery are often difficult for patients to access or obtain, frequently due to legal red tape or insurance requirements.”

8. Conclusions from Study “Gender-affirming care has consistently been shown to improve quality of life, improve health outcomes, and reduce rates of SI and SAs. Healthcare providers

and medical staff, regardless of field or specialty, have the opportunity and responsibility to provide sensitive and gender-affirming care and hold the power to positively influence patient quality of life and even life expectancy... Gender-affirming care starts the moment that the patient schedules or considers scheduling an appointment, but must continue through every interaction, great or small, thereafter.” (found in section “Conclusions”)

4. US Department of Health and Human Services Guide on: Gender Affirming Care and Young People

Link: <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf>

Gender Affirming Care is Crucial For Health and Wellbeing “For transgender and nonbinary children and adolescents, early gender affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system.”

Research Shows Gender Affirming Care is Good for Mental Health “Research demonstrates that gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents. Because gender-affirming care encompasses many facets of healthcare needs and support, it has been shown to increase positive outcomes for transgender and nonbinary children and adolescents.”

Over 50% of LGBTQIA+ Children Contemplated Suicide in 2020 “The Trevor Project’s 2021 National Survey on LGBTQ Youth Mental Health found that 52 percent of LGBTQ youth seriously considered attempting suicide in the past year.”

5. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care

Link: <https://pubmed.ncbi.nlm.nih.gov/35212746/>

Findings: “ In this prospective cohort of 104 Trans and Nonbinary youths aged 13-30 years, receipt of gender affirming care, including puberty blockers and gender-affirming hormones, was associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12 month follow up” (found in Key Points box on p. 1)

Legislation targeting gender affirming care will have a negative impact on trans and nonbinary kids. “ Our study provides quantitative evidence that access to puberty blocker or gender affirming hormones in a multidisciplinary gender-affirming setting was associated with mental health improvements among trans and nonbinary youths over a relatively short time frame of 1 year... Our findings have important policy implications, suggesting that the recent wave of legislation restricting access to gender-affirming care may have significant negative outcomes in the well-being of trans and nonbinary youths.” (found under conclusions section, p. 10)

6. Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study

American Journal of Psychiatry

Link: <https://pubmed.ncbi.nlm.nih.gov/31581798/>

Conclusions: “In the first total population study of transgender individuals with a gender incongruence diagnosis, the longitudinal association between gender-affirming surgery and

reduced likelihood of mental health treatment lends support to the decision to provide gender-affirming surgeries to transgender individual who seek them” (p. 727)

Mood and Anxiety Disorders are improved with gender affirming hormones and surgical treatment “ In analyses adjusted for sociodemographic factors, those diagnosed with gender incongruence were about six times as likely to have had a health care visit due to a mood or anxiety disorder in 2015, more than three times as likely to have received prescriptions for antidepressant and anxiolytic medication in 2015, and more than six times as likely to have been hospitalized after a suicide attempt.” (p. 730)

“Specifically, the likelihood of being treated for a mood or anxiety disorder was reduced by 8% from each year since last gender affirming surgery” (p.730)

Lack of coverage for Gender Affirming Treatment has lasting negative effects on transgender and nonbinary people. “Therefore, in many contexts around the world, lack of coverage for gender-affirming treatments drive the use of non-medically supervised hormones and surgeries, thereby exacerbating physical health risks and the other epidemics disproportionately borne by the global transgender population, including suicide and HIV infection. The longitudinal association found in the present study between gender-affirming surgery and reduced mental health treatment utilization, combined with the physical and mental health risks of surgery denial, supports policies that provide gender-affirming surgeries to transgender individuals who seek such treatments” (p.733)

7. Medical Association Statements in Support of Health Care for Transgender People and Youth Link:

<https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/>

1. The following organizations have issued statements in support of health care for transgender people and youth:

- American Academy of Child and Adolescent Psychiatry
- American Academy of Dermatology
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American Medical Association
- American Nurses Association
- American Association of Clinical Endocrinology
- American Association of Geriatric Psychiatry
- American College Health Association
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Counseling Association
- American Heart Association
- American Medical Student Association
- American Psychiatric Association
- American Society of Plastic Surgeons
- American Society for Reproductive Medicine
- American Urological Association

Endocrine Society
Federation of Pediatric Organizations
GLMA: Health Professionals Advancing LGBTQ Equality
The Journal of the American Medical Association
National Association of Nurse Practitioners in Women's Health
National Association of Social Workers
Ohio Children's Hospital
Pediatric Endocrine Society
Pediatrics (Journal of the American Academy of Pediatrics) and Seattle Children's Hospital
Texas Medical Association
Texas Pediatric Society
United States Professional Association for Transgender Health (USPATH)
World Health Organization (WHO)
World Medical Association
World Professional Association for Transgender Health
2.The American Medical Association passed a resolution to protect evidence-based care for transgender and gender-diverse youth in June 2023. This resolution was co sponsored by:
The American Academy of Pediatrics
The American College of Obstetricians and Gynecologists
The American Urological Association
The American Society for Reproductive Medicine
The American College of Physicians
The American Association of Clinical Endocrinology
GLMA: Health Professionals Advancing LGBTQ+ Equality
The AMA's Medical Student Section

Once again, I thank you all for hearing my story and thoughts on this bill, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Voting for this bill puts trans kids and their families in harm's way. This has been made apparent to your committee year after year. Should you chose to vote for this bill, you will have blood on your hands. Thank you.

Isaac Johnson
Private Citizen
sgtsalt98@gmail.com
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for allowing me the time to speak on HB 2071. My name is Isaac Johnson and I am an LMSW who lives in Douglas County. Today, I am encouraging the committee to vote no on HB 2071.

I became a social worker because of the struggles I faced in childhood. I specialized in school social work and spent two internships working with youth between 5 and 16. Many of the children I worked with came from incredibly traumatic backgrounds. To them, I was one of the only adults they trusted. I gained their trust by allowing them to ask questions and discuss concerns without any judgement.

Withholding judgement does not mean unconditional support. It means that they understood that I would not become angry or refuse to listen to them. This approach is what establishes the working relationship that influences them to make decisions that help instead of harm. Not only is this a successful approach, but it's an obligatory one. The NASW Code of Ethics, which I follow as a social worker, mandates respect for all people and their autonomy.

However, I am concerned that HB 2071 would contradict my ethical obligations and hinder working relationships with youth. The mention of First Amendment rights in the bill does not explain what is and isn't protected. For example, a boy I worked with often enjoyed traditionally feminine things. If he came into school one day wearing girl's clothes and asked me what I thought of his outfit, would I be "promoting" social transitioning if I complimented him? Does the answer change when you know that he identified as trans before I knew him, but not any more?

Even if this seems like a silly point, the text of the bill is too vague to get clear answers. Although this bill is called the Help Not Harm Act, I worry that it will do far more harm than help. It introduces a new minefield for those of us who work with children in state-run agencies and buildings to navigate. The consequence of this is pushing away youth in need in an effort to avoid punishment. This, in turn, only increases their sense of alienation, depression, and risk of making harmful decisions. I know this from personal experience as a suicidal child always in search of a safe adult.

In short, I encourage you to vote no on the passage of HB 2071 to protect the well-being of children and the ability of adults to work successfully with them. Thank you all once again for allowing me to speak.

