

Joy N. Mapes, LMSW
Private citizen
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1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for allowing me to share my thoughts on SB 63 / HB 2071 with you today. My name is Joy Mapes. I have lived in Kansas my whole life (Gardner, Leavenworth, Baldwin City, Lawrence, Fort Scott, and Lawrence again). I am a voter in Lawrence, and I am a licensed master social worker. I am writing today to urge the committee to vote no on SB 63 / HB 2071.

Since graduating from Washburn University with my Master of Social Work, I have worked with children, adolescents, young adults, adults, and families as a therapist, an access specialist for disability accommodations, and a special education school social worker. I have worked at a community mental health center, public schools, state university, and child welfare agency. I have met people from widely varied backgrounds and learned so much from them. One thing I have learned is that each individual has their own path -- there is no one-size-fits-all solution when it comes to life. This is something I was taught in my MSW program -- The human right to self-determination is one of the keys standards of the National Association of Social Workers Code of Ethics. -- but my face-to-face interactions with clients drove home the absolute truth that people deserve the opportunity to discover themselves, their needs, and their next steps in life. The basic task of social workers in just about any role, including the ones I have listed from my career, is to help people on that journey of discovery and to connect them with needed resources. I am opposed to SB 63 / HB 2071 because it denies trans youth and their families from discovering who they are and getting needed resources, specifically gender affirming healthcare and services, and it denies providers like me from fulfilling our ethical responsibility to help trans youth and their families on their journeys.

Banning gender affirming healthcare for trans minors takes the decision away from these youths and their families. It says to trans youth, "You don't know who you are." It says to their parents and guardians, "We don't trust you to care about and for your children." It says to doctors, therapists, and any other providers that could fall under the vagueness of this bill, "We don't trust you to provide the best care possible to children." All of this is wrong. Doctors and therapists are already legally, professionally, and ethically bound to be educated about best practices for their clients and to provide the highest quality client care possible. The grand majority of parents and guardians love their children and want to do what is best for them. Minors, while not yet adults, already know their personal experiences -- their hearts and minds, questions and concerns -- better than anyone else can. Professionals, parents and guardians, and youths all deserve the chance to consider the full range of options regarding gender affirming healthcare and services, discuss them openly, weigh the pros and cons, examine the

options in relation to their values, make a choice, and access the needed services. To deny them this is to deny their right to self-determination. It is to deny them their humanity.

If you are concerned about the possible harm gender affirming healthcare could cause, I appreciate your compassion and encourage you to look at the official recommendations of American Medical Association, American Academy of Pediatrics, American Psychological Association, Endocrine Society, and National Association of Social Workers. They all recommend affirming the identities of trans youth -- essentially, telling them we believe them and still care about them -- and providing them access to evidence-based gender affirming healthcare and services, guided and served by qualified professionals, and with the informed consent of their parents and guardians. The recommendations of these professional organizations do not say that every minor who identifies as trans needs to undergo hormone therapy or other specific treatment, but they do say that these youth and their families need access to information, guidance, and the full range of treatment options should they choose to go in that direction. And they cite data showing that access to gender affirming healthcare and services actually reduces the risk of harm by lowering these youths' rates of depression and risk of suicide.

Access to gender affirming healthcare is not about harming children. It is about choice and access. It is about information, guidance, and support. It is about affirming young people who are figuring themselves out, strengthening those youths' bonds with their families as they make decisions together, and building connections with care providers. It is about strengthening individuals and relationships, which strengthens communities.

I am a mental health service provider who works with minors. All of them are trying to figure out who they are, how they feel, what they care about, and what to do next. For some of them, that thought process sounds like, "Do I really like basketball enough to go to practice today and run drills instead of hanging out with my friends?" For others, that thought process sounds like, "Am I trans? Who is it safe to talk to about this?" All of the parents and guardians I currently know want to help their children in their process of self-discovery, and they want to provide what their children need. I want to be there for these minors and their families -- to provide information and guidance, to be a soundboard, to ask thought-provoking questions, and ultimately to say, "I believe in you. I have faith in you. You can figure this out. Let me know if you need anything. I can't wait to hear how it goes." We -- trans minors, parents and guardians, and providers -- need to hear the same from our legislators. We need you to continue to allow access to gender affirming healthcare and services.

Thank you for your time and your consideration of my thoughts. I encourage you to vote no on the passage of SB 63 / HB 2071. Thank you.

2706 North Plumthicket, Wichita, KS 67226

Honorable Committee Members,

My name is Kelley Begley McCall, and I live in Wichita. I am writing to express my strong concerns about SB 63.

This bill is important to me because I believe in protecting the rights of families to make informed healthcare decisions. SB 63 deeply concerns me because it removes the ability of families and trusted professionals to make personal medical decisions that are in the best interest of their children. It restricts access to necessary healthcare for transgender youth and risks causing significant harm, including mental health crises, for some of our most vulnerable children.

By limiting even fully reversible options like puberty blockers and social transition, this bill takes away critical tools that families and healthcare providers rely on to support these children. These decisions should be made by families in consultation with doctors, therapists, and other trusted professionals—not by government mandates.

I respectfully ask you to vote against SB 63 and instead advocate for policies that protect the ability of Kansas families to make private healthcare decisions without government interference. It is essential to ensure that all Kansans, including transgender youth, are treated with dignity and respect.

Thank you for your time and attention to this important matter.

Sincerely,

Kelley Begley McCall

Senate Committee on Public Health and Welfare

Rep. Sen Beverly Gossage

Kiernan McCarty

Private Citizen

Opponent Testimony, Written Only

Chair Gossage and Members of the Committee,

When I first began to visit Kansas, I had a profoundly positive experience with a local farmer. All the names in this story have been changed to preserve the privacy of the people mentioned. When I was sixteen, just as I had started Hormone Replacement Therapy, I took a trip out to Grainfield, KS to hang out with my three friends and see the old Victorian house that my best friend's mom was working on at the time. We had planned to take a trip out to see her cousin, a cattle farmer out in the country, while we were visiting. We spent the day traveling around to see rock structures, abandoned school houses, and little museums and gift shops in the remote plains of Northwest Kansas. This is where I learned about the true beauty that Kansas holds, that which most people who are from where I am from tend to dismiss.

When we returned back to the farm, there was a storm rolling in, but we still had some time before the rain. The man who owned this farm, Jack, was my best friend at the time's second cousin (he was her mom's cousin). Before the storm, he asked me and my three friends "who wants to drive the tractor?" No one else jumped at the chance and I had never driven a tractor before, so I volunteered and followed him outside. While I stood in the driveway, waiting for him to bring the tractor around I saw my friend's mom, Jane, in the distance. I watched as she pulled him aside and explained something to him nervously. I couldn't hear what she was telling him, but I had a pit in my stomach.

I knew where this conversation could have been going, so I tuned out, walked out of earshot, and tried to ignore it. At the time, I was not someone who would ever fathom saying “no, actually I changed my mind,” to something as petty as a tractor ride. I knew I was strong and I could handle this if it got confrontational, so I got up in the tractor with Jack. At first, things were normal and fine. He let me sit in the driver’s seat, shift the gears, showed me how to steer as I kept watch on the digital map of the crop field. When I was getting the hang of things and it fell silent he said, “you know, Jane told me something before you got in this tractor with me here.” I could feel my blood pressure rise again as I listened attentively. He continued, “she told me ‘she’s got this gender thing going on’ and I told her ‘I don’t really care about any of that gender stuff.’” My heart was racing but as he continued on talking, I began to feel more present. He said, “you know Paul McCartney was big back in my time and he would talk a lot about the virtues of being vegetarian. I respected his decision to do that, because he’s in the city, but out here in the country, things are different.” Jack went on to explain to me how he could respect people in the cities, who have different knowledge, societal, and cultural experiences, but he wouldn’t change for them and he wouldn’t expect them to change for him, either. He didn’t care what my “gender thing” was because as far as he was concerned, I looked and sounded like a young man, so he’s going to go off the assumption that I’m a young man.

I felt a wave of relief wash over me as I listened to Jack explain. At that moment, I knew I was safe. I wasn’t understood, but I didn’t need to be understood. I just needed to be respected by a man who I was alone with, in the middle of rural Kansas, in a large machine. I knew that after that conversation, I’d go back to my friends and everything would be ok. That night, Jack and his wife made us dinner. We all ate together and left to go back to Grainfield. The next couple days, I could count on being able to go home to my mom and dad, who I could tell about the experience, without judgement. We would talk it out and laugh about it, but I also had to tell my friend that her mom almost put me in a really awkward, possibly even dangerous situation that day by outing me to someone who was a complete stranger to me.

The most frustrating part of all of this is the fact that she felt the need to tell her cousin my personal business, as if “I’m Gender-Confused” was written on my forehead. I can theorize all day, but I won’t know what her thought process was unless I ask her why she felt the need to tell him about my gender transition. My friends who are nonbinary and transgender who don’t “pass” in public as the gender they identify as don’t have this same privilege of safety that I have. The only reason I was able to feel safe and confident in this scenario is because I had begun Hormone Replacement Therapy several months before and was already looking and sounding like a man. I don’t personally think I look or sound like a man. I think I look and sound like myself. I think if I hadn’t undergone Hormone Replacement Therapy, I would still look and sound like myself. I didn’t transition to be someone I’m not. I transitioned because it made sense to me. My parents supported me because it made sense to them. Life is full of choices and decisions that we make for ourselves that make the most sense to us at the time. We should be able to make those informed decisions in a country that prides itself on freedom.

After meeting Jack and spending that whole day exploring Kansas, he’d always say hi to me when he would visit my friend’s family. He’d chat with me about music and ask what I’m doing with my life. He tragically passed away in 2021 after a miserable battle with cancer, but I remember him as that guy who showed me the beauty of the rural Kansas plains and the people living here. Be more like Jack, regulate your own self and your families and please stop trying to regulate other people’s personal decisions and beliefs. That’s not what the Constitution was written for. I urge you to please vote NO on SB 63.

1.26.2025

Re: Testimony in **Opposition** to Senate Bill 63

Dear Senate Public Health and Welfare Committee

I am writing in regard to banning gender affirming care for KS minors. Medical professionals consider gender affirming care as life saving for some including mental health care to medical treatments like hormone therapy and surgery. Major healthcare organizations among them, the American Academy of Pediatrics, agree on this care for transgender minors.

Please understand how important this care is to those struggling with suicide.

Less regulation from the government is the goal. Allow PARENTS AND PHYSICIANS to make the necessary medical decisions for a minor's health care not the government (those without knowledge or medical education).

Carla McCormally

Constituent in Overland Park, Johnson County, KS

Cc: Cindy Holscher



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Rabbi Moti Rieber, Executive Director
Rev. Dr. Annie Ricker, Board Chair

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Testimony in Opposition to SB 63 By Rev. Charles McKinzie II
Senate Committee on Public Health and Welfare, Sen. Beverly Gossage, Chair
January 28, 2025

Mme. Chair, Members of the Committee:

I am Ptr. Charles McKinzie. I serve as senior pastor of Grace United Methodist Church in Winfield, and I am testifying on behalf of Kansas Interfaith Action, the statewide, multi-faith issue-advocacy organization that partners with several of the primary Mainline denominations, as well as Christian, Jewish and Muslim communities and individuals throughout the state. I rise in strong opposition to SB 63.

The primary concern of the Christian community should be to attune to Jesus' words. When he was asked what was the greatest law, his reply was to love God and love neighbor - telling us that on these two ideals all other laws and commandments hang. I stand today to ask that this kind of grace be extended to transitioning youth, as they desire to present their truest selves in the world. As a pastor for gender fluid, non-binary, and trans folks, and their families and communities, my prayerful reflection is that they, like all of us, are created in the divine image of a loving God.

The diversity of human sexuality and identities reflect the glory and majesty of a God in whose image they are created and loved. Just as God created night and day, God made dusk and dawn and twilight. Throughout creation we see evidence that the simple binaries we try to impose on God's creation are too small and inadequate to categorize what actually exists. So too is it with humans. It is up to those of us who love transgender persons to support them as they develop and explore their identities - even, or I should say especially, if those explorations are unconventional or uncomfortable for the rest of us. I would also suggest that it is the job of the members of this committee and this legislature to represent their best interests, and not to fall victim to fear-mongering, hatred against a marginalized group, or poll results.

I want to add some context to what it means to be trans today. A recent paper in the National Journal of Psychological Medicine said the following about transgender people:¹

Gender-based victimization, discrimination, bullying, violence, being rejected by the family, friends, and community; harassment by intimate partner, family members, police and public; discrimination and ill treatment at health-care system are the major risk factors that influence the suicidal behavior among transgender persons. These factors all contribute to the suicide attempt rate among transgender persons ranging from 32-50% depending on location.

The UCLA School of Law recently wrote that transgender people are over FOUR times more likely than others to be the victim of a violent crime.

It is literally a life-threatening danger to be transgender. If you had any lingering doubt whether a trans person is simply "choosing a lifestyle," let that be put to bed. No one would *want* to take on an identity which puts them at great risk for violence and death. Being an out trans person is an act of bravery and courage that those of us with more conventional gender identities will simply never be able to understand.

Interfering with transgender people's ability to access care will make all of these factors worse. This legislation will stop any youth from being trans. It will, however, prevent them from receiving the health care they need, and threaten providers and professionals who want to affirm and help them.

¹ Suicide and Suicidal Behavior among Transgender Persons, <https://pubmed.ncbi.nlm.nih.gov/28031583/>

Faith leaders and denominational bodies are deeply alarmed about the impact of this bill on transitioning youth and their families, and the undue stress it will create on medical providers who wish to provide their patients the best standards of care.

Kansas Interfaith Action opposes SB 63 for three main reasons:

First, and most important, *gender-affirming care is life-saving care*. Medical care for gender dysphoria is evidence-based, medically necessary, and safe—which is why every major medical association advocates *against* bills like this. SB 63 is an attack on the dignity of and right to medical access for a vulnerable group of citizens. Patients and their families should have the freedom to make their own private medical decisions—not politicians.

Second, this is a big government solution which puts this legislature's opinions directly into choices that are better left between the patient receiving care, their parents/representatives, and their medical providers. In several cases over the past couple of years this legislature has argued for greater control by parents, particularly in educational curriculum and vaccine mandates. So why doesn't this parental right also apply to the parents of trans kids, and trans kids themselves, whose faith teaches them to affirm and celebrate gender diversity beyond the binary? Yet in this case the legislature wants to prioritize its opinions - and its prejudices - above the consideration of parents, who know and love their children and want what's best for them.

Thirdly, SB 63 has a negative impact on medical providers who have chosen their profession for reasons which include enabling their patients to have full, healthy, and fulfilled lives. This bill puts a legal bullseye on the medical professionals and staff most qualified to provide support for and understand the needs of families with transgender children. It compromises the integrity of the medical community by forcing doctors to do their job as the legislature dictates—rather than using standards of care that their profession directs them to.

