

January 27th, 2025

Re: Official Testimony Supporting **House Bill 2071**

Dear Mr. Chairman and Members of the Committee,

My name is Joseph Kohm. I am an attorney and the Public Policy Director for Family Policy Alliance. We are a nonprofit organization based in Colorado Springs, which focuses on advancing family values and religious freedom through legislation across the nation and federally. House Bill (H.B.) 2071 will protect vulnerable children from dangerous sex change procedures, empower them to recover damages, and financially disincentivize predatory behavior towards them; we therefore urge you to support it.

Children experiencing distress identifying with their biological sex¹ are being preyed upon in droves. Searching for help, they approach medical professionals they ought to be able to trust. But instead, they are being told that the only possible way relieve their distress is to reject their bodies and somehow “transition” into the opposite sex.

Such transition is not only impossible but horrifically and irreversibly harmful to these children. Attempts to do so create false expectations and position them for failure, heartbreak, and lifelong medical problems. It sets them down a one-way, experimental path that leads only to lifelong drug dependency, the removal of healthy body parts they can never recover via procedures like double mastectomies, sterilization, and many other adverse medical outcomes.

Most tellingly, for the small percentage of children who experience distress identifying with their biological sex, studies consistently demonstrate that the majority come to embrace their biological sex in adolescence or adulthood.² This alone renders most

¹ See, e.g., Gary J. Gates, Williams Distinguished Scholar, *How Many People are Lesbian, Gay, Bisexual, & Transgender?* 1 THE WILLIAMS INSTITUTE (April 2011).

² Thomas D. Steensma, et al., “Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study,” 16 CLINICAL CHILD PSYCH. AND PSYCHIATRY (2010) 499-516; Annelou L. C. de Vries and Peggy T. Cohen-Kettenis, “Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach” in *Treating Transgender Children and Adolescents: An Interdisciplinary Discussion*

physiological interventions unnecessary and reinforces the fact that such serious interventions are not the answer. These children need and deserve *real help*, not harm.

H.B. 2071 ensures Kansas children receive that help and are protected from dangerous and irreversible sex transition interventions. It is also victim-centric: it provides these children with a private right of action to sue and recover actual damages for the horror inflicted upon them by medical professionals they should be able to trust. No amount of money could ever restore what was taken from them, but this bill correctly aims to make them as whole as possible.

As plaintiffs under the bill, they can also recover punitive damages. Right now, attempting to transition children is a lucrative process for healthcare entities. H.B. 2071 turns that financial incentive on its head by allowing plaintiffs to recover punitive damages beyond the actual damages they incur at the hands of these predatory actors.

Finally, H.B. 2071 ensures vulnerable children struggling with gender dysphoria receive the help they need. It protects their access to therapy and other helpful treatments, such as anti-depressant medication. It creates an environment that ensures any children with comorbidities, such as depression or anorexia, receive proper treatment for those conditions rather than enabling a singularly-focused, one-way transition pipeline that would leave these comorbidities totally untreated. In 2014, a study found that 62.7% of patients diagnosed with gender dysphoria had at least one co-occurring disorder, and 33% were found to have major depressive disorders, which are linked to suicide ideation.³

In conclusion, H.B. 2071 is critically needed legislation to protect Kansas children from dangerous and irreversible so-called gender transition interventions. If you pass this bill, you will demonstrate Kansas's commitment to protecting vulnerable children. We therefore urge you to support H.B. 2071.

11-12, Jack Drescher and William Byne, ed's., (2014).; See World Prof'l Ass'n for Trans. Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, v. 7 at 11, available at

[https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20\(2\)\(1\).pdf](https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf).

³ Azadeh Mazaheri Meybodi, et. Al, *Psychiatric Axis I Comorbidities among Patients with Gender Dysphoria*, PSYCHIATRY JOURNAL 1-5.

Thank you,

Joseph Kohm III, Esq.
Director, Public Policy
Family Policy Alliance