**IVAN ABDOUCH, MD
DO NO HARM ACTION
WRITTEN TESTIMONY, PROPONENT – HB 2071 HELP NOT HARM
KANSAS HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES
JANUARY 28, 2025**

My name is Dr. Ivan Abdouch. I spent 30 years treating and advocating for transgender individuals of all ages and I want to clearly state that medical and surgical sex or gender manipulation (erroneously referred to as “gender affirming”) is never appropriate in children – so I am in support of SB 63 and any laws anywhere that ban this practice.

I received my MD in 1977 and retired in 2019. I became the medical director for the Omaha Gender Identity Team in 1988 and I continued to provide gender management for the next 30 years. Ours was a multidisciplinary group that included highly regarded psychiatrists, psychologists, therapists, social service and various other ancillary supports. We cared for transgender individuals of all ages from several Midwest states – including Kansas – because no one else in the area provided that service at the time.

The purpose of my testimony is not to cite articles and statistics to prove a point. There are already more than enough people from both sides of this debate providing the world with a dizzying array of studies, data, interpretations, nebulous concepts, accusations, name-calling, and outright hostility.

Instead, what I offer is something few others can – first-hand eyewitness observations from someone who spent 30 years providing gender management.

My 30 years in the gender management arena should make it obvious that I do not dispute the existence of transgender individuals and the condition of gender dysphoria, nor am I in any way opposed to appropriate management for those in whom it is who truly warranted. I do, however, dispute the way in which the sex and gender issues have been distorted beyond recognition in all ages, and especially in children.

Has anyone else wondered how is it that other medical conditions don't ignite the kind of discord and chaos that we see with gender management? Why are there no pro- and anti- groups going at it over the diagnosis and management diabetes, heart disease, cancer, asthma, cataracts or most any other medical diagnosis and treatment?

I believe that flawed terminology, misconstrued concepts and departure from usual medical practices are at the core of this chaos. Sadly, physicians and even medical organizations with no experience in this arena have blindly followed this misdirection, adding false credibility to this movement.

** So what do I mean by flawed terminology? Here are just six (out of many) examples...

Sex: Medically speaking, this is a classification of a person as male or female, according to their reproductive organs and chromosomes (XX for female and XY for male). It is not “assigned” and removal of the reproductive organs does not change the sex.

Gender: Gender refers to a person's representation as male or female. Gender identity is how the person sees his or her own gender. Gender role is how others see that person's gender. People (including the person himself/herself) often confuse the two.

Transgender: People whose gender identity does not match up with their sex. It is about their internal gender identity, not their outward appearance. Sadly, the word “trans” is used as some all-inclusive term that involves non-transgender people such as drag queens, cross-dressers, autogynephilia, impostors and other non-transgender situations.

Gender dysphoria: This is specifically severe distress caused by feeling that one's gender identity does not match one's sex. The diagnosis is based on specific criteria. One cannot assume that every unhappy person who raises questions about their gender has gender dysphoria. There are at least a dozen conditions that can be mistakenly diagnosed as gender dysphoria.

There are also many euphemisms (indirect words that are substituted for those considered to be too harsh when referring to something unpleasant or embarrassing). A few examples...

Gender affirming: This is not a medical term and doesn't affirm gender. It is a euphemism that has been forced into the language. Without a clear diagnosis of gender dysphoria, treatment might be entirely incorrect and possibly even worsen an undiagnosed condition.

Top surgery and bottom surgery: These are also not medical terms, designed to avoid saying what is really happening – breast amputation, breast implants, penis amputation, creation of an artificial penis, testicle removal, artificial testicle implants, removal of the uterus and ovaries, permanent infertility, etc.

** And what do I mean by misconstrued concepts? I'll offer just three (out of many) examples...

Sex and gender issues: Transgenderism and gender dysphoria can be temporary, especially in children and adolescents but even in adults. Treatment is not for transgenderism and it is not to change the person's sex – it is intended to ease a person's gender dysphoria. Many who are transgender may never experience gender dysphoria and do not seek treatment. Sex is not changed in those who do undergo treatment.

Standards of Care: Reference is continually made to the “World Professional Association for Transgender Health (WPATH) Standards of Care”. First of all, the term “Standards of Care” is a legal term (not a medical term). It refers to the degree of care that a prudent

and reasonable person would exercise under certain circumstances. There is significant disagreement among experts with equivalent knowledge, experience and expertise who are no less “prudent and reasonable” than are members of WPATH. By definition, therefore, any claim to “Standards of Care” by anyone on any side of the debate is arbitrary. The “WPATH Standards of Care” should be viewed only as a single set of “guidelines” proposed by that group for that group, not as a definitive source that is widely accepted by experts. No such definitive source exists.

WPATH history: Based on its history, WPATH is an unreliable source for guidance. In 1979, the Harry Benjamin International Gender Dysphoria Association (HBIGDA) was formed. This was the forerunner of WPATH. From 1979 through 2001, the HBIGDA “Standards of Care” limited hormonal and surgical sex management to majority age or age 18, preferably with parental consent. They also recommended counseling for children and adolescents, and they acknowledged the irreversible effects of hormones. For no clearly justified reason, their 2001 “Standards of Care” began to slip adolescents into the treatment mix and they began to change their stance on hormonal reversibility – but there was no solid evidence to support these changes. After HBIGDA became WPATH in 2007, physicians became outnumbered by non-physicians on the “Standards of Care” committee – non-physicians making medical decisions – and medical/surgical management evolved into what you see today, still with no clear justification.

** Lastly, what about departure from usual medical practices? The so-called “gender-affirming” approach misses the mark at several levels. Here are four (out of many) examples...

Accurate diagnosis: Every medical student is taught that every effort should be made to secure an accurate diagnosis before making a treatment plan. Medical assessments typically incorporate subjective factors (patient history) and objective factors (physician observations and measurable things like test results) to make a diagnosis. While the patient’s account of their symptoms is tremendously valuable in making the diagnosis, patient self-diagnosis has never been considered normal practice. Yet, there are more and more instances reported of “gender-affirming” treatments being employed based on the patient’s self-assessment with no objective evidence. Imagine what would happen if a woman’s breast was removed because she insisted that she felt a lump that she’s sure is cancer and no objective assessment was done to verify that.

Organ or tissue pathology: Other than perhaps some cosmetic procedures, when else in medicine are normal, healthy organs removed from a person?

Benefit vs risk: Every decision in medicine is based on whether the benefits of action outweigh the risks. Everything I’ve discussed up to this point can apply at any age – but the risks of medical and surgical gender management in children and adolescents is especially high because no one – NO ONE – can predict the gender trajectory of a child. Even the flawed WPATH “Standards of Care” acknowledge this. People discuss suicide risk in these kids, but that has not been substantiated. It’s incredibly dangerous to make a life altering decision based on hearsay,

Biases: Much of the support for so-called “gender affirming care” is based on group-think and a number of other biases. I have appended a list of these biases for those who might be interested in knowing more about those.

In the final analysis, it is mandatory that policymakers ask and answer this question ...

What is an acceptable number or percent of children who experience irreversible harm with lifelong effects because of erroneously receiving medical or surgical management?