According to a recent survey by the Trevor Project, 39% of LGBTQ+ young people seriously considered attempting suicide in the past year — including 46% of transgender and nonbinary young people – and 12% made an attempt. 50% of LGBTQ+ young people who wanted mental health care in the past year were not able to get it, 90% of LGBTQ+ young people said their well-being was negatively impacted due to recent politics, and 45% of transgender and nonbinary young people reported that they or their family have considered moving to a different state because of LGBTQ+-related politics and laws.²

This is the nightmare of everyone who loves a trans, non-binary, or gender-nonconforming person. Transphobia has consequences, and they can be deadly. I didn't disclose this fully when I began, but I rise also on behalf of my 17-year-old, non-binary child. The deaths of trans people, particular trans youth, did not happen in a vacuum. It happened in a state where bullies have been led to believe that there will be no consequences for violence because people in power have stoked the fires of intolerance and venomous behaviors.

Legislation like this puts politicians in Topeka in the middle of the most sacred relationships: between parents and children, between patients and providers, between the child and their truest self, and between these people and God. You have no call to do this, and you have no right to do this.

The legislation is called the “help not harm” act, but it will do a lot of harm. There is no compelling reason for this legislature to force its ill-formed opinions onto medical professionals and parents in this state. I urge you to oppose SB 63. Thank you for this opportunity to provide testimony.

cmckinzie@greatplainsumc.org

² 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People, <https://www.thetrevorproject.org/survey-2024>



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Rabbi Moti Rieber, Executive Director
Rev. Dr. Annie Ricker, Board Chair

January 31, 2024

Dear Kansas Legislators:

As we prepare for the new legislative session, we write to you as clergy and leaders of faith communities throughout Kansas. Our faith is the foundation on which our political priorities are built. We care deeply about our neighbors - all of them, and especially the most vulnerable among us. As you know, people of faith make up a significant part of your constituency. We remain fully engaged and trust that you will continue as steadfast partners in creating needed change.

Mainstream faith communities across Kansas share values of safety, equality, and dignity for each and every person. We're called to do no harm, and to do all the good we can. Discriminatory legislation that targets individuals based on sex, sexual orientation, or gender identity is an affront to the values we hold as people of faith and as Kansans. Alarmist language, fear-based rhetoric, and general mis- or disinformation fuels discrimination, and discrimination does great harm.

While we may hold differing teachings on LGBTQ+ issues in religious life, we join in common cause against any policy which might cause hurt or harm to people, no matter who they are. We, the undersigned clergy, call on all our elected leaders to hear our collective voice as we urge you to reject any further discriminatory legislation targeting our LGBTQ+ siblings. We believe such legislation has already caused severe damage to our LGBTQ+ friends and neighbors; is antithetical to the rights of equal opportunity and equal protection guaranteed in our state and federal constitutions; is contrary to the human rights to which we are all entitled; and is sinful in the eyes of a loving and merciful God.

As we look across the history of humankind, acts of discrimination have never fared well, and in the end those who perpetuate it are viewed by history as oppressors. Do not allow that to be the legacy of your service in our state legislature.

We are counting on your voice and your vote in the pursuit of safety, equality, and dignity for all Kansans, including LGBTQ+ Kansans. Let your legacy be one of mercy and justice for all. We pray for you as our leaders.

With both gratitude and great expectation,

Clergy and Leaders of Faith Communities in Kansas

Rev. Mitch Todd
Grace United Methodist Church, Olathe

Deacon Mindy Tillberg
Immanuel Lutheran Church, Salina

Neal Whitlow, Adult Discipleship
Chapel Hill United Methodist Church, Wichita

Pastor Shana Green
New Creation Fellowship Church, Newton

Rev. Chad Langdon
Christ Lutheran Church, Wichita

Pastor Bev Baumgartner
Eden Mennonite Church, Moundridge

Pastor Kane McEntire
West Heights United Methodist Church, Wichita

Rev. Amy Truhe
Messiah Evangelical Lutheran Church, Lindsborg

Rev. Ashley Prescott Barlow-Thompson
Calvary United Methodist Church, Wichita

Pastor Charles McKinzie
Grace United Methodist Church, Winfield

Pastor Christina Manero
Lorraine Avenue Mennonite Church, Wichita

Rev. Lorraine Cenicerros
UCC KO Conference Minister, Junction City

Rev. Gary Teske, *retired*
Trinity Lutheran Church, Lawrence

Rev. Dr. Peter Luckey, *retired*
Plymouth Congregational Church, Lawrence

Rev. Dr. Isabel Call
Unitarian Universalist Fellowship, Manhattan

Rev. Dr. Mandy Todd
Bethany Village, Lindsborg

Rev. Dr. Annie Ricker
Shawnee Heights United Methodist Church, Tecumseh
Berryton United Methodist Church, Berryton

Rev. Jill Sander-Chali
College Hill United Methodist Church, Wichita

Rev. Dr. S. David Cox
St. Michael & All Angels Episcopal Church, Mission

Rev. Jody Carroll, Canon
Grace Cathedral, Topeka

Rev. Torey Lightcap
Grace Cathedral, Topeka

Deacon Carolyn Garwood
St. Paul's Episcopal Church, Manhattan

Pastor Gene McIntosh
Harveyville United Methodist Church, Harveyville

Rev. Denise Dugan
Saint Andrew Christian Church, Olathe

Pastor Melissa Atchison
Manhattan Mennonite Church, Manhattan

Rev. Shelley Page
Unitarian Universalist Congregation, Lawrence

Rev. Pat Ireland
First Presbyterian Church, Cottonwood Falls

Pastor Laura Guy
Regional Congregational Engagement Director, DART

Rev. Aaron Roberts
Colonial Church, Prairie Village

Dr. Edith Guffey, *retired*
Former Kansas-Oklahoma Conference Minister, UCC

Rabbi Moti Rieber
Executive Director, Kansas Interfaith Action

Rev. R. Kent Cormack
First Congregational Church, Topeka

Rev.Carolynn Winters-Hazelton
Westside Presbyterian Church, Lawrence

Pastor Roxie Baer
Oak Hill Presbyterian Church
Faith United Presbyterian Church, Clifton

Rev. K.O. Noonoo
Westminster Presbyterian Church, Topeka

Rev. Thad Holcombe, *retired*
Lawrence

Revered Marc Giedinhagen, *retired*
St. Luke's Hospital Chaplain

Rev. Dr. Helen Hutchison
First Presbyterian Church, Lawrence

Rev. Ashley Huber
St. Mark's Lutheran Church, Olathe

Rev. Chris Deines
Bethany Lutheran Church, Lindsborg

Rev. Cheryl Hoops
Grace Presbyterian, Wichita

Rev. Adam Wutka
Central States Synod ELCA, Great Bend

Rev. John Brudvig
Salem Lutheran Church, Lenexa

Rev. Jennifer Thomas
Evangelical Lutheran Church in America, Shawnee

Pastor Austin English
Peace Lutheran Church, Manhattan

Rabbi Jonathan Rudnick
Jewish Family Services Community Chaplain

Rabbi Elizabeth Bonney-Cohen
Hyman Brand Hebrew Academy, Overland Park

Rabbi Mark Levin, *retired*
Congregation Beth Torah, Overland Park

Rabbi Larry Karol, *retired*
Overland Park

Rabbi Michael Zedek, *retired*
Prairie Village

Zen Master Bon Hae Judith Roitman
Kansas Zen Center, Lawrence

Pastor Jerrell Williams
Shalom Mennonite Church, Newton

Rev. Charles Claycomb, *retired*

Rev. Noni Strand
Lutherans Restoring Creation, Olathe

Rev. Rachael Pryor
Associate Conference Minister, UCC, Lindsborg

Rev. Lucille Barb, *retired*
Great Plains Conference UMC, Olpe

Pastor Ben Woodward-Breckbill
Shalom Mennonite Church, Newton

Rev. Loren Drummond, *retired*
Great Plains UMC, Kansas City

Rev. Shannah McAleer
St. Paul United Church of Christ, Eudora

Pastor Laura Goerzen
First Mennonite Church, Newton

Rev. Jennifer Herndon
Chapel Hill United Methodist Church, Wichita

Rev. Mindy Fugarino
Independence Boulevard Christian Church, Kansas City

Rev. Laurie Lewis
St. Stephen's Episcopal Church, Wichita

Rev. Kaylie Ines
Walsburg Lutheran Church, Leonardville

Rev. Daekyung Kim
Asbury United Methodist Church, Prairie Village

Rev. Russell Anderson
Mulvane United Methodist Church, Mulvane

Rev. Joanna Harader
Peace Mennonite Church, Lawrence

Pastor Jeff Graber
First United Methodist Church, Halstead

Rev. Janet Rhind, *retired*
Great Plains United Methodist Church, Leawood

Pastor Nathan Koontz
Bethel College Mennonite Church, North Newton

Rev. Robert Johnson
Resurrection UMC, Leawood

Rev. Doreen Rice

Great Plains UMC, Wichita

Rev. Dr. Tiffany DeTienne
United Methodist Church, Lawrence

Pastor Todd Seifert
Lawrence Centenary, Lawrence

Rev. Larry Fry, *retired*
Great Plains UMC, Lawrence

Rev. Kara Eidson
McLouth United Methodist Church
First United Methodist Church, Oskaloosa

Rev. Ross Baker
Edgerton United Methodist Church, Edgerton

Rev. Deborah Hull
Old Mission United Methodist Church, Fairway

Rev. Philip Shull
Great Plains UMC, Bel Aire

Rev. John Collins
College Avenue United Methodist Church, Manhattan

Rev. Gage Church
Central Congregational Church, Manhattan

Pastor Julia Gaughan
Peace United Church of Christ, Alma

Rev. Jennifer Collins
Great Plains UMC, Abilene

Deacon Deborah Burns
Trinity Episcopal Church, Lawrence

Rev. Shelly McNaughton
Aldersgate United Methodist Church, Olathe

Rev. Caela Wood
First Congregational UCC Manhattan

Rev. Dr. Jessica Williams
Director of Ministry Education, Kairos Center, Merriam

Rev. Paul Ellis Jackson
University Congregational Church, Wichita

St. David's Episcopal, Topeka

Rev. Mark Harmon
Overland Park

Rev. James "Mic" McGuire, *retired*
Great Plains UMC, Emporia

Rev. Kent H. Little
Newton Trinity Heights UMC, Newton

Rev. Christopher Eshelman
First United Methodist Church, Fort Scott

Dr. Ruth Rosell
Central Baptist Theological Seminary

Pastor Mike Munz
Treasurer, Kansas Interfaith Action

Rabbi David Glickman
Congregation Beth Shalom, Overland Park

Rev. Karen Nyhart
Old Mission United Methodist Church, Fairway

Rev. Jack Gregory, *retired*
Great Plains UMC, Lenexa

Rev. Caroline Dean
Plymouth Congregational Church, Lawrence

Rev. Jennifer Allen
Episcopal Diocese of Kansas, Overland Park

Pastor Valecia Scribner
Woodland United Methodist Church, Wichita

Rev. Jacob Pointdexter
Wichita United Church of Christ

Rev. Jo Mead
University United Methodist Church, Wichita

Rabbi Caitlin Brazner
Congregation B'nai Jehudah, Overland Park

Rev. Melissa Woeppel
Bethany College, Lindsborg

January 27, 2025
SB 36
Opponent
Campbell McNorton
Private Citizen

Chairperson Gossage and Members of the Committee,

Thank you for taking time to read through my testimony and consider my opinion on the bill. I am writing in opposition to SB 63.

To begin, I am a young voter in the state of Kansas who loves to live here. I am also a member of the LGBTQ+ community. Growing up here, I have always been proud to be a Kansan, as our state origins promoted a welcoming environment for everyone. However, if SB 63 were to be implemented, I would have to rethink my future goals of living in Kansas. As the broad language of the bill would allow for discrimination against my present community and potentially, my future children.

Gender-affirming care is life saving care for trans people, especially young trans people in need of affirmation and love. This medically safe practice allows for young people in the state of Kansas to feel safe in their bodies, homes, and schools. Trans youth that do receive gender-affirming care have better futures as they participate better in school, their community, and their family homes. Without this support, they are at a much higher risk for substance abuse, depression and anxiety, and suicide.

Additionally, transgender people are four times more likely to face violent victimization compared to cisgender people. The Human Rights Campaign began studying this violence in 2013 and have found 335 cases in which trans and gender non-conforming people have lost their life due to violence. Over half of these cases took place in the last four years, and 19% of these murders have taken place in Texas and Florida, two states with the worst anti-LGBTQ legislation. This is alarming considering the amount of anti-trans legislation the Kansas legislature has proposed in the last three years.

SB 63 would take away all access for trans youth to feel like themselves and remove parents, families, and doctors from making the best choices for trans youth. Youth are not making the decision to transition alone and this bill removes a choice that should be made privately by families. Alongside this, 98% of young people who start gender-affirming care in adolescence continue as adults. The reason for this is that gender-affirming care is the only evidence-based means of treating transgender youth with gender dysphoria and is supported by medical and mental health professionals. Bans of gender-affirming care are strongly opposed by medical professionals as it threatens the lives of trans youth.

So, SB 63 would not protect youth from making a regretful decision, as the decision for care is made with professionals and family members. Simply, the choice to make a private life-saving medical decision would be taken away from Kansans.

Please keep trans people in this state safe. I don't want to have to say goodbye to my friends and community members because my state representative passed discriminatory measures. Trans rights are human rights.

Thank you again for taking the time to read my testimony, and I urge you to vote no of the passage of SB 63.

Thank you for your time,
Campbell McNorton

Testimony to the House Committee on Health and Human Services
Opponent of SB63
Written only

Members of the Committee on Public Health and Welfare,

My name is Gretchen Meyer and I am writing in partnership with the Kansas Interfaith Action. KIFA is a statewide, multifaitth issue advocacy organization that partners with several Christian denominations, as well as Jewish and Muslim Kansans.

I believe we should protect the rights of the LGBTQ+ community here in Kansas.

As a Christian, I believe that children are some of the most precious gifts that God gives us. I also believe that all children are beloved by God and that, as adults, we have a responsibility to safeguard and help the children in our lives. SB63 rejects the idea that all children are created and loved equally by God by creating a clear hierarchy in which certain children matter and are entitled to medical care, and other children are intentionally denied access to that same care. As a Christian, I cannot accept this. The Bible does not say, "God is love, unless you are transgender or non-binary". It says, "God is love". As a native Kansan, the fact that people in my state are using God's name to justify discrimination and oppression makes me angry. It makes me question whether or not it is safe for me to have children in Kansas. No parent should have to spend their life trying to protect their child from the state legislature. No child should have to grow up knowing that their own elected representatives are actively trying to harm them. If this bill passes, it will do immense damage to individuals within the state and to the state itself. I do not want Kansas to become a state that people flee. I love this state. I grew up here, my family and friends are here, my life is here and I do not want to leave. But if this bill passes, and I have children, I will leave. I cannot raise my children in a state that so relentlessly seeks to harm children.

My church, Plymouth Congregational Church, United Church of Christ, supports the LGBTQ+ community because they are God's beloved children. Our church has issued the following statement, "Plymouth Congregational Church affirms that members of the transgender, nonbinary, and gender nonconforming community share with all others the worth associated with being unique individuals created by God. Considering the struggles they currently face, we especially welcome and affirm the transgender, non-binary, and gender non-conforming youth community. This congregation joyfully and unequivocally welcomes the transgender, non-binary, and gender non-conforming community to share in the life, leadership, and blessings of participation in our community of faith. We also commit ourselves to the work of creating not only a world in which transgender, non-binary, and gender non-conforming people are safe but also a world in which they thrive."

