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Senate Bill 76, Given Name Act

Proponent **WebEx** Testimony

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The views expressed herein are my own and do not reflect an institutional position for The Heritage Foundation or its Board of Trustees.

Chair Estes and Members of the Committee,

Thank you for the opportunity to provide proponent testimony in support of SB 76 on behalf of Heritage Action for America. My name is Jonathan Butcher, and I am the Will Skillman Senior Research Fellow in Education at The Heritage Foundation. Educators have a responsibility to inform parents about their child's health while at school. Parents are a child's primary caregivers, a role confirmed by the U.S. Supreme Court in *Wisconsin v. Yoder*, which stated that the "primary role of the parents in the upbringing of their children is...established beyond debate as an enduring American tradition."¹

Yet according to Parents Defending Education, more than 1,100 school districts across the U.S., including some 20,951 schools that enroll more than 12.2 million students, have policies that either prohibit or make optional the communication between educators and parents about a child's health—specifically cases in which a child shows confusion about their sex.² In Kansas, Topeka, Kansas City, and Wichita Public Schools are listed among these districts.³

Yet K-12 students are largely minor-age children, and the Supreme Court has said that most children "simply are not able to make sound judgments concerning many decisions, including their need for medical care or treatment."⁴ Unfortunately, for many years, some medical professionals and even policymakers promoted an "affirming" model of care that accepted a young child's self-diagnosis without questioning whether pursuing hormonal and other physical changes were in that child's best interests.⁵

¹ *Wisconsin v. Yoder*, 406 U.S. 205 (1972).

² Parents Defending Education, "List of School Transgender—Gender Nonconforming Student Policies," last updated October 30, 2024, <https://defendinged.org/investigations/list-of-school-district-transgender-gender-nonconforming-student-policies/>.

³ Topeka Public Schools, "Guidelines for Transgender Students at School," Revisions June 25, 2018, https://cdnsms5-ss11.sharpschool.com/UserFiles/Servers/Server_8252759/File/About%20Us/Policies%20and%20Regulations/8000%20-%20Students/Reg%208100-03%20-%20Guidelines%20for%20Transgender%20Students%20at%20School.pdf.

⁴ See *Parham v. J. R.*, 442 U.S. 584, 603 (1979) and Sarah Parshall Perry and Thomas Jipping, "Public School Gender Policies that Exclude Parents Are Unconstitutional," Heritage Foundation Legal Memo, No. 355, June 12, 2024, <https://www.heritage.org/sites/default/files/2024-06/LM355.pdf>.

⁵ Society for Evidence-Based Gender Medicine, "Treatment of Gender-Diverse Youth," available at <https://segm.org/>.

This affirmation often precedes medical interventions, such as the off-label use of hormone treatments and medicines that block puberty. Social affirmation then leads young people through a sequence of decisions that can culminate in surgical interventions that, like hormone treatments, have irreversible consequences and damaging results.

Medical interventions and examples of social affirmation are, in fact, taking place in K-12 schools around the U.S. For example, in Washington state, nonprofit health care providers operate clinics in schools that provide “comprehensive, evidence-based, gender affirming care services to our students and families who need them.”⁶ Planned Parenthood centers in New York and California have offered similar services.⁷

When a child attends school and says he or she was born in the wrong body, this is a health-related issue, even a sign of emotional or mental distress.⁸ For these reasons, it is essential for school personnel to include parents in discussions about a child’s health.

Research has found that so-called gender affirmations do not improve the mental health of patients confused about their sex.⁹ In 2024, England’s National Health Service released what is known as “The Cass Report,” which reviewed research evidence on “transgender” procedures. The paper is a comprehensive review of the evidence on gender-related treatments. Dr. Hilary Cass, a pediatrician and former President of the Royal College of Pediatrics and Child Health, led the investigative team, which returned damning findings for doctors who have issued experimental treatments to children confused about their sex.