In this case, any answer more than zero means the decision to proceed with medical or surgical treatment is based on something other than safe medical practices.

I submit that the “least unsafe” management is counseling by a competent therapist.

Sometimes caring means saying “no” – or at least “not yet”.

I’m normally not in favor of government regulation in medicine – but when physicians and parents are willing to risk this kind of potential harm to the kids, someone has to step in.

Please don’t let misdirected beliefs supersede safety.

POTENTIAL BIASES AFFECTING MANAGEMENT

Anchoring: the tendency to perceptually lock on to salient features in the patient's initial presentation too early in the diagnostic process, and failure to adjust this initial impression in the light of later information. This bias may be severely compounded by the *confirmation bias*.

Ascertainment bias: when a physician's thinking is shaped by prior expectation.

Availability cascade: when a collective belief becomes more plausible through increased repetition, e.g. 'I've heard this from several sources so it must be true'.

Bandwagon effect: the tendency for people to believe and do certain things because many others are doing so.

Base-rate neglect: the tendency to ignore the true prevalence of a disease, either inflating or reducing its base-rate, and distorting Bayesian reasoning. However, in some cases clinicians may (consciously or otherwise) deliberately inflate the likelihood of disease, such as in the strategy of 'rule out worst case scenario' to avoid missing a rare but significant diagnosis.

Belief bias: the tendency to accept or reject data depending on one's personal belief system, especially when the focus is on the conclusion and not the premises or data.

Blind spot bias: the general belief physicians may have that they are less susceptible to bias than others due, mostly, to the faith they place in their own introspections.

Commission bias: results from the obligation towards beneficence, in that harm to the patient can only be prevented by active intervention.

Confirmation bias: the tendency to look for confirming evidence to support a diagnosis rather than look for disconfirming evidence to refute it, despite the latter often being more persuasive and definitive.

Déformation professionnelle: once a patient is referred to a specific discipline, the bias within that discipline to look at the patient only from the specialist's perspective is referred to as

Diagnosis Momentum: once diagnostic labels are attached to patients they tend to become stickier and stickier. Through intermediaries, (patients, paramedics, nurses, physicians) what might have started as a possibility gathers increasing momentum until it becomes definite and all other possibilities are excluded.

Ego bias: in medicine, is systematically overestimating the prognosis of one's own patients compared with that of a population of similar patients.

Feedback sanction: making a diagnostic error may carry no immediate consequences as considerable time may elapse before the error is discovered (if ever).

Illusory correlation: the tendency to believe that a causal relationship exists between an action and an effect, often because they are simply juxtaposed in time; assuming that certain groups of people and particular traits go together.

Need for closure: the bias towards drawing a conclusion or making a verdict about something when it is still not definite. It often occurs in the context of making a diagnosis where the clinician may feel obliged to make a specific diagnosis under conditions of time or social pressure, or to escape feelings of doubt or uncertainty.

Overconfidence bias: there is a universal tendency to believe we know more than we do. This is a pervasive and powerful bias. Overconfidence reflects a tendency to act on incomplete information, intuitions or hunches. Too much faith is placed in opinion instead of carefully gathered evidence.

Premature closure: a powerful bias accounting for a high proportion of missed diagnoses. It is the tendency to apply premature closure to the decision making process, accepting a diagnosis before it has been fully verified. The consequences of the bias are reflected in the maxim 'when the diagnosis is made, the thinking stops'.

Sunk costs: the more clinicians invest in a particular diagnosis, the less likely they may be to release it and consider alternatives.

Value bias: physicians may express a stronger likelihood in their decision making for what they hope will happen rather than what they really believe might happen.

Visceral bias: the influence of affective sources of error on decision-making has been widely underestimated. Visceral arousal leads to poor decisions. Countertransference, involving both negative and positive feelings towards patients, may result in diagnoses being missed

J Miles
PRIVATE CITIZEN
Jsefmles@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and members of the committee, thank you for allowing me the time to share my thoughts on HB 2071 today. I am a voter in Jackson County and I am writing to encourage the committee to vote no on HB 2071.

I am a lifelong Kansan and a supporter of parents rights to choose how they raise their children. I am concerned that this bill strips parents of their choice to give medical treatment to their child as they deem necessary. This worries me, not only in this particular instance, but in what it precedent it sets moving forward. I am also concerned that it strips medical providers from offering the best possible treatment to a patient as they and the parents see fit. This, in my mind, is against our founding ideas of liberty for all.

Again, thank you for allowing me to share my thoughts on this bill, and I once again encourage you all to vote no on the passage of HB 2071.

To the KS House:

I am a proud born-and-raised Kansan. However, learning about HB 2071 has made me consider changing my tone. I believe that this bill is an infringement on our First Amendment rights. What happens in a hospital room is nobody's business but a doctor and their patient.

The Kansas Constitution Bill of Rights explicitly states that it "affords protections of the right of personal autonomy". By enacting this bill, it is directly violating the Bill of Rights that we have held sacred as a state.

On a more human note, it places the decision that should be between doctor and patient into the hands of legislators that do not have the medical background required to handle such a sensitive discussion. It's important that all Kansans have the opportunity to receive the same level of the life-saving health care that patients of all types need.

This particular situation may be a small minority of patients, but it is still important that this group receives the same confidentiality and opportunities for care that other patients do. To me, Kansas has always been a free state to be who you want to be. HB 2071 is a direct opposition to the mantra I've grown up believing about our beautiful state.

Please reconsider this harmful bill and make sure that Kansas remains a free state for all people, regardless of race, sexual orientation, political affiliation, and gender identity.

Thank you,

Jack Siebert
Atchison, KS

Jacqueline Lightcap
Private Citizen
jacquielightcap@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chair and Members of the Committee, thank you for taking the time to share testimony on SB 63 / HB 2071. My name is Jacqueline Lightcap and I am a voter in Shawnee County. I am writing today to encourage you to vote no on SB 63 / HB 2071.

Parents, families, and their medical providers should have the freedom to make these kinds of decisions -- not politicians. There are already laws in place to ensure each person receives evidenced-based medical care and informed consent.

This bill is also too broad, potentially making it challenging for our youth to receive the mental health resources they need, especially during this phase of life. Mental health is as important as physical health and we are putting people's overall health at risk with this bill.

While this may be an emerging field of study in many ways, it is also true that every major medical association opposes bills like this. Let's continue to allow those with medical expertise to work with their patients and their families as they navigate these complicated health issues, just as they do with every other medical condition.

Thank you again for reading my words and taking all information into considerations as you evaluate this bill. I encourage you to vote no on the passage of SB 63 / HB 2071.

JACQUELINE NEWCOMB
Written-only OPPOSITION Testimony
HB2071

Dear Members of the House Health and
Human Services Committee

Hoping you all are well. I'm writing in
OPPOSITION of HB2071 as a resident of
Osawatomie and Ally of LGBTQ+. This is a
small community very rich in diversity.
Having family, friends, and neighbors that this
bill would be harmful towards is very
concerning. As a Parent and Kansan there
are many other things this Committee could
be working on to better serve ALL Kansans.

I can recognize that some of you may feel
justified in pushing for this. Sadly this
justification is misguided and seen as a
heinous attack that is wasting Kansas

resources. I truly, truly hope each of you take a long moment and see this. If at any time you'd like to take a walk around my community to see what kind of health and services for Kansas children is really needed. I would be glad and honored to walk with you and discuss these badly needed services.

