

Testimony in Response to House Bill No. 2071

By Victoria Kelly, MS-PAS, PA-C

I wish to testify regarding the recently introduced House Bill No. 2071 which restricts transgender related healthcare for minors and the promotion of social/medical transition. I am a physician assistant, licensed and practicing in the State of Kansas. I'm also a transgender woman. As such, I feel that I am uniquely qualified to speak concerning the issue at hand. I believe that the proposed legislation endangers our transgender youth in the state of Kansas.

Transgender youth are at high risk for suicide. 41% will attempt suicide by age 30 (Bauer et al., 2015). A recent study, performed just this past year, shows that 14% of transgender and nonbinary youth attempted suicide in the past year and 46% seriously considered attempting suicide (Nath et al., 2024). Suicide risk is significantly higher in transgender adolescents than in their cisgender counterparts (Thoma et al., 2019; Nath et al., 2024). This risk of suicidality has increased by as much as 72% with the introduction of anti-trans legislation in recent years (Lee et al., 2024). Bills such as the one under consideration today have been proven to harm our young people. Passing this bill will lead to even more deaths.

Multiple studies have shown that transgender identity is associated with structural differences in the brain consistent with the patient's gender identity (Hahn et al., 2015; Luders et al., 2009; Rametti et al., 2011a; Rametti et al., 2011b). In other words, a transgender patient has a brain that physically resembles that of their gender identity and not the gender assigned to them at birth. These changes are observed before the use of any hormone therapy. This means that transgender identity is a medical condition with physical manifestations, requiring medical treatment. It is not a psychological condition that can be addressed with therapy. This has been attempted ad nauseam for centuries without success. Transition, both social and medical, is the compassionate solution for transgender patients, specifically our youth. Medical transition decreases the risk of suicide by more than half (Bauer et al., 2015). Our young people deserve appropriate medical care that addresses the medical condition that they face and that has been proven to drastically reduce their risk of suicide.

Every major medical association in the US supports medical and social transition for transgender youth consistent with the WPATH guidelines (GLAAD, 2024). This legislation directly contradicts the established science and the recommendation of these respected medical associations. The lawmakers that drafted this, and similar measures lack the medical training needed to make these overreaching decisions. Frankly, it's insulting to myself and my profession to have someone with no medical training step in and state that they know better than the collective medical and scientific community. This bill goes a step further by attempting to interfere with our state medical board, which is more than capable of determining what treatments are medically appropriate without the untrained input of this bill's author(s).

On a more personal note, I struggled with my own transgender identity as a young person as well. I grew up in a very conservative, religious household where I knew that even

discussing my concerns with gender identity would be met with hatred and ostracization. I did my best to suppress these feelings, using all the methods available to me: therapy from multiple Christian counselors, prayer, Bible study, antidepressants, etc. Yet, I received no relief from my “affliction”. My depression and suicidality persisted into early adulthood and at times felt unbearable. Antidepressants barely touched it. The first time I found relief was when I started hormone therapy. Since then, my depression has disappeared. Hormone therapy and social transition saved my life.

This legislation proposes to “protect” our children from the supposed dangers of transition. The vast weight of evidence shows that this bill, and others like it, put our transgender children at vastly increased risk of suicide. This bill does not protect our children, but rather endangers them. Transgender children in Kansas will die as a result of this legislation. I took an oath to protect my patients from harm. As a result, I must oppose this bill for the sake of our children, my patients, and the many patients of other providers across this great state.

Citations

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