February 10, 2023

To: Kansas Senate Education Committee
Regarding: **Testimony in Opposition of SB 12**

Chair Hossage and Members of the Committee, thank you for the opportunity to provide testimony in opposition to SB 12.

I, Amanda L. Mogoi, APRN, am a primary care and hormone therapy provider in Wichita, Kansas. I am a member of and certified in family practice through the American Association of Nurse Practitioners. I am World Professional Association for Transgender Health (WPATH) trained and one of the few registered WPATH clinical providers in the state. I am the co-owner of M-Care Healthcare, LLC where I currently provide care to over 800 gender diverse individuals, including people that would be directly impacted by this bill. I practice explicitly within the WPATH guidelines for the medical treatment of Gender Incongruence and within the limitations of my state licensure and professional association certification. I have obtained over 300 hours of transgender healthcare specific continuing education hours and I have over 4 years of experience providing care for transgender patients.

As a medical provider, I understand that bodily autonomy, self-determination, and respecting human dignity is imperative to providing quality care. The ability for a transgender person to speak for themselves and affirm their own identity is imperative. I thankful for those who provide testimony about their own lived experience and on behalf of their community. I cannot speak for the transgender community as I do not share their lived experience, however, my experience providing care for the community and my medical expertise validates the need for my testimony to be heard in opposition to this legislation. My testimony in opposition to this bill is based on my education, experience, and the research currently available. It is my professional opinion that passage of SB 12 will negatively affect the lives of transgender youth and young adults including directly causing an increase in suicide related deaths of your constituents.

Great strides have been made in the medical community regarding the understanding of sex and gender. It is now well known that while sex determination may seem black and white, there is an expansive and complex gray area between. SB 12 recognizes sex as “the biological state of being female or male, based on the individual's sex organs, chromosomes and endogenous hormone profiles”, however sex is not a simple binary. Karyotypic variations, genital variations, and hormonal variations exist within humanity that make it clear to us that classification of individuals as male or female is not as simple as it seems.

Several genetic conditions result in androgen insensitivity leading to variations in human development. Consider karyotype variations- There are more than just XX or XY chromosomes. This includes individuals with Klinefelter Syndrome and Turner Syndrome. Turner Syndrome results in a single X chromosome, known as 45XO. Physical effects vary from person to person. To further complicate things, some individuals may not have any physical manifestations that would clue medical professionals, family members, or the individual into the fact that their karyotype differs from the sex assigned to them at birth. Individuals with Klinefelter Syndrome have an XXY karyotype. Klinefelter Syndrome is quite common, occurring in 1/500 to 1/1,000

male assigned births. The syndrome results in what is often perceived as "normal" male external genitalia at birth, but lack of thorough virilization and possible need for exogenous testosterone to be given at/after puberty.

Hormonal androgen exposure results in the secondary sex characteristics commonly thought of as feminizing or masculinizing features. These levels are grossly similar until the onset of puberty. However, even after that time, classifying people as male or female based on hormone levels is not clear. Some conditions, such as Androgen Insensitivity Syndrome and Congenital Adrenal Hyperplasia result in hormone variations which affect physical development. Dr. Frances Grimstad, a gynecologist at Boston Children's Hospital and Assistant Professor at Harvard Medical School, said that there is large "testosterone variations among XX individuals" including those with polycystic ovarian syndrome, which affects up to 20% of cisgender women (Burns, 2019).

Gender is defined by each person as a reflection of who they are in identity and self-expression. According to the World Health Organization, the term "transgender" encompasses a diverse group of people whose gender identities and expression are different than the sex that they were assigned at birth (2021). The general rule for determining if someone is transgender is if the person is consistent, insistent, and persistent in their affirmation of their gender (Human Rights Campaign, 2020). As a medical provider, I understand that the ability for a transgender person to define their own identity is imperative and the research agrees. Allowing transgender people, of any age, to express themselves through their clothing, hairstyle, name, and pronouns are affirmative and generally increase a sense of well-being (Murchison et al, 2016). Affirming chosen gender is consistently linked to lower rates of suicide attempt (Trevor Project, 2021). The negative social, psychological, and medical consequences of withholding affirming treatment until persons have reached adulthood has been well documented in several studies. The American Academy of Pediatrics, The American College of Obstetricians and Gynecologists, The American Psychological Association, The Endocrine Society, The Pediatric Endocrine Society, and The World Professional Association for Transgender Health along with many others have affirmed their support for gender affirming care for minors including puberty suppression and gender affirming hormone therapies. Simply put, allowing transgender individuals access to gender affirming medical care is suicide prevention.

SB 12 would mandate that medical professionals treat gender as an equivalent to sex and that assignment of gender should be made without consideration of a person's self-determination. The bill goes so far as make it illegal for medical professionals to provide gender affirming healthcare services. This is unethical in many ways. When we disregard a patient's dignity and autonomy over their own body, we lose trust and break the provider-patient relationship which is critical to effective medical care (Price, 2017). Medical treatment is a crucial and very personal service that virtually everyone depends upon at some point in their lives, and it should not be delivered or restricted according to the whims of distant lawmakers who know little or nothing about the circumstances of an individual's life. Proper medical care for any condition is a matter best negotiated between patients and their trained and qualified medical providers who are relying on clinical evidence and experience.

SB 12 seeks to limit my ability to care for youth and adult patients under 21 years of age. However, I already follow the thoroughly defined guidelines that are laid out for me by experts in the field. This is the same way that any other competent medical provider practices, by joining the certifying body for their field and consulting with experts. The World Professional Association for Transgender Health (WPATH) produces a scientific standards of care document outlining the responsibilities of and requirements for medical professionals when providing gender affirming healthcare. The recently released eighth edition of the document is 260 pages.

The WPATH requirements for ordering gender affirming treatments for minors to access gender affirming care are well defined and extensive. For a minor to access gender affirming care at my clinic they must be diagnosed with gender dysphoria by a mental health care professional, have the legal informed consent of all their legal guardians, and have required laboratory tests done. I collaborate with mental health experts to ensure that patients are independently able to endorse persistent and insistent gender dysphoria, understand the risks vs benefits of gender affirming care, and the reversible and permanent effects of hormone therapies. It is my ethical responsibility to provide high quality, competent, well-regulated medical care to my patients and I can assure you that I do not take this responsibility lightly.

According to The Trevor Project, 86% of LGBTQ youth said that recent politics have negatively affected their well-being (2021). I am calling on you to shut down this direct attack on Kansas youth. The scare tactics employed in SB 12 are nothing more than transphobia. The bill is not designed to protect children. It only further marginalizes a community that requires protection. It is imperative that you reject this bill to demonstrate that the health equity and well-being of your transgender constituents and their families is just as important as your own. As people, we need to do a whole lot more listening to people tell us who they are and a whole lot less trying to define people by our own perspectives. Bodily autonomy, including the ability to define oneself and to make choices for one's own body is not the business of the legislature. It is my professional, medical opinion that if the Kansas legislature takes away puberty suppression and gender affirming treatments for transgender youth, you will be directly responsible for the deaths of young Kansans.

Thank you,

Amanda Mogoi, MSN, APRN, FNP-C

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