I'm asking, Could you Please vote NO in opposition of HB2071.

Sincerely Wishing you all the best.

Jacqueline Newcomb

Jae Moyer

Written-Only OPPOSITION Testimony

HB 2071

Members of the Kansas House Committee on Health and Human Services:

I hope this testimony finds you well. I am writing today as an Overland Park resident in OPPOSITION of HB 2071. I have also opposed similar legislation that has come forward in previous years, and also similar legislation that has been proposed by your colleagues in the Kansas Senate.

I want to express that I truly believe that you feel justified in supporting this legislation. I know that you are here to try to make Kansas a better place for all people to live, I simply wish that you focused on topics that you have common ground on with more people. While the issue of gender-affirming healthcare is an easy, hot-button political issue, it is not something that is relevant to a majority of Kansans, nor is it something that affects us in our daily lives.

I do identify as a member of the LGBTQ+ community, however, I am not someone who has ever felt the need to seek gender-affirming healthcare now or when I was a minor. That being said, it is a practice that in many cases may save the lives of youth who are struggling with their identities and learning about themselves as they grow in our ever-changing world.

This is an issue that affects such an insignificant amount of Kansas residents that for the Legislature to put this amount of energy into the issue is astounding to me. It IS an issue that deeply affects my friends and family in the LGBTQ+ community, as evidenced by the public attention these types of proposed bills generate. Furthermore, while certain lawmakers would like you to believe and argue that the talking points one hears in support of bills such as this are

true, the scientific fact of the matter is that legislation such as this IS harmful and is NOT many of the other fear-mongering things that strong proponents of this bill would like to make it out to be. In conclusion, it is only logical, therefore, that legislation such as HB 2071 only serves to put certain legislators concerned with re-election onto an elevated stage at the expense of minority communities such as my own.

While it may be true that many Americans (including myself) may participate in the circulation of heated political rhetoric that stems from an emotional response, I would like to extend a hand to any legislator willing to work on issues that serve to truly benefit a majority of the constituents they represent. Republican or Democrat, I would like to worry less about the label and more about the issues being focused on when one is serving as an elected official. I implore you to see reason, and turn your efforts away from culture war issues. Kansas could have a unique chance to be an “adult in the room” so to speak, and set an example to our fellow Americans by working together on issues that will be more beneficial to a majority of our fellow Kansans, no matter how mundane the issue may seem.

For the good of us all, I urge you to vote NO on HB 2071.

Ad Astra, Per Aspera,

Jae Moyer

(They/Them/Theirs)

Jaiman D Fisher
Private citizen
Disneypuppeteer@gmail.com
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Jaiman Fisher and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

These bills are the clearest case of blatant discrimination I've ever seen. You fully admit in the body of these bills that gender isn't as cut and dried as you try to define it. If it was, you wouldn't need the exceptions clauses. These bills also ban parental consent for health care decisions for their children. I'm sure you are going to want to invoke parental consent in connection with other bills later, but will not be able to do so if you pass these. Additionally, these bills will absolutely encourage violence against health care workers and will likely cause the suicide rate to go up among our state's teens, two things I'm sure none of you wish to have on your consciences. Do the right thing and vote no.

Once again, I thank you all for hearing my thoughts on this bill, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you.

James Nye
PRIVATE CITIZEN
Jim.m.nye@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and members of the committee, thank you for the opportunity to express my feelings as a private citizen regarding a government initiative. My name is James Nye and I am a voter in Leavenworth County. I am writing today to encourage the committee to vote no on SN 63 / HB 2071

The government is responsible for many things. The government builds roads and bridges. It protects our borders and safety. It ensures that citizens feel safe enough to make decisions about how to live and raise our children. What the government should not do is make those decisions for us.

As the great Ronald Reagan said, "the nine most terrifying words in the English language are: I'm from the Government, and I'm here to help"

I thank you all for listening to a private citizen's perspective on government. I love America. And I love our citizens. Please trust our citizens and their doctors to make decisions about their health. Please vote no on SB 63 / HB 2071

Jan Bombeck
PRIVATE CITIZEN
janbombeck51@gmail.com
1/26/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Jan Bombeck and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071.

I believe that gender affirming care is a decision to be made by the patient, their family and their physician. I believe strongly that in many cases gender affirming care can literally be life saving and detrimental to the patient if denied.

Thank you so much for hearing my viewpoints on this bill and I encourage you to vote no on the passage of SB 63 and HB2071. Thank you very much.
Sincerely, Jan Bombeck

January 26, 2025

Dear Members of the Health and Human Services Committee,

I am writing to ask you to vote NO on Bill HB2071. I am a mother of a transgender child, a retired physical therapist and President and one of the founding members of the Lawrence Chapter of PFLAG, a non-profit providing support and education for the LGBTQ+ community and those that love them.

I can not begin to understand why elected politicians disregard the overwhelming medical consensus that gender affirming care saves lives. Every person, whether transgender or not deserves the freedom to access healthcare when they need it. You with this bill are taking away deeply personal and private decisions that properly lie with parents, their children, their doctors and their mental health providers and putting children at risk of harm. I find it ironic that you name the bill Enacting the Help not Harm Act. There is nothing helpful about this bill.

In transgender and gender-diverse youth, delaying puberty can improve a child's mental well being, ease depression and anxiety, improve social interactions and lower the need for further surgeries. This is done using puberty blockers. Puberty blockers were approved by the FDA in 1993 for the treatment of precocious puberty in cisgender youth. The medications have been used for 30 years with minimal side effects. Once a child stops taking them puberty resumes. They do not cause permanent physical changes . This pause in puberty allows a child to explore their gender identity.

Let's talk about gender affirming surgeries. Transgender and Non-Binary people rarely have gender affirming surgeries before age 18. In some rare cases, a minor may receive a gender affirming surgery to help with some severe dysphoria, but not before getting the approval of their parents, a letter from a mental health professional and show that they have been struggling with gender dysphoria for years as laid out by WPATH. In one study that conducted a retrospective chart review of a U.S. national pediatric surgical database, they were only able to identify 108 trans minors who had received any form of gender affirming surgery between 2018 and 2021. Ninety-five percent of these surgeries were chest surgeries and these were only done after approval of parents, doctors and mental health professionals.

When a child comes to you and tells you that they think they are transgender or non-binary, it is incredibly stressful as a parent. I felt like I had been punched in the stomach. Everything I thought I knew about my child was being turned upside down. What I did know is I loved and believed my child and we got her help and I began educating ourselves. We started with mental health professionals and our primary care physician. Without their medical guidance and support, I am not sure my daughter would be alive today. You are about to disrupt this very essential aspect of helping transgender kids thrive and live the life they deserve.

This next paragraph is a summary of research I found on HRC's website:

A [recent study](#) from the Trevor Project shows that transgender youth with access to hormone replacement therapy medications have lower rates of depression and are at a lower risk for suicide. A [study by Stanford University School of Medicine](#) found that positive mental health outcomes were higher for transgender people who accessed hormone replacement therapy medications [as teenagers](#), versus those who accessed it as adults. A third study, published in the [New England Journal of Medicine](#), found that two years after initiating hormone replacement therapy medications, transgender youth reported higher levels of life satisfaction and positive affect, and lower levels of gender dysphoria, depression, and anxiety.