Sincerely,
Gretchen Meyer
Kansas Resident

January 24, 2025

Senate Committee on Public Health & Welfare

RE: SB 63 Concerns

Dear Madame Chair and Committee Members,

I'm writing to implore you not to support SB 63 on the grounds that it impedes on our constitutional, deeply American right to freedom of speech. Expression of one's identity is a speech act; it communicates to the world what you want people to know about yourself. Denying youths their right to speak about their thoughts and ideas about their own identity, and denying public caretakers and educators the right to engage in dialogue with them about those thoughts, is in serious conflict with the first amendment barring congress from abridging people's freedom of speech. Youths are people. Children in the United States are fully formed human beings with the same basic constitutional rights that adults enjoy.

Parental rights do not supersede the constitution. Parental rights can govern a home, but should not govern our public institutions. Our public institutions exist to protect and serve the rights of all people, including youths. The rights that we have agreed to protect within our constitution are more important than politicized opinions about sex and gender. To use governmental powers to restrict the way people speak about their gender identity is a gross overstep. Please do not support this un-American bill.

Sincerely,

Nicole Meyer

To Whom It May Concern:

My question to you regarding SB 63 is this: Why are we here again? Why are we here at all? Every single professional organization has stated *very* clearly: Denying transgender children care is detrimental to their health and well-being. This is not a “phase” – this is who they are regardless of your understanding. Do you think they would choose to have so many politicians target them and treat them in such an inhumane manner? No, like so many other medical conditions, this is a congenital condition. The difference is that it makes them a political target.

These children have a depression and anxiety rate that soars above their peers. Over 50% of transgender children are diagnosed with mental health issues compared to 20% of their peers. These bills intensify their pain. They know you are hunting them. It is for sport and not their well-being. If it was their well-being, you would listen to the professional organizations. You would not have removed supporters from your chambers last year. You would not need to misrepresent facts. Did you know that over 30% of these children are suicidal? Did you know that the suicide rate in Auschwitz was 25%. What does that tell you about the severity.

These bills cost lives. If left to medical professionals, their care is actually prescribed by an international protocol with proven success and safety. These protocols begin with therapy and remains there unless or until there is a need to move forward. Some never move from that place. Some need further intervention for their well-being and often the alternative is worsening mental health. The medications have been proven safe and are reversible. To deny that means that those that take them for other purposes are in danger. Are you prepared to say that? No, you are not. You like to carry on about surgery but doing that before the age of 18 is excessively rare. You project an incorrect message that every child jumps into surgery. That is tacitly incorrect and you know it. Overall, though? If you care about the facts? Less than 10% have the surgery you are in hysterics about – *at any age*. Let’s be honest. You care only about the male genitalia. That is rare. But the regret rate is less than 1%. But that is about adults. *Again, this is excessively rare in children*. But in the real world, more than 30% are suicidal. Studies have shown that this increases when the state starts persecuting them.

The damage you are causing children is immense. It isn’t a matter of “they can’t have it and therefore are fine or ‘protected’.” No, this is a very real fact that denying them care is detrimental. It will have a death rate. Not an “if.” It will. It is already harming them. You are already harming them.

My question to you is: Why are you so intensely focused on less than 1% of children. You are taking excessive amounts of time and therefore taxpayer money persecuting these children that are less than 1% of the population but so much at risk. You are intentionally making their lives miserable. You are making their lives *worse*. Why aren’t you focused, say, on helping the over 20% of children in this state that are food insecure? If you are honest, you will admit that these laws come out of thinktanks that mobilized after marriage equality became the law of the land. They needed to attack another part of the LGBTQIA community and you went for the absolute defenseless. They are your perfect victim and target for your political gain. They deserve equal protection, not persecution and removal of their rights to appropriate healthcare. *Again, every professional organization supports gender affirming care.*

Another question: Why aren’t the facts recognized in this decision? They are truly clear with no grey area except what you are manufacturing as you push through dangerous misinformation. The question

remains – why are you targeting these children and why are you so fixated that you are blocking the truth? If you genuinely cared about their welfare, facts would matter.

Another question: Why are you placing these workers in a place where they can see these children suffering. Every day they are there keeping these kids connected and safe. Unlike you, they know these kids. They know the truth you want to conceal. They want to listen and care and do the right thing for them. So, is the government going to dictate what they can think and say to a child? Are you prepared to dictate a reality that you not only do not understand but refuse to properly witness? You are going to control their speech and expression. You are seeking to violate their First Amendment rights.

You are targeting children that have no choice in who they are and how they were created. You would not deny medical care for any other medical condition in this manner. You would not deny any other group the right to talk about their condition and their actual identity. You would not deny workers the right to talk to them and care for them in the manner suited to the situation. You would not attempt to deny that the condition was real and punish those who have it. You would not sentence them to an endangered state. You would not insert your opinion over the established consensus of the medical community.

You are cutting them off from those who interact with them for a large portion of their lives. They cannot reach out for understanding and support. Instead, how many will sink deeper and potentially die. These deaths are preventable since you are involved in the cause.

Transgender kids do not have any choice in this. They had no choice in having their condition. They have no voice in what you are doing to them. None. However, *you do have the choice to **do the right thing***. You can choose to allow citizens of this state to retain the right to work with medical professionals in their medical care (governed by international protocols). You can choose to let them have professionals to go to when they are upset, scared, depressed, or just need someone to talk to. You can choose to *not* violate the First Amendment rights of those entrusted with their care.

You no doubt have rallied as “pro-life,” so be pro-life and respect the lives of these children. Respect that they are struggling and one-third are at risk of taking their lives. If you want to say you are pro-life, then care about these lives. Protect these lives by leaving the medical decisions where they belong. Protect these lives by rejecting this bill and the harm it represents. Focus on running this state and managing the real problems.

Make a good impact and stop persecuting children.

Make a good impact and do not violate the First Amendment rights of those who work with these children.

Do what is right. Respect the actual facts. Stop victimizing children for political gain.

Please do what is right. You have the choice.

Michele A. Montour
Lawrence, KS

RE: Senate Bill No. 63

Dear Senate Committee on Public Health and Welfare,

This is a dangerous bill that is clearly government overreach. Medical advances do not need state legislator intervention and state funds should be used for all healthcare. What a person wants to do with their medical care is between them and their physician and healthcare team. Legislating dangerous, non-evidence based medicine is governmental overreach and will harm all Kansans. Senate Bill 63 should be thrown out.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mikala Moreau', with a stylized, cursive script.

Mikala Moreau
5107 Outlook St
Mission, KS 66202
Mikalarobb@gmail.com



Testimony of Taylor Morton, Kansas Lobbyist and Policy Analyst (written testimony)
Planned Parenthood Great Plains Votes
4401 W. 109th Street, Suite 200, Overland Park, KS 66211
Regarding SB 63 (Opponent)
Senate Committee on Public Health and Welfare
January 28, 2025

Planned Parenthood Great Plains Votes (“PPGPV”) is the advocacy and political arm of Planned Parenthood Great Plains (“PPGP”). PPGPV offers expert, compassionate sexual and reproductive health care to patients with four health center locations in Kansas. PPGPV submits this testimony in opposition to Senate Bill 63. SB 63 would effectively ban gender-affirming care for patients under the age of 18 and threaten medical providers with license revocation for providing best practice medical care. Under SB 63, patients and their families would lose the right to make the health care decisions that are best for them.

The inability to access gender-affirming care contributes to depression, social isolation, self-hatred, risk of self-harm, and suicidal ideation among transgender and nonbinary youth. Transgender youth are more likely to feel depressed and anxious, harm themselves, or attempt suicide. Transgender and nonbinary youth are 2-2.5 times as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide than their cisgender and LGBTQ+ peers.¹ Simply the introduction of anti-trans legislation like SB 63 is harmful—with 85% of transgender and nonbinary youth reporting a negative impact on mental health because of the stigmatizing messages of such legislation. A 2022 poll found that 85% of trans and nonbinary youth said their mental health was negatively affected by these laws.²

Access to gender-affirming care—particularly puberty blockers—has been shown to decrease the likelihood of suicide and depression among transgender and nonbinary youth. Furthermore, individuals who are accepted and supported in their gender identity show better mental health and quality of life outcomes.³ Medical and social gender-affirming care are shown to improve mental health outcomes, build self-esteem, and improve overall quality of life for gender diverse youth.⁴ The language of SB 63 clearly discriminates against transgender Kansans by allowing cisgender youth to access the same health care that transgender youth are barred from. In order to protect and nurture Kansas youth, gender-affirming care must be accessible. Everyone should have the right to make their own medical decisions in consultation with their families and providers—without government interference.

Gender-affirming care is considered medical best practice by most major medical organizations—including the American Academy of Pediatrics, American Medical Association, and American Psychiatric Association, among others.⁵ There is consensus among the medical community that gender-affirming

¹ [https://www.jahonline.org/article/S1054-139X\(19\)30922-X/fulltext](https://www.jahonline.org/article/S1054-139X(19)30922-X/fulltext)

² <https://www.thetrevorproject.org/blog/new-poll-illustrates-the-impacts-of-social-political-issues-on-lgbtq-youth/>

³ <https://psycnet.apa.org/fulltext/2015-39781-006.html>

⁴ <https://doi.org/10.1016/j.jpap.2019.05.004>

⁵ American Academy of Pediatrics: <https://publications.aap.org/aapnews/news/25340/AAP-reaffirms-gender-affirming-care-policy?autologincheck=redirected>; American Medical Association: <https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update>; American Psychiatric Association: <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Position-Transgender-Gender-Diverse-Youth.pdf>



care for patients under age 18 is medically necessary and safe. SB 63 creates liability for Kansas health care providers for treating patients in accordance with the standard of care.

Over 70% of Kansas counties are experiencing a physician and/or nurse shortage.⁶ To address this shortage, the Kansas Legislature should equip and empower health care providers, rather than imposing harmful penalties for practicing medicine in accordance with the standard of care. SB 63 threatens Kansas health care providers who treat patients experiencing gender dysphoria, and makes it harder for them to provide comprehensive, wholistic health care to Kansas youth.

The provisions in SB 63 are meant to stigmatize transgender Kansans and providers of gender-affirming care. There is no medical basis for banning gender-affirming care for patients under age 18, and the only impact of passing SB 63 would be harm to patients and providers. Gender-affirming care includes medical and non-medical interventions, and this type of care is lifesaving.

PPGPV strongly urges the Committee to oppose SB 63.

⁶ <https://www.ruralhealthinfo.org/charts/5?state=KS>

I Oppose SB 63

Dear Members of the Senate Public Health and Welfare Committee,

I am writing to respectfully register my strong opposition to SB 63. While the sponsors of this bill claim it is designed to protect our youth, it will do nothing but harm the most vulnerable among us and put undue burdens on our state educators and health care providers. I urge you to vote no.

Banning gender affirming care for youth experiencing gender dysphoria is cruel and inhumane. We know that youth who are denied access to such care are at much greater risk of suicide. The detractors of gender affirming care for minors tell horror stories warning that someone will have an irreversible surgery and later on wish to return to their gender assigned at birth. In practice, this is simply not a concern. We can trust the families of these children and their doctors to provide them with appropriate care. It is wrong for the state to insert itself between a doctor and patient.

Along with banning gender affirming health care, SB 63 aims to muzzle state educators, mental health professionals, and healthcare providers from even discussing issues of gender dysphoria and transition with minors and their families. This outcome would hamper these professionals in their duties to our children, and prevent them in many cases from helping those most in need. We have seen in other states which have passed restrictive bans on healthcare that many professionals leave those states to practice in those without draconian laws. We face a very real danger of losing skilled qualified professionals permanently if we enact such a harmful law.

The underlying idea of this bill seems to be the fantasy that if we ban gender affirming health care and ban discussion of it in spaces such as schools, health care and mental health facilities, that the issue will somehow disappear. But it won't. Transgender people existed long before they became the latest vulnerable group to be swept in the culture war. In the dark days before our society evolved enough to accept their truth and provide healthcare options, these people either ended their own lives early, or led lives defined by depression, misery and isolation. Enacting this law will lead to pain and death, not protection. We owe it to our children and to the fine professionals in our state system to be better than this. I implore you to reject this bill.

Stephen Moss

Emporia, KS

Sean Nash
6518 West 66th Street
Overland Park, KS 66202
203-605-3988
nashse@gmail.com
KS 7th district

Jan 24, 2024

Testimony RE: Kansas Senate Bill 63

Dear Committee on Public Health and Welfare,

I am writing to express my concern over SB63, introduced as the “help not harm act.” I would like to describe why this bill is designed to harm not help and why I am opposed to it as a Kansan.

First, with regard to medical care for trans youth, I would urge you to enact and support legislation that strictly follows the overwhelming evidence provided by medical experts supporting gender transition. The resounding consensus for many years has been that youth will face many negative health impacts if they are not supported in exploring their gender and transitioning when it is right for them. These are life saving steps for care of transgender (youth who do not identify with their sex assigned at birth) and gender questioning youth. Overall “regret” rates are negligible, and some cases of “regret” are reaction to discrimination and social stigma. I would like to point out that cisgender youth (youth who identify with their sex assigned at birth) also receive puberty blockers and gender affirming medications and surgeries. When my own sister was sixteen, she had unmanageably large breasts and had to have a breast reduction at that age. As such, my point is that that medical care for all youth should be handled with evidence-based medicine and guidelines, and it should be handled

without fear of recrimination by the state for what is ultimately a personal matter between families and their doctors. Blocking state funds and state care for gender transitioning, for example, through KU medical center, is extremely dangerous.

Additionally, the bill includes components that challenge the use of state funding for gender transition that will have severe impacts on protected speech and expression under the First Amendment. The intent of this aspect of the bill, as I understand it, is to keep youths under 18 from having any knowledge of gender identity exploration in Kansas schools. This harms everyone. The intent of the bill is clear in the impact it would have on trans youth in particular. Without support, trans youth as a population will face greater and greater isolation, harm, and suicide rates. All youth need to be able to speak to parents, guardians, and trusted adults about their inner feelings. Youth need to be able to speak freely and explore options for identity exploration in all areas of their lives, and expressing oneself through their clothing and appearance is a First Amendment right.

Please understand, this will not just affect trans youth. This bill will ultimately condone bullying toward those deemed to not fit a societally conforming gender expression- ie., long hair for girls, short hair for boys, narrowly gendered clothing, etc.

I would implore you to consider how many bills of this nature are being introduced to the Kansas Legislature and across the country, wasting taxpayer dollars on discriminating against a minority. This rash of discriminatory bills is the definition of government overreach and wasteful governmental practices. These bills do not help Kansans, nor do they help our country.

Thank you,

Sean Nash

SB 63 Written Opposition Testimony
Public Health and Welfare Committee
January 28, 2025
Samantha Neill - sjneill13@gmail.com
Kansas Citizen

Members of the Committee,

I am writing to ask you to oppose SB 63.

Decisions regarding one's health should be between that person and their doctor. When children are involved, decisions should be made with the parent, child, and doctor working together to do what is best for said child. I do not know what it is like to be transgender, nor do I as a mother to my own children. I do, however, have two friends who have been working with counselors, medical professionals, etc. to provide the gender-affirming healthcare that their child needs to survive and thrive. It is important that they are able to continue to make progress in their child's health without interference from legislation. Without this combined approach, the likelihood of their child attempting suicide or dying by suicide is increased dramatically.

