

My name is Malati Harris I am a board certified Family Medicine physician and I have practiced in Kansas for 19 1/2 years. I provide full scope family medicine to my patients which until 2019 included obstetrics. I am writing today to very strongly oppose the house bill 2971 that aims to ban gender affirming care to our transgender children in Kansas.

As a physician my job has always been to take care of people in the best possible way. I do that by listening to them, considering different aspects of their life that may interfere or impact their health, educating them with the most up-to-date treatment guidelines. As a scientist with a degree in Biology, I understand that we have to adjust our care as new information is discovered and treatment options are revised based on evidence based medicine. When we know better, we do better. The guidelines for treatment of Gender Dysphoria has been extensively studied and have been proven to be safe and effective. Because every single medical intervention or non intervention has risks, I have always weighed risk vs. benefit in every treatment discussion I have with patients. I discuss these risks, both reversible and non reversible with my patients and their parents before any medication is prescribed for gender affirmation. I lay it out plainly so families can make the best informed decision for themselves. Before starting medication for gender affirmation I require my patients to be seen by a therapist or other mental health provider regularly. I follow my patients closely. They are seen monthly initially and once stable on medication they are seen every three months with lab work and physical exam. No one, physicians, parents, guardians, and especially patients, goes into this without enormous amount of thought. Most often my transgender patients have suffered with dysphoria for years before they ever present for the discussion of medical treatment.

As a primary care physician and the first line of defense in healthcare, I often see diseases or conditions that reach far beyond my expertise. We are trained to know about a multitude of conditions, recognize red flags and refer to specialists when a patient's condition is outside our scope of practice. I am extremely comfortable with this and have no problem deferring to medical professionals that know more than me about a particular disease process or condition because over everything, my only priority is to make sure my patients get the care and treatment they need and that I do no harm. In regards to Gender Affirming Care, I implore you to defer to the judgement of the experts in the field, to the physicians who do this work day in and day out, who hear first hand the discomfort and sadness and pain that dysphoria causes our patients, to the parents that know their child better than anyone else could every know them, to the adolescent who finally has the language to articulate what they've always known to be true. I have to believe that we all want the absolute best for all of our children and possibly only just disagree how to provide that. As a physician, as a scientist, as a parent, I will always first look to evidence based medicine and to the organizations that have done the research that lead to the most up to date treatment guidelines. There is a reason that The American Academy of Pediatrics, The Endocrine Society, American College of Obstetrics and Gynecology, etc all openly support and recommend gender affirming care as they understand is the most effective treatment for Gender Dysphoria and not providing gender affirming care can have a devastating affect on patient's lives and society as a whole.

Studies show that patients that have been denied gender affirming care show an increased likelihood of dying by suicide and engaging in self harm. Trans youth who have access to puberty suppression which is fully reversible, have lower lifetime odds of suicidal ideation compared to youth who desired puberty suppression but did not have access to such treatment. Youth who are able to access gender affirming care including puberty suppression, hormones and surgery based on medical guidelines experience significantly improved mental health outcomes over time, similar to their cis gender peers. Pre pubertal youth who are supported and affirmed in their social transitions before medical interventions are indicated experience no elevation in depression compared to their cis gender peers.

Puberty suppression is not new medicine. Physicians have been using puberty blockers in treatment of other conditions such as precocious puberty for approximately 40 years. We know the science, the research and the long term safety of these treatments. Hormone treatment has been extensively studied and implemented for years as well and carries very low risk as well. The risk of negative outcomes from not medically treating transgender youth overwhelmingly outweighs the potential risk of side effects or negative outcomes from gender affirming hormone treatment.

Another consideration is that bans that limit the scope of practice of Pediatric Endocrinologists will likely result in large areas of this state and the country as a whole with very limited access to these specialists as they will move to states where gender affirming care is not banned. Pediatric Endocrinologists care for all endocrine disorders most notably Type 1 Diabetes and Adrenal Insufficiency, both of which are also life threatening if not monitored and treated on a very regular basis. HB 2971, if passed will not just affect our transgender children, it will negatively affect a lot of our other children as well.

It is clear based on the research that if we truly care about the health and wellbeing of our children we must do the exact opposite of what HB 2971 proposes.

Sincerely,
Malati Kanani Harris, M.D.

List of respected organizations that openly support Gender Affirming Care

American Academy of Child and Adolescent Psychiatry
American Academy of Dermatology
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics

American Academy of Physician Assistants
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 Association
American Medical Student Association
American Nurses Association
American Osteopathic Association
American Psychiatric Association
American Psychological Association
American Public Health Association
American Society of Plastic Surgeons
Endocrine Society
Federation of Pediatric Organizations
GLMA: Health Professionals Advancing LGBTQ Equality
National Association of Nurse Practitioners in Women's Health
National Association of Social Workers
National Commission on Correctional Health Care
Pediatric Endocrine Society
Society for Adolescent Health and Medicine
World Medical Association
World Professional Association for Transgender Health