I don't know if you know any transgender individuals, but they are just like you and me. They are not the enemy. They are living and breathing individuals who want to live a happy fulfilling life. Don't take away medically necessary, age appropriate and safe healthcare backed by decades of research and supported by over 1.3 million Doctors in America and every major medical association.

Republicans like to cite The Cass Review as a basis for eliminating gender affirming care. The Cass report was commissioned by the UK NHS in 2020 to provide recommendations for transgender healthcare of adolescents. The largest doctors' union in the United Kingdom, representing 151,000 doctors, called the Cass Review's recommendations unsubstantiated. A research group out of Yale concluded that the Cass Review "repeatedly misuses data and violates its own evidentiary standards by resting many conclusions on speculation". New French guidelines reject the Cass Reviews conclusions.

Again, I ask you to vote No on this very dangerous bill,

Thank you for your time,

Janis Jex Guyot (She/Her)

Committee on Health and Human Services
January 28, 2025
House Bill 2071

Jay Flatland, Private Citizen
Testimony in Opposition

Chairman Carpenter and members of the Committee:

Thank you for considering my testimony. My name is Jay Flatland, my wife and 4 children have lived in Olathe, Kansas for nearly 20 years. Two of my children are transgender and currently receiving gender affirming care. This bill will directly and negatively affect my family's well being.

I STAND STRONGLY OPPOSED TO THIS BILL.

Parents have the primary responsibility and obligation to care for their children. The role of parents deserves the utmost respect and deference. Government agencies have increasingly intruded into the legitimate decisions and prerogatives of parents in situations that do not involve abuse or neglect but simply an agency's disagreement with parenting choices. Government's involvement in parenting should prioritize the parent's role as the child's primary caretaker and should support, not supplant, the parent's rights and responsibilities.

This bill is targeting a very small minority of vulnerable children who have managed to find relief in gender affirming care. I have seen this relief in my own children. Banning this treatment will eliminate the most effective source of relief for this vulnerable group.

Puberty blockers and cross hormone therapy are, in many but not all cases, the best available course of treatment for gender dysphoria. Perhaps someday better treatment will be available, but right now there are no better treatments. Some may disagree, but parents deserve the right to make those healthcare decisions for their children, and governmental disagreement alone is no reason to revoke parental rights and responsibilities.

These kids and their families, including my family, are genuinely going through difficult and distressing situations, and are seeking the best possible outcome. Parents turn to these treatments not for some ulterior agenda, but rather to seek the best possible outcome. Again, parents deserve the right to make these choices, even if those in government disagree.

I urge you to oppose this bill. Thank you for your attention in this matter.

Jay Flatland

Jean Herrold
PRIVATE CITIZEN
j_herrold@sbcglobal.net
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, Thank you for this opportunity to share my thoughts on SB 63/ HB 2071 with you today. My name is Jean Herrold, and I am a voter in Shawnee County. I am writing to encourage the committee to vote "NO" on SB 63 / HB 2071.

This matters to me because I care about equal rights for all and believe passage of this kind of discriminatory legislation will do more harm than good, impinge upon human civil rights, and have repercussions far beyond the small group of individuals its sponsors wish to discriminate against

Thank you again for considering my thoughts on this, and I urge you all to please vote "NO" to the passage of SB 63/HB 2071. Thank you.

Jennifer Amador
Private Citizen
amadorjennifer1@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Jennifer Amador and I am a voter in Sedgwick County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

I oppose this bill because gender-affirming care is life saving care. I have many loved ones that will be affected negatively if this happens to be passed.

Again, I thank you you all for hearing my story and thoughts on this bill, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you.

Jennifer Fletcher
PRIVATE CITIZEN
fletcher_jen@sbcglobal.net
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Thank you so much for allowing me to share my thoughts on SB 63 / HB 2071 with you today. My name is Jennifer Fletcher and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071"

This bill represents such blatant discrimination I'm having a hard time believing it's being considered. Medical care is not something that should be denied to anyone. Medical decisions belong to individuals and their physicians, and those physicians should not need to be performing their jobs in fear. The long-term consequences of this passing is bound to include an increase in suicides among trans youth, who already are dealing with enough. I am hoping you can seriously consider the repercussions of this bill—including potential unintended consequences—and NOT pass this discriminatory legislation.

Thank you all for hearing my thoughts, and I highly encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you."

Jeremy Mohn
PRIVATE CITIZEN
kansans4integrity@gmail.com
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee: thank you for the opportunity to share my thoughts on SB 63 / HB 2071.

My name is Jeremy Mohn, and I am a voter in Johnson County. I am writing in opposition to these bills as a science teacher, as a member of my faith community, and as a parent of a transgender young adult.

First, I am writing in my capacity as a science teacher. The proposed bills are based on simplistic definitions of human sex and gender that do not encompass the full range of scientific understanding concerning these complex biological phenomena. Through decades of scientific research, we now know that a person's genitals, hormone levels, and chromosomal arrangement are not always a reliable determinant of their biological sex or a consistent indicator of their inherent gender identity.

The outdated definitions of "sex" and "gender" included in these bills ignore these variations in favor of a strict binary, to the detriment of both scientific accuracy and personal freedom. My students are able to describe the scientific evidence showing that specific traits associated with a particular sex within a species more often exhibit a bimodal distribution than a strict binary. If teenagers can understand and appreciate this basic scientific fact, then so can our legislators.

I am also writing in my capacity as a member of the Christian faith. I believe all Christians should take the words of Jesus on the topic of gender very seriously. When Jesus quoted Genesis 1 in his response to a question about divorce (Matthew 19:4), he was asked by his disciples whether it was better not to marry. Jesus responded by acknowledging the existence of "eunuchs from their mother's womb" who were considered to be unfit for marriage (Matthew 19:12). Jesus went on to say that those who choose to live like eunuchs for the sake of the Kingdom of Heaven should be commended.

Some interpret this passage to be an example of Jesus clearly affirming the existence of a human gender binary ("at the beginning the Creator 'made them male and female'"). But notice that Jesus acknowledged the existence of people who are born as eunuchs after quoting Genesis, not before. In other words, Jesus explained that biological sex is more complicated than a simple binary when he brought up the example of congenital eunuchs—people born as neither women nor fully men. For many Christians, this plainly indicates that Jesus affirmed the non-binary nature of human biological sex and gender.

Finally, I am writing in my capacity as a parent of a transgender child who has received the kind of health care that these bills would ban. Gender affirming medical treatment has radically transformed our son's quality of life. He is a thriving young adult today because he had the courage to tell us who he really is and we had the understanding and empathy to truly believe him. I do not know where we would be as a family today if access to our son's health care had been removed by the state of Kansas prior to him reaching the age of 18. I can assure you that the harm it would have caused to his mental and emotional health would have been immense. Our family would have all suffered.

These bills are ironically entitled "help not harm," but they only propose policies that place limits and impose penalties on transgender children, their parents, and healthcare providers. How does limiting freedom of choice and personal autonomy in this manner "help" anyone?