According to the Trevor Project, anti-trans legislation causes a 72% increase in suicide attempts among transgender and nonbinary youth. As an educator who has participated in suicide awareness trainings, this is a concerning statistic.

When I spoke to one of my friends last week, she said, "Why can't they see that we are doing all we can to keep our children alive with the guidance of mental health and medical professionals?"

This bill is also widely-worded. It bans state facilities or individuals/entities receiving state funds from "promoting or advocating" social transition or gender affirming care to trans people under 18, bans state employees who "care [for] children" from providing or promoting social transition or gender-affirming care to trans people under 18.

I would ask you to vote no to SB 63.

Respectfully,
Samantha Neill
Buhler, KS

JACQUELINE NEWCOMB
Written-only OPPOSITION Testimony
SB63

Dear Members of the Kansas Senate Public Health and Welfare Committee

Hoping you all are well. I'm writing in OPPOSITION of SB63 as a resident of Osawatomie and Ally of LGBTQ+. This is a small community very rich in diversity. Having family, friends, and neighbors that this bill would be harmful towards is very concerning. As a Parent and Kansan there are many other things this Committee could be working on to better Kansas for all.

I can recognize that some of you may feel justified in pushing for this. Sadly this justification is misguided and seen as a heinous attack that is wasting Kansas

resources. I truly, truly hope each of you take a long moment and see this. If at any time you'd like to take a walk around my community to see what kind of health and welfare for Kansas children is really needed. I would be glad and honored to walk with you and discuss these badly needed changes.

I'm asking, Could you Please vote NO in opposition of SB63.

Sincerely Wishing you all the best.

Jacqueline Newcomb

Aleksandra Nokes

Written-only OPPOSITION TESTIMONY

SB63

Member of the Kansas Public Health and Welfare Committee:

I am a Johnson County resident and a member of the Board of Directors of Gardner KS Pride. I am writing to express my strong opposition to the proposed bill, SB 63 that seeks to ban gender-affirming healthcare for transgender minors in Kansas. This legislation represents a harmful and dangerous overreach into private healthcare decisions, the rights of families, and the well-being of vulnerable youth.

First, this bill would effectively ban all gender-affirming medical care for transgender minors, including puberty blockers and hormone replacement therapy (HRT). These treatments are evidence-based, widely supported by leading medical organizations, and often life-saving for transgender youth. Denying access to this care is not only medically unjustified but also cruel, as it puts young lives at significant risk for mental health crises and suicide. Furthermore, banning the use of state funds, including Medicaid, for such care discriminates against low-income families who already face barriers to healthcare access.

Second, the provision barring state agencies, facilities, or employees from affirming transgender youth is deeply troubling. It prevents educators, counselors, and other trusted adults from supporting transgender minors, stripping these young people of the guidance and affirmation they often need to thrive.

Finally, threatening healthcare providers with liability lawsuits and licensure implications for offering gender-affirming care is a dangerous precedent. This provision not only jeopardizes the ability of professionals to provide medically appropriate care but also creates an environment of fear and hostility for those committed to serving their patients.

I urge you to consider the devastating impacts this legislation would have on transgender youth, their families, and the broader medical community. Transgender youth deserve the same access to compassionate, evidence-based care as any other child. Kansas should be a state that supports its youth, not one that legislates against their well-being.

I respectfully ask you to vote against this harmful bill, SB63, and instead focus on policies that protect and uplift all Kansas residents.

Thank you for your time and consideration.

Aleksandra Nokes

SB 63 Opposition Testimony (Written/Oral)
Senate Committee on Public Health and Welfare
January 28, 2025
Gabriel Padilla, private citizen
gabepadilla2016@gmail.com

Chair Gossage & members of the committee,

First, thank you for working for Kansas voters here in Topeka and for the opportunity to testify in opposition to SB 63. I am here today to speak in opposition to the proposed legislation that wants to ban gender-affirming care for minors in Kansas. As a transgender with nine years of experience in the classroom, I can tell you this legislation is more harmful than good.

I'm a math teacher with the privilege of working with students of all backgrounds, experiences, and identities. Today, I stand in opposition to Senate Bill 63 because it fundamentally violates the rights of children and their families. Every student, no matter their age, should have the autonomy to decide what is best for their bodies.

As a transgender individual, I know firsthand how critical it is to have the ability to make informed decisions about one's own identity, and I believe that right belongs to every young person—especially those who are most vulnerable. The choice to affirm one's gender should not be dictated by the government but by the person living in that body and their family. No one knows a child better than those who love and care for them.

Children are entitled to respect, compassion, and support as they navigate their journeys. By imposing restrictions on gender-affirming care, we are not only infringing upon their freedoms, but we are also sending a harmful message that their identities do not matter. Every person deserves the dignity to express themselves fully, and no law should stand in the way.

Thank you for your time and consideration.

Gabriel A. Padilla

Wichita, Kansas

Dear Honorable Committee Members,

My name is Christopher Perrey, and I live in Wichita, KS. I am writing to voice my opposition to Senate Bill 63.

As a pastor who ministers to families from the LGBTQ+ community, I have seen firsthand how anti-trans legislation makes life more difficult for youth and adults. It negatively affects mental health, including increasing suicide risk. My faith compels me to care for the marginalized, not criminalize care for them.

This bill infringes on the rights of families and healthcare providers to make informed decisions and denies children the care they need. I do not believe the government should make unilateral decisions for parents who better know the needs of their children, including those who are experiencing gender dysphoria.

This legislation will have lasting, harmful consequences on children and their families while ignoring the recommendations of medical experts. While this bill is named the “Help not Harm Act,” all medical research shows that these measures will harm children.

I strongly urge you to reject SB63 and champion measures that protect healthcare access and the rights of Kansas children to receive the care they deserve.

Thank you for your consideration.

Sincerely,
Christopher Perrey

Bill Number: SB 63

Testimony format: WRITTEN

Indicate disposition: OPPONENT

Name of Conferee: Cat Poland

Private Citizen

My name is Cat Poland. I am a writer, non-profit board chair, church board member, school volunteer, wife, friend, lifelong Kansan and mom to 3 amazing children.

I'm writing to you today to express my deep concern and fear of governmental interference in my family's medical decision making.

My 15 y/o child had an uncommon and potentially life-threatening health condition that is often grossly misunderstood. In fact, only .6% of the American population experiences this condition.

He nearly died from complications of this condition in 2021. We almost lost our baby.

I was distraught. I slept on the hardwood floor right outside the bedroom door weeping and praying for God to help ease his suffering. I felt hopeless and helpless--but hope was not lost.

We found out there's treatment available that could reduce our child's risk of dying by 40%. Of course no medical treatment is risk free, but not acting also held potentially dangerous implications.

We did hours upon hours research, consulted with a variety of doctors and healthcare professionals who knew your child well, and also spoke with other people who shared this condition. Ultimately our child decided it was something they wanted to pursue, and as loving, cautious, caregivers, we decided the potential benefits outweighed the risks.

And, it worked! Our child's health began improving, he was able to attend school regularly again, and even started getting straight A's when he previously had failed nearly every class.

Our child was once again able to IMAGINE a future for himself, happier and healthier than we've seen them in a very, very long time.

Now why on earth would the government want to interfere with this type of treatment? Why would it suddenly become illegal for us to seek the medical care he needs, and that's given us our child back?

Because my son is transgender.

Because his condition is gender dysphoria.

And because the treatment is gender affirming medication.

Abusive--that's what some Kansas lawmakers are calling parents like me who have been fighting like hell to save our children's lives.

The same version of this year's bill, was last year called the ***"Forbidding Abusive Child Transitions Act,"*** and that breaks my heart.

I am not a perfect mother. But I certainly am not an abusive one.

I've been asked if I'm worried that the medication will harm his chances of having children some day. I tell them I'm more worried about having a child alive TODAY. Because if he doesn't live until adulthood, there would be no chance for future grandchildren, whether biological or adopted.

See, my son was in such a state of despair after coming out as transgender, so confused and terrified within his body, that he swallowed a handful of pills and prayed he wouldn't wake up. Thank God he did, but it's been a difficult, terrifying journey.

At the end of 2021, he was actively suicidal, had cuts from self harm covering his body, and was anorexic and bulimic, wasting away before our eyes. He spent a week in inpatient care, then another 6 weeks in a psychiatric residential treatment facility. His entire 7th grade year was an educational loss. *(And if the state is concerned about paying for inexpensive hormones, I can assure you that paying for weeks of inpatient psychiatric care costs the state FAR more, probably around \$50,000+.)*

I don't like disclosing these things about my child to strangers, but you are not just any strangers. You hold power over the decisions he's able to make about his own body, his own health. Decisions that have helped him dig out of the deepest, darkest pit imaginable.

And he has. Praise the Lord, he has.

Through intensive therapy, a supporting, loving family, a wonderful church community, AND gender affirming medication, he's thriving.

He's now a sophomore in high school. He's getting straight As and loves going to class. He recently earned his learner's permit. He's active in drama club, has a part in the school play, and participates in church youth group. He feels much more comfortable in his own body.

He wants to live. My child WANTS to LIVE.

And now, his health, his life, is in your hands. And no offense to you, but it shouldn't be. We, as his parents, should be able to help him make medical decisions that are right for him.

As Attorney General Kris Kobach recently stated in his letter to the Kansas Association of School Boards, parents have a “right to direct the care, upbringing, and education of their children.”

Parents should have the right to decide if their child would benefit from gender affirming medication, NOT the government. Yes, there are potentially harmful side effects as with ANY medical treatment, but for our child, and for the vast majority of transgender individuals, the benefits far outweigh the risks.

I appreciate that Kansas lawmakers want to protect the health of Kansas children, but SB 63 would cause great harm to young transgender Kansans who are already at greater risk of suicide, self harm, family ostracization, dropping out of school, substance abuse, bullying and violence.

I appreciate your time, and ask you to please oppose SB 63 and give my family a fighting chance to remain in Kansas, and my child a fighting chance to see 16, 17, 18 and every glorious year beyond.

Sincerely,

Cat Poland

01/24/2025

Written Testimony Opposing Senate Bill 63

I am Wren Porcaro, I am non-binary, and I am writing to oppose Senate Bill 63.

While I am no longer a minor, as someone who knows the experience of a minor navigating transgender healthcare here in Kansas—both through myself and my brother Damien—I believe I am able to effectively advocate for my peers who are still minors, including my brother and my friends at school.

This bill simply goes too far. Many transgender children discover a discrepancy between their perceived gender and assigned gender at birth some time before the age of puberty, at which point potentially unwanted characteristics may develop. By banning treatments which are easily reversible, or which have few or no permanent effects, such as puberty blockers and hormone replacement therapy, you are putting transgender children at risk.

The fact is: transgender children are at a higher risk of suicide and mental health issues than their cisgender peers, due to many factors. One of these factors, gender dysphoria, has an extremely powerful negative effect on the brain, and it is not an effect that I or any other transgender child can simply choose to ignore; at least, not for long. It's an effect that's brought me much too close to killing myself more times than it should have, which to be clear, is **zero times**.

Preventing professionals from safely treating this diagnosable issue, even with parental consent, may put some children at risk of using “do-it-yourself”, or “DIY”, treatments. These treatments include buying medicines—potentially illegally—and using them, which carries a wide variety of physical, financial, and legal risks.

Even further, this bill goes to ban the advocacy of social transition for minors by state officials or using state properties. This is a problem for one simple reason: social transition is potentially the *least* invasive and *least* permanent way to help ease gender dysphoria. The only reason I see to oppose social transition in this way is to fulfill a wish to limit people's free expression. This, I feel, is blatantly against the First Amendment of the United States Constitution and the purpose of our free society in America.

There's a simple question you need to ask when you vote on this bill: how many transgender children will this kill? If that number is more than zero and you still vote in support

of it, I could not, in good conscience, support you as a constituent. And I believe that number is more than zero, so I urge you to vote against Senate Bill 63.

Thank you,

Wren Porcaro

SB 63 Opposition Testimony (Written Only)
Senate Committee on Public Health and Welfare
January 28, 2025
Angie Powers, private citizen
angierpowers@gmail.com

Chair Gossage & members of the committee,

Thank you for your work representing Kansas voters in Topeka! I am writing to express my strong opposition to the proposed legislation that seeks to ban gender-affirming care for minors in Kansas (SB 63). My opposition is rooted in my experiences as both a mother of a non-binary child who is now an adult and as an educator with 25 years of experience in Kansas classrooms.

As a mother, I have experienced firsthand the profound importance of having the freedom to make decisions in partnership with medical professionals to best support my child. When my youngest came out as non-binary, my focus as a parent was to ensure their well-being, happiness, and readiness to succeed in school and life. Our journey required thoughtful and private conversations within our family, informed by the expertise of medical professionals and the support of educators. At no point did we need the involvement of legislators in those deeply personal decisions.

As an educator, I have seen how students thrive when they can be themselves and feel supported. When families can work with medical professionals to make decisions tailored to their unique circumstances, students are more likely to come to school ready to learn and engage with their peers. Conversely, policies that strip families of their rights to make such decisions disrupt this process, creating unnecessary stress and hardship for families and, ultimately, for schools and communities.

This bill undermines the fundamental rights of Kansas families to do what is best for their children. It disregards the expertise of medical professionals and the autonomy of parents to provide the care and support their children need. Such legislation does not strengthen our communities; it divides and harms them.

I urge you to reject SB 63 in the best interest of Kansas families and communities. Families deserve the right to make decisions about their children's health and well-being without government interference. Let us focus on creating a Kansas where all children can thrive, where families are trusted, and where communities are built on compassion and respect.

Thank you for your time and consideration.

Angie Powers
Olathe, KS

Dear Senator,

My name is Jennifer Primeaux, and I live in Wichita, KS. I am writing to voice my opposition to Senate Bill 63.

I am a parent and a Licensed Clinical Professional Counselor (LCPC) in the state of Kansas. I am a firm believer in informed consent when obtaining healthcare. For the government to impose this bill, it is to go against the rights of people to make informed decisions FOR THEMSELVES AND FOR THEIR CHILDREN.

Trust that medical professionals have taken their oath seriously to do no harm. Stop overstepping in peoples' personal lives and medical decisions.

I am requesting for you to reject SB63.

Thank you for your consideration.\

Sincerely,
Jennifer Primeaux, LCPC, NCC, ATR

Dear members of the Senate Public Health and Welfare Committee:

I have read the text of HB 2017 and I am concerned this bill does not represent the best interest of Kansas citizens.

I am opposed to this legislation because it removes my ability as a parent to make health care decisions for my child.

I am opposed to legislation because it removes my right to make my own health care decisions.

I am opposed to legislation because it prohibits my doctor from making the best health care decisions for my body and my circumstance.

I am opposed to this legislation because seems to be written out of fear and not medical science.

I am opposed to this legislation because it limits personal expression.

Raising children frequently feels like navigating uncharted territory. There are rarely easy answers or simple topics. Gender identity definitely fits into that category. Punitive, absolute legislation for a topic our society is only just beginning to understand is not the right approach. This legislation will serve to make those supporting the bill feel better at the expense of the health and wellness of those impacted by the bill.