Among the key findings in the Cass report, the authors found:

- Children can be confused about their sex, but, in general, we should not be surprised if a young person’s “sense of identity is not always fixed and may evolve over time.”¹⁰ In fact, other research has found that, in 60-90 percent of cases of children confused about their sex, this confusion resolves naturally, without interventions, as the children

⁶ Spencer Lindquist, “EXCLUSIVE: Health Centers at Seattle Public Schools Offer ‘Gender-Affirming’ Hormone Therapy to Children,” Daily Wire, May 21, 2024, <https://www.dailywire.com/news/exclusive-health-centers-at-seattle-public-schools-offer-gender-affirming-hormone-therapy-to-children>.

⁷ Parents Defending Education, “School-Based Health Centers,” March 7, 2024, <https://defendinged.org/investigations/school-based-health-centers/>.

⁸ Heathcote, C., Taylor, J., Hall, R., Jarvis, S. W., Langton, T., Hewitt, C. E., & Fraser, L. (2024). Psychosocial support interventions for children and adolescents experiencing gender dysphoria or incongruence: a systematic review. *Archives of Disease in Childhood*. <https://doi.org/10.1136/archdischild-2023-326347>. A longitudinal study from Sweden of individuals seeking treatment for “gender transition” surgeries also found that “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.” See Richard Bränström and John E. Pachankis, “Corrections to Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study,” *The American Journal of Psychiatry*, August 1, 2020, <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2019.19010080>.

⁹ Society for Evidence Based Gender Medicine, “Correction of a Key Study: No Evidence of ‘Gender-Affirming’ Surgeries Improving Mental Health,” SEGM, August 30, 2020, https://segm.org/ajp_correction_2020.

¹⁰ Cass Review, p. 21.

complete puberty and enter adulthood.¹¹

- Children may feel “an urgency to transition,” but “young adults looking back at their younger selves would often advise slowing down.”¹²
- The evidence on how to treat someone who is confused about their sex is “weak,” and “clinicians [say] they are unable to determine with any certainty which children and young people will go on to have an enduring trans identity.”¹³
- We do not know what “gender” medicine is going to do to young people. “Our current understanding of the long-term health impacts of hormone interventions is limited and needs to be better understood,” the Cass authors wrote.¹⁴

Research from my Heritage Foundation colleague, Jay P. Greene, Ph.D., has even found that suicide rates are higher among young people in states with lenient laws allowing young people easier access to puberty blockers and cross-sex hormones.¹⁵

According to the Society for Evidence-Based Gender Medicine, countries across Europe have used findings such as these to either ban or strictly limit so-called gender interventions for minors including Sweden, Finland, England, Wales, Scotland, Denmark, Italy, and Norway.¹⁶

Considering the evidence that social affirmation and the aforementioned medical interventions are harmful, and to protect children and families from such nightmarish scenarios outlined in Greene’s research, The Heritage Foundation drafted the Given Name Act.¹⁷ With this proposal, school personal may not address a minor child by a name or pronoun that does not correspond to the student’s birth certificate without express permission from the child’s parents.

These provisions direct educators to include parents as part of any conversations involving a child’s sex at school. Educators should not use school policies to interfere with parent-child relationships. Lawmakers must affirm parents’ and guardians’ roles as their child’s primary caregivers and prioritize family involvement in a student’s health.

¹¹ Emilie Kao, “Safeguarding Parental Rights and Protecting Children from Federally Mandated Gender Ideology,” The Heritage Foundation Backgrounder No. 3744, January 10, 2023, https://www.heritage.org/sites/default/files/2023-01/BG3744_0.pdf.

¹² Cass Review, p. 21.

¹³ Cass Review, p. 21.

¹⁴ Ibid.

¹⁵ Jay Greene, Ph.D., “Puberty Blockers, Cross-Sex Hormones, and Youth Suicide,” Heritage Foundation Backgrounder No. 3712, June 13, 2022, https://www.heritage.org/sites/default/files/2022-06/BG3712_0.pdf.

¹⁶ Society for Evidence-Based Gender Medicine, “Treatment of Gender-Diverse Youth.”

¹⁷ The Heritage Foundation, “The Given Name Act,” available at <https://www.heritage.org/model-legislation/the-given-name-act>.