I understand the desire to prevent harm to young people who may not fully understand the future impact of their choices. But such harm reduction is already achieved by allowing health care professionals to do their jobs. As parents, there was no point along the way in which we felt pressured into any course of treatment. We were given all of the information we needed to make the decisions that were best for our son. You simply cannot claim to be reducing harm by removing access to medical treatment that overwhelmingly enhances the quality of life and improves the future outlooks of the young people who receive it.

I thank you for considering my thoughts on this very personal topic. Please vote no on the passage of SB 63 / HB 2071. For the benefit of all Kansans, our legislature needs to move on from this divisive and regressive policy debate.

Kansas State House of Representatives
Room 370W, Capitol Building
300 SW 10th Avenue
Topeka, KS 66612-1504

Re: HB 2071 "Enacting the Help not Harm Act" by Representative Bryce

To the Health and Human Services Committee,

I am writing to you in firm opposition to HB 2071. In a time where constituents are frustrated over rising costs and concerned about their personal healthcare needs, I find it remarkable that the bills moving swiftest through the Legislative branches are those that would criminalize healthcare for a select population and continue to stoke the flames of an unwarranted moral panic. Simply having access to information about healthcare procedures and making that information available to whomever chooses to engage with it is not promoting a lifestyle, and it's a dangerous step towards continued government overreach. Denying healthcare access to one subset of people is discriminatory and harmful, particularly when similar procedures are not even a passing thought for others who elect to undergo them. Broadly speaking, Kansans really aren't concerned whether someone is trans or gender non-conforming, and the wave of outcry has been essentially manufactured; it is a concentrated effort to vilify differences. All this bill will do is destroy lives - cisgender as well as transgender - for a symbolic gesture. I ask for a NO vote on HB 2071.

Regards,
Jess Gilson

Jessica Bright
Private Citizen
jessica.lauran28@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Jessica Bright and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071.

As the mother of two children, it is my firm position that medical decisions for minors should be made between the minor child, parents or guardians, and their trusted medical professional. Politics should not be part of that conversation.

Medical guidance is very clear on the measures recommended for trans children, which is limited to entirely reversible hormonal treatments, as well as the benefits of these treatments to the mental health of trans youth.

It has been shown countless times in the states which have already enacted similar legislation to this that the only significant impact of banning gender affirming care is a negative impact on the mental health of trans youth.

In this case, protecting our children means not enacting legislation which would only apply to less than 1% of Kansas's youth population, while increasing the risk for suicide and depression within that population.

Thank you again for taking the time to read this testimony. I encourage you all to vote no on the passage of SB 63 / HB 2071.

Jessica Schnellbacher
Leavenworth Family Pride, Board Member
snjschnellbacher@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairperson and Members of the Committee, I appreciate the opportunity to share why I believe SB 63 and HB 2071 are harmful and should receive a NO vote.

Someone close to me began her transition in her 30s, but it was a miracle that she made it to her 30's to begin with. She has known she was trans since much younger, since she was a teen, but was unable to do anything about it at the time. Between that time and now, her mental healthy suffered significantly and she attempted suicide multiple times.

Trans people are not trans because they have access to medical treatment or gender affirming care. They are not trans because people actually use their preferred pronouns or names, or because they dress a certain way. Trans people are trans because who they are does not match, in part or in whole, their society's concept of what it means to be a 'man' or a 'woman' in their day.

The problem is that our way of defining these expectations are creations of our society, not fixed because of our DNA. All one has to do is look at the whole of human history to see how much hair, clothing, occupations, interests, etc. have changed and evolved not only over time but in what has been considered for 'men' or for 'women.' You can deny this reality, but that is all it will be, is a denial. It does not change reality.

In the same vein, denying gender affirming social measures or healthcare does not deny or alter the existence of trans people. All it does is deny them the opportunity to be at peace and feel whole. If you are truly concerned with the safety and well-being of children, you will look objectively at the statistics of trans youth and the impact that having no affirming care can have on their mental health and risk for suicide.

I beg you that if you are truly concerned with preserving and saving lives and the quality of those lives, you will not deny people the opportunity to seek the affirming care that is deemed appropriate by themselves and professionals in the field. Thank you for the opportunity to voice my position as a concerned citizen and voter.

Jessie Fish
PRIVATE CITIZEN
jessicalfish21@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for taking the time to read what I have to say regarding SB 63 / HB 2071. My name is Jessie Fish and I am a voter from Olathe, Johnson County. I am writing on behalf of myself and many others urging the committee to vote no on SB 63 / HB 2071.

I believe that this bill will bring much more harm than good. It is a disappointing thing to see the state try to pass a bill that both doesn't do anything to help the greater good of Kansas residents, and that will bring horrible consequences to the youth that it WILL affect. I am 22 years old, and grew up in the Olathe School District. I have met many trans and nonbinary people within my time in public school, and many more that I've seen begin to transition since graduating high school. I myself am one of the latter, as I have been identifying as non-binary for the last year and a half. When I think about all my trans friends that were once under the age of 18, my heart breaks for those kids that would be affected by the laws this bill is attempting to pass. Middle and high school are really hard times for a developing kid, and having debilitating gender dysphoria on top of all that is crushing. Gender affirming therapy (medical or not), quite literally saves lives. Since 2018, when many anti-transgender bills started popping up, suicide rates of young trans people skyrocketed. So many parents that will never see their child again, nor will see who they could have blossomed into.

As I stated before, I only recently began identifying as non-binary. But it was always there, especially throughout my youth. When I was in first grade, I dressed up as Luke Skywalker for Halloween. I was worried, though, because my school had a rule that you couldn't cross dress for Halloween. It ended up being fine (it was also an awesome costume - my mom sewed it all for me!), but I was just so confused why that was such a big deal. I wore "boy" clothes all the time at school, anyway. I grew up with incredibly accepting and supportive parents who would let me shop in the boys section, ask for McDonald's to give me the "boy toy" in my Happy Meal, and even let me cut my hair short. I agree that I was too young for any major operations or anything of that nature, and my parents would agree too. But that didn't stop them from allowing me to do the things that made me feel good in my skin and confident. I have always been confident and outgoing, but I have a good feeling that if my parents didn't let me explore myself in this way, I would be much more reserved, and not live up to the potential that I have. Just simple acts of gender affirming care - simply just acknowledgement and support - helped me figure everything out at my own pace without feeling like anything was "wrong" with me. Anti-trans bills do the exact opposite.

I understand that letting an underdeveloped brain make big decisions like these is scary, but it shouldn't be our legislators that make these choices for us. Thankfully, when it comes to trans youth, doctors are smart. Parents also are smart, and want to do what's best for their children. When minors begin to experience gender dysphoria, there are so many impermanent steps to take that are completely safe for young people. Between socially transitioning, therapy, and puberty blockers (which just delay puberty, it is not permanent), there are so many ways for young people to safely transition without it becoming irreversible.

Once again, I thank you for reading what I have to say on the topic. I urge you to think about all the children this will impact and to vote no on the passage of SB 63 / HB 2071. Thank you for your time.

Jessie Salsbury
Private citizen
Jessiesalsbury@gmail.com
1/28/0025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and members of the committee, my name is Jessie Salsbury and I am a voter in Johnson County. I am encouraging you to vote no on HB 63 / HB 2071.