Thank you for your careful consideration.

Anna Purcell

Honorable Committee Members,

My name is Daniel Rhoads, and I live in Topeka, KS. I am a concerned constituent.

I'm here to talk about SB 63. This bill is important to me because as someone who values equitable healthcare access and personal liberty, this bill deeply concerns me.

I believe this bill is harmful to Kansans because this bill restricts the ability of families and their healthcare providers to make individual decisions in the best interest of their children. This bill is extreme and overreaching. It is not just about surgical intervention, it restricts even safe, fully reversible interventions such as puberty blockers and social transition. Children and teens who are transgender or experiencing gender dysphoria should have the freedom to make medical and personal decisions with their parents, doctors, therapists, and faith leaders, just like all other Kansans.

I ask you to vote against SB63 and advocate for policies that ensure all Kansas families retain the right to make their own healthcare and lifestyle choices.

Thank you for your time and attention.

Daniel Rhoads

JULIE RIOS
PRIVATE CITIZEN
J4RIOS@GMAIL.COM
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you for giving me the time to share my thoughts on SB 63/HB 2071 with you today. My name is Julie Rios and I am a voter in Johnson County. I am writing you today to encourage the committee to vote no on SB 63/ HB 2071.

Medical care for gender dysphoria is evidence-based, medically necessary, and safe—which is why every major medical association advocates against bills like this. Gender-affirming care is individualized to meet the needs of each patient, managed through a careful and evidence-based model of assessment and informed consent—which is already required by law. SB 63/HB 2071 will weaponize the law against medical providers and others.

The bill does not define what it means to “promote,” “provide,” or “advocate” for social transition or gender affirming medical care—meaning not only will mental and medical health professionals be impacted by this bill, but it could also disrupt school counselors, teachers, daycare providers, etc., who interact with trans youth. The language of the bill clearly discriminates against transgender Kansans and raises constitutional concerns about state employee's free speech rights.

Legislators should not be inserting the state into the private medical decisions of Kansans and their medical providers. I take a libertarian stance on this issue. Live and let live.

Thank you for hearing my thoughts on this issue. I encourage you to vote no on the passage of SB 63/HB 2071.

Thank you.

Dear Chairman and Members of the Committee,

Thank you for giving me time to share my thoughts on SB 63 with you. My name is Bryson Ripley. I've lived in the great state of Kansas my entire life, unless you don't count the years I was serving our country in the Marine Corps. When I'm not conducting my duties as the President of Veterans For Peace Chapter 97, I'm working towards my Psychology and Sociology degree at the University of Kansas. I am asking you to please oppose SB 63, and to not strip the rights of parents to make private medical decisions for their children. As well as to prevent attacks on our public employees.

I am in opposition for various reasons, but mainly because it is just another disgusting attempt by an ill-intentioned political faction to ensure issues of culture come before anything that might actually provide real positive change to society as a whole. The real issue here is the people who think they can force others to abide by a small group's ignorant, patriarchal, hate filled, and propaganda fueled far-right ideologies. As I've been following the introduction of these bills across our country and globally, I've seen conspiracy theories, misinformation, and bad actors as the main drivers.

Trans people have always existed, this is indisputable by historical records. We also know LGBTQ people have a long history of being oppressed, or worse, subjugated by authoritarian controlled states. Students of history know that groups, like trans people, are used as scapegoats. They are dehumanized by authoritarian propaganda systems for the purpose of misdirection, and to further entrench the ruling factions' power. Controlling what someone does with their own body isn't freedom, it's authoritarian control.

Instead of further dividing society with bogus issues that have been manufactured with nefarious purposes, please promote tolerance, understanding, and education. Instead of constantly looking at issues through your own personal lens, please look at other people's perspectives. Thank you for taking your time to read this letter. Please support real freedom loving Kansans and oppose this bill.

Thank you,
Bryson Ripley
President of Veterans For Peace Chapter 97
Semper Fidelis

Iridescent Roney
Private Citizen
iridescent.sylva@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairman and Members of the Committee, thank you so much for giving me time to share my thoughts on SB 63 / HB 2071 with you today. My name is Iridescent Roney and I am a voter in Douglas County. I am writing today to encourage the committee to vote no on SB 63 / HB 2071

I urge the Senate Committee on Public Health and Welfare to listen to medical professionals and queer/transgender resource organizations. There is a lot of misinformation that has been shared with the legislature historically. Below is a plethora of studies and statements of support from many trusted major medical organizations. What I have shared in this document is a fraction of resources and studies available that speak to the safety and necessity of gender affirming care. Before pushing legislation that will negatively impact transgender youth and their families it is imperative that this committee review the science and listen to experts in this field-not out of state hate groups. Before I begin sharing the resources below I do have a couple of constitutional questions that I believe this committee needs to highly consider:

The first question I have is this. What if a child moves to Kansas from out of state, already socially transitioned, including an amended birth certificate from their birth state, will the state of Kansas recognize them as they identify or will the state of Kansas violate the US Constitution Article IV, Section 1 which requires each state to give full faith and credit to what other states have done?

The US Constitution Article IV, Section 1 reads "Full Faith and Credit shall be given in each State to the public Acts, Records, and judicial proceedings of every other State. And the Congress may by general laws prescribe the manner in which such Acts, Records, and Proceedings shall be proved, and the Effect thereof".

Under this legislation if a parent of a transgender child taught or worked at the same school as their child, they would be forced by the state to misgender their own child. This would infringe upon a parent's ability to raise and support their child- not to mention the emotional and mental trauma this would create for both parent and child.

An additional consideration- should the bill be amended to follow the US Constitution and carve out exceptions for people coming from out of state: That would make the state of Kansas liable to be sued under the 14th Amendment regarding equal protection under the law.

The question is- does the state of Kansas really want to put itself up for such a legal battle?

Studies and Statements in Support of Gender Affirming Care for Minors Begin On The Next Page.

1. The World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. 7th Version.

Link: https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf

1. Public Policy and WPATH Statement of Support “Health is promoted through public policies and legal reforms that promote tolerance and equity for gender and sexual diversity and that eliminate prejudice, discrimination, and stigma. WPATH is committed for these changes in public policies and legal reforms” p.1-2

2. WPATH’s Standards of care and their benefits. “These principles include the following: “Exhibit respect for patients with nonconforming gender identities (do not pathologize differences in gender identity or expression); provide care (or refer to knowledgeable colleagues) that affirms patients’ gender identities and reduces the distress of gender dysphoria, when present; become knowledgeable about the health care needs of transsexual, transgender, and gender nonconforming people, including the benefits and risks of treatment options for gender dysphoria; match the treatment approach to the specific needs of patients, particularly their goals for gender expression and need for relief from gender dysphoria; facilitate access to appropriate care; seek patients’ informed consent before providing treatment; offer continuity of care; and be prepared to support and advocate for patients within their families and communities (schools, workplaces, and other settings)” p.3

3. Care is needed to combat stigma which lead to prejudice and discrimination. See “Minority Stress”. “Unfortunately, there is stigma attached to gender nonconformity in many societies around the world. Such stigma can lead to prejudice and discrimination, resulting in “minority stress” (I. H. Meyer, 2003). Minority stress is unique (additive to general stressors experienced by all people), socially based, and chronic, and may make transsexual, transgender, and gender nonconforming individuals more vulnerable to developing mental health concerns such as anxiety and depression (Institute of Medicine, 2011). In addition to prejudice and discrimination in society at large, stigma can contribute to abuse and neglect in one’s relationships with peers and family members, which in turn can lead to psychological distress. However, these symptoms are socially induced and are not inherent to being transsexual, transgender, or gender nonconforming.” p.4

4. Fully Reversible Interventions “Two goals justify intervention with puberty suppressing hormones: (i) their use gives adolescents more time to explore their gender nonconformity and other developmental issues; and (ii) their use may facilitate transition by preventing the

development of sex characteristics that are difficult or impossible to reverse if adolescents continue on to pursue sex reassignment. Puberty suppression may continue for a few years, at which time a decision is made to either discontinue all hormone therapy or transition to a feminizing/masculinizing hormone regimen. Pubertal suppression does not inevitably lead to social transition or to sex reassignment.” p.18-19

Risks of Withholding Medical Treatment for Adolescents Refusing timely medical interventions for adolescents might prolong gender dysphoria and contribute to an appearance that could provoke abuse and stigmatization. As the level of gender-related abuse is strongly associated with the degree of psychiatric distress during adolescence (Nuttbrock et al., 2010), withholding puberty suppression and subsequent feminizing or masculinizing hormone therapy is not a neutral option for adolescents.” p. 21

Medical Necessity of Hormone Therapy Feminizing/masculinizing hormone therapy – the administration of exogenous endocrine agents to induce feminizing or masculinizing changes – is a medically necessary intervention for many transsexual, transgender, and gender nonconforming individuals with gender dysphoria (Newfield, Hart, Dibble, & Kohler, 2006; Pfäfflin & Junge, 1998)... Hormone therapy can provide significant comfort to patients who do not wish to make a social gender role transition or undergo surgery, or who are unable to do so (Meyer III, 2009). P.33]

Lifelong Preventive and Primary Care is a Necessity Transsexual, transgender, and gender nonconforming people need health care throughout their lives. For example, to avoid the negative secondary effects of having a gonadectomy at a relatively young age and/or receiving long-term, high-dose hormone therapy, patients need thorough medical care by providers experienced in primary care and transgender health. If one provider is not able to provide all services, ongoing communication among providers is essential. Primary care and health maintenance issues should be addressed before, during, and after any possible changes in gender role and medical interventions to alleviate gender dysphoria. While hormone providers and surgeons play important roles in preventive care, every transsexual, transgender, and gender nonconforming person should partner with a primary care provider for overall health care needs (Feldman, 2007).

2.Human Rights Foundation: Get The Facts on Gender-Affirming Care

Link: <https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care>

1.The Effects of Disinformation “State legislatures, governors and administrative agencies across the country are taking steps to eliminate access to gender-affirming care — medically necessary, safe health care backed by decades of research and supported by every major medical association representing over 1.3 million U.S. doctors. Some are even going as far as to accuse parents who support their transgender children of child abuse. Those backing these bills are also seeking to ban this care for adults.A concerted disinformation campaign is not only behind discriminatory laws but is fueling threats and violence against providers of gender-affirming care, preventing them from supporting the communities they are meant to serve” (found in introduction).

2.Gender Affirming Care is Life Saving Care “Gender-affirming care, sometimes referred to as transition-related care, is life-saving healthcare for transgender people of all ages. It is not a

single category of services but instead is a range of services, including mental health care, medical care, and social services. At all ages, clear, well-established, evidence-based standards of care exist for who can access what form of gender affirming care, and when they are eligible to receive it.” (found under “What exactly is gender-affirming care?”)

3. Gender Affirming Care Is Safe, Evidence Based, and Age Appropriate “Gender affirming care is always delivered in age-appropriate, evidence-based ways, and decisions to provide care are made in consultation with doctors and parents. Collectively representing more than 1.3 million doctors across the United States, every major medical and mental health organization — including the American Medical Association, the American Academy of Pediatrics, and the American Psychological Association — recognizes that it is medically necessary to support people in affirming their gender identity.” (found under “What exactly is gender-affirming care?”)

4. Childhood Gender Affirming Care “transgender and non-binary people who begin transitioning during childhood or adolescence work closely with parents and health care providers — including mental health providers — to determine which changes to make at a given time that are age-appropriate and in the best interest of the child. At all stages, parents, young people and medical professionals make decisions together, and no permanent medical interventions happen until a transgender person is old enough to give truly informed consent. Prior to puberty, transition is entirely social, and may involve changing names, pronouns, clothing, and hairstyles. During and after puberty, some medical treatments may be available, but only after significant consideration and consultation between the youth, their families and their health care providers. (found in section, “What does it mean for children to transition? Aren’t they too young to do so?”)

5. Puberty Blockers are safe, fully reversible, and life saving. “Puberty blockers are safe. They were approved by the FDA to treat precocious puberty in cisgender youth in 1993, citing minimal side effects and high efficacy; 30 years later, puberty blockers remain the gold standard treatment for precocious puberty in cisgender youth. All youth who are taking puberty blockers — cisgender or transgender — are monitored by their care team for any side effects or complications. Puberty blockers are fully reversible. If a person stops taking puberty blockers, normal puberty will resume, with minimal long-term effects, if any. While there may be some loss of bone mineral density, this can be easily addressed with calcium and vitamin D supplements. Previous research has also shown that cisgender youth who take puberty blockers for precocious puberty have normal fertility and reproductive function. Puberty blockers can also be life-saving: Previous studies have found that transgender and non-binary youth who are able to receive puberty blockers report positive psychosocial impacts, including increased well-being and decreased depression. Other recent studies have found that receipt of puberty blockers can dramatically reduce risk of suicidality — in some cases by over 70% — among transgender youth, compared to those who were unable to access desired treatment.” (found in section, “What are puberty blockers? Why are they used? Are they safe?”)

6. Gender Affirming Hormones Are Typically Not Prescribed until a person is at least 18 years old “Gender affirming hormones are typically not prescribed until a person is at least 18 years old. Though adolescents may receive gender-affirming hormones starting in their late teens, this is only done with physician approval, parental consent and informed consent from the adolescent in question, and is typically reserved for those adolescents who have been on

puberty blockers and/or socially transitioned for some time.” (found under section, “What are cross-sex hormones or gender-affirming hormones? Why are they used? Are they safe?)

7. “Gender affirming hormones are safe in both youth and adults with provider supervision and appropriate management. Depending how long a person has been taking gender-affirming hormones, the effects may be fully or partially reversible as well. The informed consent process involves discussions about side effects and benefits—as with any informed consent process for medication or treatments—including discussions about fertility.” (found under section, “What are cross-sex hormones or gender-affirming hormones? Why are they used? Are they safe?)

8. Every Single Major Medical Organization Support Gender Affirming Care “Every single major medical organization, including the American Academy of Pediatrics, the American Medical Association and the American Psychiatric Association, supports the provision of age-appropriate, gender-affirming care for transgender and non-binary people. These organizations represent millions of doctors, researchers and mental health professionals in the United States. Gender-affirming care has always existed and isn’t a new phenomenon — it’s just that in recent years, extremist politicians have made it into an issue for their own self-gain.” (found under section, “What do doctors have to say about gender affirming care? Do they think it’s necessary?”)

9. Being Trans is Not a Trend or “Social Contagion” or New “Being transgender is not new. Transgender people have always existed and will continue to exist regardless of harmful laws that pass.

One thing that has changed is that people are more willing to be out about their gender identity (and sexual orientation) and live openly as LGBTQ+ in all facets of their lives. This is happening because transgender people feel safer about coming out. Public support for LGBTQ+ rights, and acceptance of LGBTQ+ people, are the highest they’ve ever been.

Another thing that has changed is people’s awareness of transgender people and gender identity. As transgender people become more visible, and willing to live openly as their authentic selves, people are simply seeing more depictions of transgender people — and encountering more transgender people in their lives.

It is also true that people are openly identifying as LGBTQ+ at younger ages. But this is because, in addition to rising national support for pro-equality policies overall, on average, younger age groups hold more pro-equality, LGBTQ+ affirming attitudes and beliefs than older generations. This shift creates a cycle where:

Higher acceptance leads more people to come out

More people coming out increases visibility of LGBTQ+ people

Increased visibility leads to increased acceptance

Increased acceptance leads more people to feel safe coming out

(all this information was found under the section, “Are people transitioning because it’s trendy? It feels like everyone is transgender all of a sudden?”)

This is a right-wing theory known as “rapid onset gender dysphoria” or “social contagion” — and it has been thoroughly debunked. The American Psychological Association, the American Psychiatric Association and over 120 other medical associations issued a position statement calling for eliminating the use of this term as a diagnosis, based on a “lack of rigorous empirical support for its existence” and “its likelihood of contributing to harm and mental health burden.”

The statement also specifically calls out laws which use this debunked theory to justify anti-trans

legislation. (found under section, “Are kids transitioning because of social media, or because their friends are also transitioning?”)

10. Detransition and regret rates are extremely low. “Previous studies have found that de-transitioning is quite rare —with some studies finding levels of de-transition and regret as low as 1% or 2%. Transgender youth who meet criteria for gender dysphoria and who undergo social or medical transition are actually the least likely to de-transition — and those vast majority of transgender youth remain consistent and persistent in their gender identity over time: One recent study, published in the Academic Journal of Pediatrics, followed over 300 transgender youth after first initiating social transition, and found that over 92% remained consistent and persistent in their gender identity 5 years later.” (found in section, “What if someone transitions and then they change their mind about it? Don’t a lot of people detransition?”)

11. These laws are not about the safety of kids- it’s discrimination. “These laws are not about safety — as the safety, efficacy and life-saving nature of gender-affirming care for transgender and non-binary youth and adults is clear. Instead, in ignoring a wealth of scientific evidence and overwhelming support from the medical community, these legislators are attempting to enshrine discrimination into law. Rather than protecting kids, these laws are preventing parents and young people from making informed medical decisions, and doctors and health care providers from providing best-practice care to their patients.” (found in section, “But what about legislators who say they’re protecting kids with laws about gender-affirming care?”)

3. Gender-affirming Care for Transgender Patients Innovations in Clinical Neuroscience: A peer-reviewed journal providing evidence-based information

Link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9341318/>

Abstract: Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, plus (LGBTQIA+ or LGBTQ+) individuals face a wide array of health disparities both within and separate from the healthcare system. Transgender patients are subject to microaggressions, misgendering, and harassment from providers, medical staff, and fellow patients. These patients experience drastic disparities in suicidality, depression, anxiety, substance use, malignancy, sexually transmitted disease (STD), and victimization of violence. Providers have the opportunity to intervene and positively impact patient experiences through gender-affirming care, but they first require an adequate knowledge base and understanding of the importance of sensitive and inclusive care. Seemingly small interventions, such as listing one’s own pronouns, using gender-neutral language, validating and affirming patients, and utilizing appropriate mental and physical health screenings, can lead to significant impacts on the patient experience, health outcomes, and quality of life. This article will discuss some of the most common disparities and obstacles faced by transgender patients and will argue the paramount role of the provider in establishing gender-affirming care and some high-impact avenues which the provider, regardless of specialty, may pursue when caring for these patients.

1. Effects on Gender Expression “For various reasons, including but not limited to comfort, safety, self-realization, laws, institutional guidelines, and conformity to social norms, the gender expression of a person may not necessarily correlate to their gender identity.” (Found in 2nd to last paragraph of the introduction)

2. Mortality Rates for Transgender People as a Result of Violence “Furthermore, increased rates of IPV and physical and sexual abuse in this population may additionally trigger posttraumatic stress disorder (PTSD) or secondary trauma.¹³ Tragically, mortality from violence is significant among this population, particularly in further intersectionalities. Some studies estimate that up to 93 percent of transgender homicide victims in the US are Black or Latinx transgender women. Their homicide rates are even higher than cisgender Black and Latina women, even though they represent a smaller population.⁸ Trauma-informed care and sensitive exams should thus be a pillar of treatment for all patients, but especially for this population.” (found in section, Practice Point: Addressing Appropriate Screening and Preventative Healthcare in Transgender Patients)

3. Lack of Care, Homophobia/Transphobia Are Chronic Stressors “Substance use disorders originate from biopsychosocial etiologies and often begin as coping mechanisms or self-treatment for abuse or psychiatric illness.¹³ Transphobia and homophobia lead to chronic stressors and stigma playing into the minority stress model; this frequently progresses to coping mechanisms becoming increasingly maladaptive, often resulting in high-risk substance use and sexual behavior. (found in section, Practice Point: Addressing Mental Health Issues in Transgender Patients)

4. Importance of Patient-Caretaker Relationships “Furthermore, a trusting and effective provider-patient relationship, formal or informal psychotherapy and cognitive-behavioral therapy (CBT), and affirmative care are effective in reducing symptoms of anxiety, depression, and hypervigilance and further foster patient agency with improved long-term physical and mental health.¹⁴ (found in section, Practice Point: Addressing Mental Health Issues in Transgender Patients)

5. Trans Children are not just “in a phase” “Gender exploration is thus a normal facet of social development. This does not, however, suggest that a child or adolescent who identifies as a specific gender is merely exploring these identities, but rather, that they may have already begun to establish their identity. Nearly all cisgender children will begin to identify with their assigned sex by the age of 3 years, with corresponding gender expression based on their playmates, toys, and clothing.²¹ Research supports that development of gender identity in most individuals, whether cisgender or transgender, becomes noticeable and stable between the ages of 3 and 8 years old. (Found under section, “Practice Point: Transgender Patients in Pediatrics”)

6. Gender Affirming Care Decreases Anxiety and Depression Among Trans Kids “The research indicates, however, that transgender and gender minority children who receive meaningful gender identity support may not be prone to the increased prevalence of anxiety and depression.²²” (Found under section, “Practice Point: Transgender Patients in Pediatrics”)

7. Gender Affirming Surgeries Prevent Sexual Assault “Nonaccess to gender-affirming surgery has been shown to confer 73-percent greater odds of SAs in transgender patients.¹⁶ Indeed, the literature suggests that one of the most significant interventions by which providers may assist patients is letter writing. Both hormone therapy and gender-affirming surgery are often difficult for patients to access or obtain, frequently due to legal red tape or insurance requirements.”

8. Conclusions from Study “Gender-affirming care has consistently been shown to improve quality of life, improve health outcomes, and reduce rates of SI and SAs. Healthcare providers

and medical staff, regardless of field or specialty, have the opportunity and responsibility to provide sensitive and gender-affirming care and hold the power to positively influence patient quality of life and even life expectancy... Gender-affirming care starts the moment that the patient schedules or considers scheduling an appointment, but must continue through every interaction, great or small, thereafter.” (found in section “Conclusions”)

4. US Department of Health and Human Services Guide on: Gender Affirming Care and Young People

Link: <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf>

Gender Affirming Care is Crucial For Health and Wellbeing “For transgender and nonbinary children and adolescents, early gender affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system.”

Research Shows Gender Affirming Care is Good for Mental Health “Research demonstrates that gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents. Because gender-affirming care encompasses many facets of healthcare needs and support, it has been shown to increase positive outcomes for transgender and nonbinary children and adolescents.”

Over 50% of LGBTQIA+ Children Contemplated Suicide in 2020 “The Trevor Project’s 2021 National Survey on LGBTQ Youth Mental Health found that 52 percent of LGBTQ youth seriously considered attempting suicide in the past year.”

5. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care

Link: <https://pubmed.ncbi.nlm.nih.gov/35212746/>

Findings: “ In this prospective cohort of 104 Trans and Nonbinary youths aged 13-30 years, receipt of gender affirming care, including puberty blockers and gender-affirming hormones, was associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12 month follow up” (found in Key Points box on p. 1)

Legislation targeting gender affirming care will have a negative impact on trans and nonbinary kids. “ Our study provides quantitative evidence that access to puberty blocker or gender affirming hormones in a multidisciplinary gender-affirming setting was associated with mental health improvements among trans and nonbinary youths over a relatively short time frame of 1 year... Our findings have important policy implications, suggesting that the recent wave of legislation restricting access to gender-affirming care may have significant negative outcomes in the well-being of trans and nonbinary youths.” (found under conclusions section, p. 10)

6. Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study

American Journal of Psychiatry

Link: <https://pubmed.ncbi.nlm.nih.gov/31581798/>

Conclusions: “In the first total population study of transgender individuals with a gender incongruence diagnosis, the longitudinal association between gender-affirming surgery and

reduced likelihood of mental health treatment lends support to the decision to provide gender-affirming surgeries to transgender individual who seek them” (p. 727)

Mood and Anxiety Disorders are improved with gender affirming hormones and surgical treatment “ In analyses adjusted for sociodemographic factors, 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.” (p. 730)

“Specifically, the likelihood of being treated for a mood or anxiety disorder was reduced by 8% from each year since last gender affirming surgery” (p.730)

Lack of coverage for Gender Affirming Treatment has lasting negative effects on transgender and nonbinary people. “Therefore, in many contexts around the world, lack of coverage for gender-affirming treatments drive the use of non-medically supervised hormones and surgeries, thereby exacerbating physical health risks and the other epidemics disproportionately borne by the global transgender population, including suicide and HIV infection. The longitudinal association found in the present study between gender-affirming surgery and reduced mental health treatment utilization, combined with the physical and mental health risks of surgery denial, supports policies that provide gender-affirming surgeries to transgender individuals who seek such treatments” (p.733)

7. Medical Association Statements in Support of Health Care for Transgender People and Youth Link:

<https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/>

1. The following organizations have issued statements in support of health care for transgender people and youth:

American Academy of Child and Adolescent Psychiatry

American Academy of Dermatology

American Academy of Pediatrics

American Academy of Physician Assistants

American Medical Association

American Nurses Association

American Association of Clinical Endocrinology

American Association of Geriatric Psychiatry

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 Student Association

American Psychiatric Association

American Society of Plastic Surgeons

American Society for Reproductive Medicine

American Urological Association

Endocrine Society
Federation of Pediatric Organizations
GLMA: Health Professionals Advancing LGBTQ Equality
The Journal of the American Medical Association
National Association of Nurse Practitioners in Women's Health
National Association of Social Workers
Ohio Children's Hospital
Pediatric Endocrine Society
Pediatrics (Journal of the American Academy of Pediatrics) and Seattle Children's Hospital
Texas Medical Association
Texas Pediatric Society
United States Professional Association for Transgender Health (USPATH)
World Health Organization (WHO)
World Medical Association
World Professional Association for Transgender Health
2.The American Medical Association passed a resolution to protect evidence-based care for transgender and gender-diverse youth in June 2023. This resolution was co sponsored by:
The American Academy of Pediatrics
The American College of Obstetricians and Gynecologists
The American Urological Association
The American Society for Reproductive Medicine
The American College of Physicians
The American Association of Clinical Endocrinology
GLMA: Health Professionals Advancing LGBTQ+ Equality
The AMA's Medical Student Section

Once again, I thank you all for hearing my story and thoughts on this bill, and I encourage you all to vote no of the passage of SB 63 / HB 2071. Voting for this bill puts trans kids and their families in harm's way. This has been made apparent to your committee year after year. Should you chose to vote for this bill, you will have blood on your hands. Thank you.



Patrick Schmitz
200 Maine Street, Suite A
Lawrence, KS 66044
pschmitz@bertnash.org
785-830-1825

January 24, 2025

The Honorable Senator Beverly Gossage
Chair, Senate Committee on Public Health and Welfare
Kansas State Legislature
300 SW 10th St.
Topeka, KS 66612

Sent via: Public.Health.Welfare@senate.ks.gov

Re: Opposition to SB 63 – Preserving Healthcare Decision-Making by Healthcare Professionals

Committee Chair Gossage and Committee Members,

I am writing to express my strong opposition to Senate Bill 63, recently introduced in the Kansas State Legislature. As a concerned citizen, father, grandfather and healthcare provider, I believe this bill undermines the integrity of our healthcare system, creates barriers to quality patient care, and contradicts its own stated principles related to professional incompetency and unprofessional conduct as defined by the very language of the bill.

SB 63 seeks to regulate medical decisions in ways that encroach upon the expertise of licensed healthcare professionals. By legislating standards and protocols that conflict with evidence-based medicine and the professional judgment of those trained to provide care, the bill interferes with the foundational trust between patients and their providers.

The bill's language suggests that it aims to uphold professional standards, yet it does the opposite. By imposing non-clinical directives on patient care, the bill itself could violate the Kansas State Board of Healing Arts' definitions of **Professional Incompetency** and **Unprofessional Conduct**, which include:

- **Failing to adhere to the applicable standard of care.** The bill would compel healthcare professionals to act in ways inconsistent with established medical standards, potentially putting patients at risk.

- **Engaging in conduct that is harmful to the public.** Restricting healthcare providers' ability to use their judgment and training undermines public trust and compromises patient safety.

By attempting to dictate medical decisions through legislative means, SB 63 risks substituting policies for science and undermines the autonomy of healthcare professionals who are trained to make individualized, evidence-based decisions. Healthcare should remain in the hands of those who are qualified to provide it, not individuals who do not have specialized knowledge and experience required for patient care.

Moreover, the bill raises significant concerns about the potential chilling effect on the healthcare workforce. Restricting medical autonomy could deter qualified professionals from practicing in Kansas, further exacerbating the existing healthcare provider shortage. We cannot afford the precedent established across healthcare landscape passage of SB 63 would create.

I urge you to oppose SB 63 and to support legislation that empowers healthcare professionals to do their jobs effectively, ethically, and in accordance with their professional training and expertise. Allowing policy interference in medical decision-making endangers both the integrity of the profession and the well-being of Kansas residents.

Thank you for your attention to this critical issue. I trust that you will stand with healthcare professionals and patients in rejecting SB 63.

Sincerely,

Patrick Schmitz
President & CEO
Bert Nash Community Mental Health Center

Submitted in writing only to the Kansas Senate Public Health and Welfare committee by Miah Schneider, Kansas parent, on January 26, 2025 in **Opposition** of SB63.

Public Health and Welfare Committee,

As a parent of a non-binary child, I vehemently oppose SB63. Healthcare is a human right. The government should not be able to deny my family medical services.

This is outright discrimination against families and youth. Even if you don't understand what it's like to identify as trans or non-binary or believe being trans or non-binary isn't right, that shouldn't enable you discriminate and deny medical services.

Do you know that the suicide rate is significantly higher for trans and non-binary teens? In fact, my child has struggled with suicidal thoughts because they do not feel like society accepts them for how they want to be accepted. Bills like this contribute to kids not feeling welcomed, loved or accepted in this country. An article by NPR cited a 72% increase in teen suicide rates in states that passed anti-trans laws:

<https://www.npr.org/sections/shots-health-news/2024/09/25/nx-s1-5127347/more-trans-teens-attempted-suicide-after-states-passed-anti-trans-laws-a-study-shows>

I urge you to not be a part of perpetuating this hate toward the LGBTQ+ community and be a part of helping teens feel loved and supported as they navigate challenging and complex feelings in a quest to live their lives as their authentic selves.

Trust that parents and medical professionals will make the appropriate decisions for their situations and ensure all medical options are available to support these young people striving to live an authentic life. At this time, my family is not exploring gender affirming care, but gender affirming care should be available for the families who have decided or will decide this is the right kind of care needed for the young people in their families.