We should not be making blanket health care decisions for all citizens. Health care decisions should stay private.

Thank you and please vote no on SB 63 / HB 2071.

Jill Clements
PRIVATE CITIZEN
jdwcllements@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you allowing me to share my thoughts on SB 63 and HB 2071 with you today. My name is Jill Clements, and I am a voter in Johnson County, Kansas. I am writing today to encourage the committee to vote no on SB 63 / HB 2071.

I admit, before my daughter came out as transgender five years ago at the age of 14, I knew very little about being transgender or the challenges that go along with it. But when it affected me directly, I made every effort to learn all I could. I am ashamed that it took something this close to home for me to research and attempt to understand it. I wish at the very least, legislators would take the expertise gained from years of knowledge by physicians and therapists to inform their decisions, or better yet, just allow those professionals to partner with families to make informed decisions without government interference.

Over the past four years, I have spent days listening to state legislators argue about gender affirming care. Most arguments were related to personal opinions with no knowledge or experience with gender dysphoria or the pain it causes transgender individuals. Many others talked about how children's bodies are being "mutilated" by surgical procedures. I ask you to listen to the pediatric endocrinologists to learn what gender affirming care for youth entails. It does NOT involve surgery.

A pediatric endocrinologist not only spends four years in rigorous medical school after graduating college, they also spend three additional years of training in pediatrics and then three more years of training in pediatric endocrinology. That's ten years of additional education and training after graduating college, not to mention the average of fifty hours a year of additional continuing medical education. Licensed therapists also complete at least two years additional education and training after graduating college in addition to continuing education to maintain their licensure.

From my own experience, my husband and I couldn't have made rash decisions about gender affirming care for our daughter even if we tried. Our daughter was in therapy for over a year before she was prescribed estrogen or puberty blockers. There were several checks and balances in place to ensure that this was the right decision for her at this time. During that year, she sunk deeper and deeper into depression, isolation and self harm. We are honestly lucky she's still here today. The medications prescribed by her pediatric endocrinologist were life saving. The transformation we saw after she began taking hormones that aligned with her

internal gender was nothing less than a miracle. I saw smiles; I got hugs and “I love you’s” every night; I saw joy again. Please don’t take this away from youth like her and parents like me. Leave these decisions in the hands of affected families and professionals.

I would also like to ask you to think for a moment about how you would feel if your government were allowed to interfere so much in your own self-determination and well-being. What if the government mandated that you could receive no healthcare to improve your own mental or physical health? What about for your own parents? What if the government decided that those in your family who have experienced cancer or a heart attack could receive no lifesaving care? What if the government was the only entity that decided whether someone had a right to live or that one could only live with the unmodified heart that he or she is born with? What if it were your child, sibling, or cousin with a developmental disorder who was prevented from receiving life-enriching and life-saving medical care? Where does government interference in an individual's right to self-determination, especially when it causes no physical harm to another human being end? What if the government told you that you couldn't go to college or law school? Because it's now the government's decision what you can do with your life and not your own? I plead with you; whether you understand why individuals who are transgender feel that way or not, to recognize that these human beings have dignity, that being transgender by itself harms no one, and that these individuals, to the extent that they bring no threat of physical harm to another human being or to another individual's rights under the constitution, should have the same rights to self-determination that you do.

Once again, I thank you all for hearing my personal testimony on this bill, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Thank you.

Jordan Cook
PRIVATE CITIZEN
jcook9614@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairmen and Members of the Committee, thank you for taking the time to listen to my thoughts on SB 63 / HB 2071. My name is Jordan Cook and I am a voter in Riley County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071.

Due to the wording of this bill, if passed, members of my community WILL be discriminated against. I urge you to take the time to think about our constitutional rights as you choose to vote. I also urge you to remember that you are elected representatives of the people of Kansas, and passing this bill does NOT represent the best interests of your constituents. This bill is a huge step in the wrong direction for our constitutional rights. This is not about democrat vs. republican or left vs. right, this is simply about having rights in this country that we all so dearly love.

Once again, I thank you for your time and I urge you to vote no on the passage of SB 63 / HB 2071. Thank you.

HB 2071 Opposition Testimony

January 28, 2025

Testimony to the House Committee on Health and Human Services

NAME: Joseph Nicholas

TITLE: Private Citizen

EMAIL ADDRESS: joseph.h.nicholas@gmail.com

BILL NUMBER: HB 2071

PROPONENT, OPPONENT, or NEUTRAL: Opponent

ORAL or WRITTEN ONLY TESTIMONY: Written Only

Chair Carpenter & members of the committee,

Chair and Members of the Committee, thank you so much for giving me time to share my thoughts on HB 2071 with you today. My name is Joe Nicholas and I am a voter in Johnson County. I am writing today to encourage the committee to vote no on HB 2071. I'd like to bring to your attention four facts:

Every culture has transgender people. Transgender individuals have been a part of human history for as long as humanity itself. Across centuries and cultures, many societies have recognized—and often celebrated—identities beyond the binary concept of male and female, demonstrating that diversity in gender is a longstanding and intrinsic aspect of human experience.

Every culture has the Golden Rule. The Golden Rule—treating others as you would like to be treated—is a universal ethical principle found in nearly all cultures and major religions. From Christianity and Hinduism to Buddhism, Islam, and Confucianism, variations of this guiding principle are deeply rooted in their teachings. While the specific wording and interpretations may differ, the essence remains the same: fostering kindness, empathy, and respect in human interactions.

Transgender people just want to exist. Transgender people simply seek the ability to live their lives authentically and peacefully, like anyone else. They want to exist without fear, to be treated with dignity, and to have the same opportunities to thrive and contribute to their communities. At its core, this is a fundamental desire shared by all people.

Dehumanization leads to genocide. The spirit of this bill - that a group of people does not exist, or does not have the right to exist - is the sort of language that has in the past led to some of the most abhorrent human behavior ever known. History is filled with examples of the strong

dehumanizing the weak through some seemingly innocuous official action, which then leads to their ostracism and abuse by the general public, which leads to their eventual death by the thousands.

We have the responsibility, as fellow human beings, to treat others with respect and compassion. I urge you to recognize the humanity of transgender people, and vote no on HB 2071.

Joseph Nicholas
Leawood

Joshua Amerine
Written-Only OPPOSITION Testimony
HB 2071

Members of the Kansas Senate Public Health and Welfare Committee:

I am writing today as a Wichita resident in OPPOSITION of HB 2071.

Good morning. I want to serve today as a reminder to you of the elected duty you have to the citizens of the state of Kansas. I want to help you remember that oath you took upon assuming the office. The constitution ensures the right for all American citizens to be free. The office you currently hold wields great responsibility, of that I am sure you already are aware. However, that responsibility is not limited to a select group of people of your choosing, the oath and constitution demands you serve every Kansas citizen. The young, the old, the sick, the wealthy, every person who is a citizen in this state deserves equal rights in the eyes of the government. I propose that you would be violating this oath with the passage of HB 2071 from committee to the floor. This simply shouldn't see the light of day and frankly you should be ashamed it has come this far. The committee could focus on, Domestic Violence, Substance Abuse, Sexual assault prevention, and many other avenues of public administration which seem to be woefully lacking. I could recite studies that would back up gender affirming care, of which there are many. I will just remind you that you have a duty to serve the citizens of the state, preventing children from receiving proper healthcare is the opposite of what you were elected to do. Ensuring harm to children is not what you were elected to do. I hope you have the integrity to do the right thing today.