I ask you to lead with empathy and compassion, not hate and discrimination. Please be a part of signaling to our kids that they are accepted and loved.

Thank you,
Miah Schneider

Jessica Schnellbacher
Leavenworth Family Pride, Board Member
snjschnellbacher@gmail.com
1/28/2025

For both SB 63 and HB 2071
Opponent
Written only

Chairperson and Members of the Committee, I appreciate the opportunity to share why I believe SB 63 and HB 2071 are harmful and should receive a NO vote.

Someone close to me began her transition in her 30s, but it was a miracle that she made it to her 30's to begin with. She has known she was trans since much younger, since she was a teen, but was unable to do anything about it at the time. Between that time and now, her mental healthy suffered significantly and she attempted suicide multiple times.

Trans people are not trans because they have access to medical treatment or gender affirming care. They are not trans because people actually use their preferred pronouns or names, or because they dress a certain way. Trans people are trans because who they are does not match, in part or in whole, their society's concept of what it means to be a 'man' or a 'woman' in their day.

The problem is that our way of defining these expectations are creations of our society, not fixed because of our DNA. All one has to do is look at the whole of human history to see how much hair, clothing, occupations, interests, etc. have changed and evolved not only over time but in what has been considered for 'men' or for 'women.' You can deny this reality, but that is all it will be, is a denial. It does not change reality.

In the same vein, denying gender affirming social measures or healthcare does not deny or alter the existence of trans people. All it does is deny them the opportunity to be at peace and feel whole. If you are truly concerned with the safety and well-being of children, you will look objectively at the statistics of trans youth and the impact that having no affirming care can have on their mental health and risk for suicide.

I beg you that if you are truly concerned with preserving and saving lives and the quality of those lives, you will not deny people the opportunity to seek the affirming care that is deemed appropriate by themselves and professionals in the field. Thank you for the opportunity to voice my position as a concerned citizen and voter.

January 26, 2025

Attention: Senate Committee on Public Health and Welfare

Re: Senate Bill 63

As grandparents of a transgender adolescent, we are deeply concerned with the restrictions that would be placed on her healthcare by the passage of House Bill 2071. We have known among our family members that our grandchild demonstrated evidence of gender dysphoria from early childhood. Her gender identity has been affirmed through personal and social behavioral observations, and more recently, by medical diagnosis. Through the help of responsible, caring physicians who have monitored her development for many years, she is now receiving treatment. The passage of this bill would threaten the health of our grandchild.

The American Psychological Association, cites The Diagnostic and Statistical Manual, Fifth Edition (DSM-5), which articulates specifically that “gender nonconformity is not in itself a mental disorder, but rather the distress caused by the body and mind not aligning.” Gender dysphoria is not a choice, but often has a legitimate biological cause that warrants its classification as a medical condition. Occasionally, the hormones that trigger the development of biological sex may not work properly in the brain, reproductive organs genitals, causing differences between them.

The Mayo Clinic also cites DSM-5 in asserting that gender dysphoria in adolescents is “a marked incongruence between one’s experienced/expressed gender and their assigned gender, lasting at least six months, as manifested by at least two of the following...” conditions which we will not enumerate at this time due to length. In addition, in August 2024 the DSM-5 published that the prevalence of gender dysphoria may account for 0.005-0.014% of the population for biological males and 0.002-0.003% for biological females. Mayo Clinic classifies gender dysphoria as a rare condition that results in “severe distress that makes it difficult to handle work, school, social conditions, and other aspects of daily life.”

Without treatment, gender dysphoria can cause anxiety, depression, eating disorders, thoughts of self-harm, and other mental health concerns. Currently, we have a healthy, happy granddaughter who relies on the continued interdisciplinary, gender-affirming care of her physicians for physical, mental, and social health.

Respectfully,

Elaine and Robert Shannon

Manhattan, Kansas



Kansas Senate Bill 63
Senate Committee on Public Health and Welfare

Written Testimony of Matt Sharp
Senior Counsel, Alliance Defending Freedom

Alliance Defending Freedom is the nation's leading nonprofit legal organization that advocates for religious liberty, free speech, life, and marriage and the family. We regularly analyze proposed laws and their effect on constitutional freedoms. ADF currently serves as co-counsel with the State of Alabama defending its law that protects children from dangerous puberty blockers, cross-sex hormones, and sterilizing surgeries.

Children who experience discomfort with their biological sex deserve to be treated with dignity and respect, and they need access to compassionate, effective mental health care. But activists and profit-driven gender clinics have deceived children and parents alike into believing that unnatural, life-altering, and even permanently sterilizing puberty blockers, hormones, and surgeries are the solution to their struggle.

SB 63 would protect children and parents by giving them legal recourse when a child is harmed by experimental “gender transition” drugs and surgeries.

We must be clear: the experimental gender-transition procedures—including puberty blockers and hormones—pushed on our children are often irreversible. They prevent healthy puberty, radically alter the child's hormonal balance, interfere with a child's mental and emotional development, and may even remove healthy body parts.

Such drugs and surgeries are not only dangerous, but they are also experimental and unproven. In fact, multiple long-term studies show that when young children who experience gender dysphoria are allowed to mature naturally, most of them—over 90 percent according to some sources—grow out of their dysphoria.

And there is a growing movement of “detransitioners” who have come to realize—after undergoing puberty blockers, hormone treatments, and more—that they were lied to and that their medical gender transition was a devastating mistake. Many are now bravely speaking out about the damage caused by being rushed into these drugs and surgeries without understanding the consequences.

Our laws have long protected children from things that society has determined are harmful or that a child lacks the maturity and experience to handle. If a child lacks the maturity to sign a contract, vote, purchase alcohol or tobacco, or even get a tattoo, how can they be mature enough to consent to experimental, irreversible medical procedures that can lead to permanent sterilization?

States have a “compelling interest in protecting the physical and psychological wellbeing of minors.”¹ As a result, Kansas “may limit the freedom of children to choose for themselves in the making of important, affirmative choices with potentially serious consequences.”²

Human experience has repeatedly proven that “during the formative years of childhood and adolescence, minors often lack the experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them.”³

Kansas further has the authority to regulate the medical field, authority that is even stronger “in areas where there is medical and scientific uncertainty.”⁴ As the U.S. Supreme Court recently explained, “health and welfare laws” are “entitled to a strong presumption of validity” and will be upheld so long as the legislature simply has a rational basis—like protecting children from damaging, sterilizing medical procedures.⁵

When regulating experimental gender transition procedures—where the science is rapidly shifting as more and more countries are reversing course and advising against the efficacy and ethics of these treatments—the Kansas legislature has broad discretion as it examines the best available evidence and sets policy to protect the health and safety of children.

Many organizations have systematically reviewed the available evidence supporting the use of hormonal intervention to treat gender-dysphoric children and concluded it has very low quality. Last year, the Cass Review, which was commissioned by England’s National Health Service, issued its final report where it systematically reviewed all of the evidence about gender transition procedures for children, and concluded that it was based on poor research.⁶ As a result, England’s National Health Service, along with health authorities in Sweden and Finland, have stopped using puberty blockers and hormones to treat gender-dysphoric youth outside of controlled research setting.

¹ *Sable Communications of Cal., Inc. v. FCC*, 492 U.S. 115, 126 (1989).

² *Bellotti v. Baird*, 443 U.S. 622, 635 (1979).

³ *Id.*

⁴ *Gonzales v. Carhart*, 550 U.S. 124, 157, 163 (2007) (recognizing that states have “a significant role to play in regulating the medical profession”).

⁵ *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2284 (2022).

⁶ Cass, H. (2024). *Independent review of gender identity services for children and young people: Final report*. <https://cass.independent-review.uk/home/publications/final-report/>.

These are the same countries that pioneered these experimental procedures. Yet they are finding that these drugs and surgeries are not helping kids. They hurt them. And that is why we must learn from their mistakes, NOT repeat them.

Based on this evidence, 26 states have enacted laws that protect children from puberty blockers, cross-sex hormones, or sterilizing, experimental “gender transition” surgeries. Instead, they are prioritizing counseling and therapy for children expressing distress over their biological sex. Such counseling is fully permitted under this bill and avoids the dangerous risk of drugs and surgeries.

And these laws are being upheld and allowed to go into effect by federal courts. The U.S. Court of Appeals for the 6th Circuit reversed an injunction against Tennessee’s and Kentucky’s laws, allowing them to take effect.

The court held that nothing in the U.S. Constitution prevents states from passing laws that protect children from gender transition procedures. The court recognized that “[t]here is a long tradition of permitting state governments to regulate medical treatments for adults and children” and that “[s]tates may regulate or ban medical technologies they deem unsafe.”⁷ Both Kentucky and Tennessee “offered considerable evidence about the risks of these treatments and the flaws in existing research”—from “diminished bone density, infertility, and sexual dysfunction” to “breast and uterine cancer” in females and diseases that affect the heart and brain functions of males.

The court noted that “no one disputes that these treatments carry risks or that the evidence supporting their use is far from conclusive.”⁸ The court determined that “[a]t bottom, the challengers simply disagree with the States’ assessment of the risks and the right response to those risks. That does not suffice to invalidate a democratically enacted law.”⁹

The 11th Circuit reached a similar conclusion and upheld Alabama’s law. It recognized that “states have a compelling interest in protecting children from drugs, particularly those for which there is uncertainty regarding benefits, recent surges in use, and irreversible effects.”¹⁰

The court rejected the argument that there is a “right to treat [one’s] children with transitioning medications.”¹¹

Notably, both appellate court decisions confirmed that “parents do not have a constitutional right to obtain reasonably banned treatments for their children.” The 6th Circuit warned that “[i]f parents could veto legislative and regulatory policies

⁷ *L. W. by & through Williams v. Skrmetti*, 83 F.4th 460, 474 (6th Cir. 2023).

⁸ *Id.*

⁹ *Id.* at 491.

¹⁰ *Eknes-Tucker v. Governor of Alabama*, 80 F.4th 1205, 1225 (11th Cir. 2023).

¹¹ *Id.* at 1226.

about drugs and surgeries permitted for children, every such regulation—there must be thousands—would come with a springing easement: It would be good law until one parent in the country opposed it.”¹²

The 11th Circuit similarly concluded that “those decisions applying the fundamental parental right in the context of medical decision-making do not establish that parents have a derivative fundamental right to obtain a particular medical treatment for their children.”¹³ Rather, “states properly may limit the authority of parents where ‘it appears that parental decisions will jeopardize the health or safety of the child....’”¹⁴

Following these decisions, courts in Georgia, Oklahoma, Florida, and other states ruled in favor of their laws protecting children from gender transition drugs and surgeries.

And in April 2024, in a challenge to Idaho’s law, the U.S. Supreme Court ruled to narrow a lower court’s order to apply only to the challengers and allow Idaho to otherwise enforce its law that protects children from harmful and experimental drugs and procedures.¹⁵

Denying the truth that every person is either male or female hurts real people, especially vulnerable children. Science and common sense tell us that children are not mature enough to properly evaluate the serious, lifelong ramifications when making important medical decisions. And the decision to undergo dangerous, experimental, and likely sterilizing gender transition procedures is no exception. Laws like SB 63 are constitutionally sound and protect children from being pushed toward life-altering, sterilizing surgeries and drugs that cause permanent harm.

Cordially,

A handwritten signature in black ink that reads "Matt Sharp". The signature is written in a cursive, slightly slanted style.

Matt Sharp
Senior Counsel
Alliance Defending Freedom

¹² *L. W. by & through Williams v. Skrmetti*, 83 F.4th 460, 475 (6th Cir. 2023).

¹³ *Eknes-Tucker v. Governor of Alabama*, 80 F.4th 1205, 1224 (11th Cir. 2023).

¹⁴ *Id.*

¹⁵ *Labrador v. Poe*, No. 23A763, 601 U.S. _____, 144 S. Ct. 921 (2024), available at https://www.supremecourt.gov/opinions/23pdf/23a763_nmip.pdf.

To the KS Legislature:

I am a proud born-and-raised Kansan. However, learning about SB 63 has made me consider changing my tone. I believe that this bill is an infringement on our First Amendment rights. What happens in a hospital room is nobody's business but a doctor and their patient.

The Kansas Constitution Bill of Rights explicitly states that it "affords protections of the right of personal autonomy". By enacting this bill, it is directly violating the Bill of Rights that we have held sacred as a state.

On a more human note, it places the decision that should be between doctor and patient into the hands of legislators that do not have the medical background required to handle such a sensitive discussion. It's important that all Kansans have the opportunity to receive the same level of the life-saving health care that patients of all types need.

This particular situation may be a small minority of patients, but it is still important that this group receives the same confidentiality and opportunities for care that other patients do. To me, Kansas has always been a free state to be who you want to be. SB 63 is a direct opposition to the mantra I've grown up believing about our beautiful state.

Please reconsider this harmful bill and make sure that Kansas remains a free state for all people, regardless of race, sexual orientation, political affiliation, and gender identity.

Thank you,

Jack Siebert
Atchison, KS

Carla Sloan-Brown, LCP

PO Box 55
Colby, KS 67701
785-460-0050

Kansas Senate Committee on Public Health and
Welfare
Topeka, KS

January 27, 2025

Dear Committee Members,

I believe Kansas should be for everyone. I am sick and tired of the social persecution of our marginalized youth for disingenuous, political gains. SB 63 is the latest example of this political theater.

“Stigma is the social process of labeling, stereotyping, and rejecting human difference as a form of social control” (White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social science & medicine* (1982), 147, 222–231. <https://doi.org/10.1016/j.socscimed.2015.11.010>)

Anti-trans legislation proposal discussions and associated institutional practices are a form of structural stigma. These bills harm the very youth this bill purports to “help.” If SB 63 passes, Kansas youth will be harmed further.

To start, let us look at prevalence rates for the population in question. The prevalence rate for gender dysphoria in individuals seeking gender-affirming care has been assessed to be less than 1/1,000 <0.1%. Prevalence rates based on self-report measures in the US and Europe varies depending on the construct of the question (e.g. “identifying as trans,” “incongruent gender identity”), ranging from 0.5% to 2.6%. The DSM estimates that prevalence of individuals desiring medical treatment, across all age ranges, is as low as 0.2 to 0.6%. (Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.; DSM-5-TR; American Psychiatric Association, 2022). In other words, the number of youth requiring gender-affirming care in Kansas is very few. This leads me to believe this bill is being used to inflame the public rather than protect Kansas youth.