Joshua Amerine
(him/he)

Joy N. Mapes, LMSW
Private citizen
joywriter8@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for allowing me to share my thoughts on SB 63 / HB 2071 with you today. My name is Joy Mapes. I have lived in Kansas my whole life (Gardner, Leavenworth, Baldwin City, Lawrence, Fort Scott, and Lawrence again). I am a voter in Lawrence, and I am a licensed master social worker. I am writing today to urge the committee to vote no on SB 63 / HB 2071.

Since graduating from Washburn University with my Master of Social Work, I have worked with children, adolescents, young adults, adults, and families as a therapist, an access specialist for disability accommodations, and a special education school social worker. I have worked at a community mental health center, public schools, state university, and child welfare agency. I have met people from widely varied backgrounds and learned so much from them. One thing I have learned is that each individual has their own path -- there is no one-size-fits-all solution when it comes to life. This is something I was taught in my MSW program -- The human right to self-determination is one of the keys standards of the National Association of Social Workers Code of Ethics. -- but my face-to-face interactions with clients drove home the absolute truth that people deserve the opportunity to discover themselves, their needs, and their next steps in life. The basic task of social workers in just about any role, including the ones I have listed from my career, is to help people on that journey of discovery and to connect them with needed resources. I am opposed to SB 63 / HB 2071 because it denies trans youth and their families from discovering who they are and getting needed resources, specifically gender affirming healthcare and services, and it denies providers like me from fulfilling our ethical responsibility to help trans youth and their families on their journeys.

Banning gender affirming healthcare for trans minors takes the decision away from these youths and their families. It says to trans youth, "You don't know who you are." It says to their parents and guardians, "We don't trust you to care about and for your children." It says to doctors, therapists, and any other providers that could fall under the vagueness of this bill, "We don't trust you to provide the best care possible to children." All of this is wrong. Doctors and therapists are already legally, professionally, and ethically bound to be educated about best practices for their clients and to provide the highest quality client care possible. The grand majority of parents and guardians love their children and want to do what is best for them. Minors, while not yet adults, already know their personal experiences -- their hearts and minds, questions and concerns -- better than anyone else can. Professionals, parents and guardians, and youths all deserve the chance to consider the full range of options regarding gender affirming healthcare and services, discuss them openly, weigh the pros and cons, examine the

options in relation to their values, make a choice, and access the needed services. To deny them this is to deny their right to self-determination. It is to deny them their humanity.

If you are concerned about the possible harm gender affirming healthcare could cause, I appreciate your compassion and encourage you to look at the official recommendations of American Medical Association, American Academy of Pediatrics, American Psychological Association, Endocrine Society, and National Association of Social Workers. They all recommend affirming the identities of trans youth -- essentially, telling them we believe them and still care about them -- and providing them access to evidence-based gender affirming healthcare and services, guided and served by qualified professionals, and with the informed consent of their parents and guardians. The recommendations of these professional organizations do not say that every minor who identifies as trans needs to undergo hormone therapy or other specific treatment, but they do say that these youth and their families need access to information, guidance, and the full range of treatment options should they choose to go in that direction. And they cite data showing that access to gender affirming healthcare and services actually reduces the risk of harm by lowering these youths' rates of depression and risk of suicide.

Access to gender affirming healthcare is not about harming children. It is about choice and access. It is about information, guidance, and support. It is about affirming young people who are figuring themselves out, strengthening those youths' bonds with their families as they make decisions together, and building connections with care providers. It is about strengthening individuals and relationships, which strengthens communities.

I am a mental health service provider who works with minors. All of them are trying to figure out who they are, how they feel, what they care about, and what to do next. For some of them, that thought process sounds like, "Do I really like basketball enough to go to practice today and run drills instead of hanging out with my friends?" For others, that thought process sounds like, "Am I trans? Who is it safe to talk to about this?" All of the parents and guardians I currently know want to help their children in their process of self-discovery, and they want to provide what their children need. I want to be there for these minors and their families -- to provide information and guidance, to be a soundboard, to ask thought-provoking questions, and ultimately to say, "I believe in you. I have faith in you. You can figure this out. Let me know if you need anything. I can't wait to hear how it goes." We -- trans minors, parents and guardians, and providers -- need to hear the same from our legislators. We need you to continue to allow access to gender affirming healthcare and services.

Thank you for your time and your consideration of my thoughts. I encourage you to vote no on the passage of SB 63 / HB 2071. Thank you.

January 26, 2025

Testimony to the House Committee on Health and Human Services

NAME: Judi Barkema

TITLE: Private Citizen

EMAIL ADDRESS: jabarkema@gmail.com

BILL NUMBER: HB 2071

PROPONENT, OPPONENT, or NEUTRAL: Opponent

ORAL or WRITTEN ONLY TESTIMONY: Written only testimony

Chair and members of the committee,

Thank you for the opportunity to share my thoughts on HB 2071. I am writing to encourage the committee to vote no on HB 2071. My opposition is centered on my Christian faith and the importance of parental rights. This bill limits gender-affirming medical care to youth and it penalizes medical professionals providing care based on the needs of patients and their families.

As a person of faith, I value recognizing all people for who they are and moving past social categories people use to exclude others. My faith calls me to accept and care for each individual and to move past stereotypes. Denying medical care to someone because politicians don't understand their needs is wrong. My faith calls me to speak up when politicians are working to harm people.

The bill also denies parents the right to provide the best medical care to their children. Parents and families should have the right to make medical decisions for their children with the guidance of medical professionals. Legislation is already in place to ensure care is managed through a careful and evidence-based model of assessment and informed consent. Every parent I know goes to great lengths to provide a caring and affirming environment for their child. Politicians do not know better than caring parents.

Gender affirming care is lifesaving care. Please vote no on HB 2071.

Judi Barkema

Lenexa

JULIE RIOS
PRIVATE CITIZEN
J4RIOS@GMAIL.COM
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for giving me the time to share my thoughts on SB 63/HB 2071 with you today. My name is Julie Rios and I am a voter in Johnson County. I am writing you today to encourage the committee to vote no on SB 63/ HB 2071.

Medical care for gender dysphoria is evidence-based, medically necessary, and safe—which is why every major medical association advocates against bills like this. Gender-affirming care is individualized to meet the needs of each patient, managed through a careful and evidence-based model of assessment and informed consent—which is already required by law. SB 63/HB 2071 will weaponize the law against medical providers and others.

The bill does not define what it means to “promote,” “provide,” or “advocate” for social transition or gender affirming medical care—meaning not only will mental and medical health professionals be impacted by this bill, but it could also disrupt school counselors, teachers, daycare providers, etc., who interact with trans youth. The language of the bill clearly discriminates against transgender Kansans and raises constitutional concerns about state employee's free speech rights.

Legislators should not be inserting the state into the private medical decisions of Kansans and their medical providers. I take a libertarian stance on this issue. Live and let live.

Thank you for hearing my thoughts on this issue. I encourage you to vote no on the passage of SB 63/HB 2071.

Thank you.