SB 63 uses a lot of space to prohibit surgical interventions despite surgical interventions being exceedingly rare among trans youth. (Dai D, Charlton BM, Boskey ER, et al. Prevalence of Gender-Affirming Surgical Procedures Among Minors and Adults in the US. *JAMA Netw Open*. 2024;7(6):e2418814. doi:10.1001/jamanetworkopen.2024.18814) Research data analyst Dannie Dai, from the Department of Health Policy and Management at Harvard University summed it up well, “*Our findings suggest that legislation blocking gender-affirming care among TGD youth is not about protecting children, but is rooted in bias and stigma against TGD (Transgender and gender diverse) identities and seeks to address a perceived problem that does not actually exist.*” (<https://hsph.harvard.edu/news/gender-affirming-surgeries-rarely-performed-on-transgender-youth/>)

SB 63 also prohibits puberty blockers, hormones used to pause pubertal development, which are reversible. This prohibition is included despite findings that demonstrate medical and psychosocial gender affirming practices have been shown to “yield lower rates of adverse mental health outcomes, build self-esteem, and improve overall quality of life for transgender and gender diverse youth.” (<https://opa.hhs.gov/sites/default/files/2022-03/gender-affirming-care-young-people-march-2022.pdf>)

Suppressing social transition harms youth. This bill includes a prohibition of social transitioning, “acts other than medical or surgical interventions that are undertaken for the purpose of presenting as a member of the opposite sex, including the changing of an individual's preferred pronouns or manner of dress.” Gender-affirming care includes social affirmation, reducing internal shame and self-acceptance, which among other interventions would be a part of working with trans youth in a mental health setting. Mental health providers could be penalized for providing up to date, evidenced based care to a child or adolescent experiencing gender dysphoria. Further, mental health providers could face legal consequences by maintaining the ethical standards of their field.

Further, affirming gender expression may be a protective factor for trans youth. “More than half (54%) of transgender and nonbinary young people found their school to be gender-affirming, and those who did reported **lower** rates of attempting suicide.” (<https://www.thetrevorproject.org/survey-2024/>)

Finally, if the real risks of harming Kansas youth are not enough, further stigmatizing this population (by continually making them a political target) would likely have additional consequences for the state. According to Trevor Project’s 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People, “45% of transgender and nonbinary young people reported that they or their family have considered moving to a different state because of LGBTQ+-related politics and laws.”

I’m convinced that the proposed bill is performative and its authors ill-informed. It seeks to prohibit interventions that are 1) not happening, or 2) have been demonstrated to minimize harms to the mental health of transgender and gender diverse youth. If the proponents of this bill truly seek to help and not harm the youth of Kansas, that concern is not reflected in SB 63.

Please oppose this farce.

Warm Regards,

Carla Sloan-Brown, MS, LCP

Licensed Clinical Psychotherapist
www.psychotherapyforkansas.com

To respected members of the Kansas Senate:

I am writing this testimony in opposition to House Bill 2071 as US Army veteran, and up stand Kansas and US citizen, and a man who has traveled the world and gotten to know an uncountable number of different people and cultures in my personal and military travels. I have seen first hand what nations are like when they don't have free speech protected and those that let politicians decide over doctors, the appropriate medical care for their people. Furthermore, I can tell you that in either case, it leads to harsh suppression of said peoples as well as much suffering and death due to improper medical care.

I could explain that the medical professionals and social scientists that have done the research and observing of the subject of gender-affirming care know all too well that providing adequate psychological, social, and medical care to youth that have discovered that they are transgender is the best way to provide what the individual needs in order to develop into a healthy and well-adjusted adult, as well as prevents many cases of self harm and suicide for these youths.

I could also go on about how banning a trans pride flag in government buildings or preventing any government employee from speaking of such things is a gross violation of the 1st amendment, as much as would be preventing said employees from having any symbols that supported kids to go to the dentist/floss, advising a child that is harmed to go to a hospital to get an injury checked, or telling a child they should see a therapist for having harmful thoughts. ALL of these cases are blocking of the guidance to professional medical/psychological help that the child *may* require.

I could bring up the point that gender-affirming care doesn't just involve potentially trans kids either. If there is a child that has a hormonal imbalance that is causing some medical issues and a member governmental staff advises the child to seek medical help, two things will arise. 1. Either the government employee wasn't aware of the gender affirming care required and the doctor then provides said care, which leave the employee ignorant, but still in violation of this law (if passed) or 2. The employee knowingly sends the child to get required medical care (that could be life-threatening such as Polycystic ovary syndrome), and then while they saved the child suffering and potential death/debilitation, that employee has violated the law.

I can also bring up that all the gender-affirming care in this case already does not all for surgery under the age of 18 in Kansas law, so the only thing that would be used for treatment would be social and prescribed medicine, all of which have been proven over and over to be safer than Tylenol and all of these are reversible treatments if said patient changes their mind.

But I shouldn't need to bring any of those up, as the real reason this law should be rejected is freedom. I fought and served for the freedom for folk to be able to choose who they want to be and for every kid to get the help they need to live a better life, from schooling, to protection from physical harm, and now to protection from those whom wish to stand in between the child's doctor (or a referral to a doctor for the child). If a child needed help to keep them from jumping off a roof, would you tell a government employee to just not get involved?

Please make the right decision, for Kansas.

Thank you for your time.

For the Kansas Senate Public Health and Welfare Committee:

I hope this testimony finds the Council well, I am writing as both a concerned citizen of Wichita, KS and a concerned ally and member of the Queer community, and as a friend of many individuals at risk by this bill.

I must express an overt OPPOSITION to SB 63, as I believe it does nothing but compound very real mental health concerns among young people while worsening a dangerous culture of paranoia among healthcare and state organizations. Gender affirming care is scientifically-proven to be necessary care for those who have been properly assessed to require it, a medical transition requires a patient go through the evidence-based process of informed consent, which is a process observed by multiple individuals and takes a great deal of consideration to reach. Contrary to popular thinking, transgender care (especially significant medical operations) are not carried out on a whim, and are done with great thought. This bill will only go forward to address a proportionally tiny section of the Kansas population who are already in a dangerous position socially, and medically. Nothing is functionally being expanded on, or improved to “not harm” minors, while also enabling bigoted, predatory groups of people to witch-hunt medical professionals who are reasonably dispensing care within the boundaries of the law to diagnose, assist, and improve the health of young people.

Preventing the passing of legislature that avidly impedes on the rights and philosophy of the constitution is a bipartisan interest, and we as Americans cannot allow the proliferation of ideologically-driven policy that only seeks to convert hateful rhetoric into discriminatory law.

I implore all Committee members to understand what precedent is being set, and that we as Kansans can instead focus on matters which will not harm marginal groups, but instead focus on benefiting the greater whole of the state.

I greatly urge you to vote NO on SB 63.

Peyton Stephenson

Honorable Committee Members,

My name is Brittany Stidham, and I live in Shawnee County, KS. I am a concerned constituent.

I'm here to talk about SB63. This bill is important to me because as someone who values equitable healthcare access and personal liberty, this bill deeply concerns me.

I believe this bill is harmful to Kansans because this bill restricts the ability of families and their healthcare providers to make individual decisions in the best interest of their children. This bill is extreme and overreaching. It is not just about surgical intervention, it restricts even safe, fully reversible interventions such as puberty blockers and social transition. Children and teens who are transgender or experiencing gender dysphoria should have the freedom to make medical and personal decisions with their parents, doctors, therapists, and faith leaders, just like all other Kansans.

I ask you to vote against SB63 and advocate for policies that ensure all Kansas families retain the right to make their own healthcare and lifestyle choices.

Thank you for your time and attention.

Brittany Stidham

LOUD LIGHT CIVIC ACTION

Melissa Stiehler
Loud Light Civic Action
Written Opponent Testimony of SB 63
For the Senate Public Health and Welfare Committee

January 28, 2025

Chair Gossage and members of the Committee,

Thank you so much for the opportunity to provide testimony today. My name is Melissa Stiehler, and I serve as Advocacy Director of Loud Light Civic Action, a nonpartisan, nonprofit organization that supports and builds the civic engagement and leadership of young people in Kansas. We represent over 12,000 Kansans, including supporters in every House and Senate district across the state. Loud Light Civic Action unapologetically supports the LGBTQ+ community, including their right to live a happy, healthy life that is free from government interference in their medical care or ability to be themselves in public life. It is with these values that Loud Light Civic Action strongly opposes SB 63.

Concern: This Bill is Extreme, Expands Far Beyond a Ban on Surgical Procedures for Minors

The legislature is being told that this bill is to prevent permanent medical procedures, such as gender affirming surgeries, on minors. This is an extreme misrepresentation of the full impact of this bill. Its focus on surgical procedures is disingenuous, since this bill covers nearly all aspects of medical care and public life of a transgender minor. SB 63 defines social transitioning as “acts other than medical or surgical interventions that are undertaken for the purpose of presenting as a member of the opposite sex, including the changing of an individual’s preferred pronouns or manner of dress.” By banning state employees and properties from the undefined “promoting” of how a child acts and expresses themselves in those spaces, with those adults, regardless of the parents or guardians wishes - this bill may have the practical impact of attempting to legislate these children out of existence of public life. If it is the true legislative intent to pass a bill to prevent permanent medical intervention - then this bill is not the one to accomplish that. If this legislation were to be signed into law, the harmful consequences would reach far beyond a doctor’s office.

Concern: Overly Broad, Undefined, and is Certain to have a Chilling Effect on Free Speech

The broad definition and restrictions of “social transitioning” in this bill are especially troubling, as the terms “promote” and “advocate” are not defined, nor is the scope of who exactly is impacted clear. By including vague language that may impact mental health care workers, social workers, teachers, librarians, employees who work within our foster care system, and so many more whose job it is to care for our children, passing this law would most certainly have a chilling effect on the free speech of our state employees. This chilling effect would lead to diminished care for the most vulnerable children among us, as it is incredibly likely that the staff tasked with supporting them would be too hesitant to provide them the actual care and help they need due to fear of their behavior being labeled as “promoting social transitioning”. While this bill is being presented as narrowly tailored to address a clear and specific concern, that is inaccurate at best. No one can clearly state where the line is on what is and is not considered to be an act of “social transitioning,” nor do they define where the line is of “promoting” this behavior. Where exactly is the line for changing a manner of dress until it is too far away from the sex stereotyping compliance that is it is no longer legal? Is it considered promoting

social transitioning if a state employee allows self expression that may be deemed too outside of sex stereotypical behavior? Furthermore, what are the enforcement mechanisms for the ban on state employees, agencies, and properties engaging in what this bill would deem unlawful? Who is eligible to decide what is and is not appropriate sex stereotypical behavior and expression under this law? What happens to the employee if they are deemed in violation of this law? When there is no written enforcement mechanism, it introduces the possibility of any and every enforcement mechanism. These are important questions that are not addressed in any manner in this legislation. It is the legislature's responsibility to vet laws for these kinds of errors. It would be reckless to pass legislation that very well may end up in a costly and lengthy court battle just to answer questions that our lawmakers failed to address in the legislative process.

Concern: Ignores Parental Rights

SB 63 effectively bans all gender affirming medical care, regardless of scientific evidence, regardless of individual circumstance, and regardless of the will of the child's parents. Additionally, the inclusion of language that's practical effect, even if not legislative intent, may amount to a state gag order on recognizing or acknowledging transgender children also ignores the will of the parent in how they want their child to be addressed and cared for. Many members of the legislature and of this very committee have concerned themselves deeply with parental rights. This bill would strip loving, informed parents of their right to make the best choices about the medical care and social experience for their child.

Concern: Places Government Barriers to the Fundamental Right of Bodily Autonomy

While the constitutionally guaranteed right of bodily autonomy has been something many members of the legislature have openly disparaged, it is still the law of the land and the right of our people. SB 63 is yet another attempt to disregard personal autonomy in favor of government overreach into our private medical decisions. These medical procedures are banned only for transgender children, while cisgender children are able to and currently receive access to the exact same care without this government interference. Puberty blockers, hormone replacement therapy, and gender affirming surgical care are far more commonly prescribed to cisgender minors than they are to transgender minors, yet that is not for debate in this bill. If the true concern is the medical impact of these procedures on children, then why is the legislature not concerned with the medical impact for *all* children?

Concern: Government Restrictions on Kansans' Freedom of Self Determination

One of the most fundamental values of a free society is its people being able to shape their own life without interference or discrimination from their government. SB 63 is a classic example of a violation of Kansans' Right to Self-Determination. Efforts like SB 63 are blunt attempts to "legislate away" transgender Kansans by creating government bans to medically necessary, life-saving healthcare access. Again I must repeat, SB 63 goes far beyond medical care and mandates how adults respond to children's acts and self expression. Children are reliant on the adults in their life tasked with caring for them, and by adding government regulation that restricts these adults from "promoting" the child's free expression of themselves, it may have the practical impact of government mandated restrictions on the child and their own self expression. Simply put, it is not the government's business to mandate these things. Interference like this will make for a less free society for all Kansans.

For these reasons, Loud Light Civic Action strongly urges members of this committee to oppose SB 63, and urges the legislature to please, leave transgender children and their families alone. It is not in the best interest for the state to place themselves in the middle of decisions best left to a patient, their parents, and their doctor. Thank you all for your time and I hope you take my testimony into consideration.

Written testimony in Opposition to SB 63
Senate Public Health and Welfare Committee
January 28, 2025

To Those in our Kansas Legislature Approaching A Decision About Whether or Not to deny Certain Individuals in Kansas General Health Care:

This is a moot issue, nothing here of substance to discuss. Every individual in this United States of America, including Kansas, is to be blessed by default respect to be worthy Preamble Participant with benefits thereof to respect for one's life and for one's participation in decisions relevant to one's governance and health.

We in Kansas should be reaching for higher stars beyond intimation and imaginings of moral adversities regarding respect for individualized health care.

In Kansas, we should rather be giving legislative time and energy to seeing that health care itself--- through clinics, hospitals, PACE homecare ---is available for everyone in need in our state--- potentially including family, friends, neighbors of individuals on this committee--and, in general, is adequately available at all, for all!

If the decision on the floor now is, instead, about how best to support responsible care for an "individual medical situation" regarding hormone transplants---- which could reasonably be for any of several purposes---- then this issue should not be discussed legislative here in these chambers distant from the situation.

This issue of individual care should instead be in the hands of the medical profession, human development experts, professions ---and correlated support professions--- who have full and correct medical, developmental, and trauma health--- and information--- and fully relevant medical and family and personal perspective ---on both the general and individual situation involved---which in general may easily not, fully and adequately yet have reached reach the hands of this committee.

Even though Bill SB63 attempts to legislate well-intentioned concern for the life and spirit of every individual in our civic midst, that virtuous concern discussing individual life in this generalized legislative context is unfortunately misplaced. Deep moral concerns expressed through political channels like this committee represents, can too easily become broadcast into the public soils beyond these indoor halls and grow into a condemning spirit disruptive of civic harmony and personal lives beyond the horizon of this committee's immediate awareness. We do not want this in Kansas.

In support of Healthcare respecting the constitutional and sacred right of care for the intimate details of every personal individual life,

And with full respect for this our Kansas senate committee,

And as a person of faith and constitutional citizenship, I appreciate the right and opportunity to speak in this way to encourage our Kansas Senate Subcommittee on public health and welfare to remain true and steadfast to the other more appropriate contexts for considering how best to evaluate values and create policies to carry out public health and welfare in our state.

In all things giving thanks,

Nancy Stover

for

SUFEA (Save Us From Extreme Actions)

An Organization formed in Manhattan Kansas

420 Colorado

Apt.3G

Manhattan, Ks. 66502

January 25th, 2025

Re: Opposition to HB 2701 and SB63

Dear Kansas State Senators and Representatives,

My name is Victoria Strafuss of Overland Park, KS in Johnson County. I am a wife, mother, and ally to the LGBTQIA+ community and I am writing to you to voice my opposition to the bills HB2701 and SB63.

HB2701 while on the surface wants advanced voting ballots to be more orderly, at its core it is voter suppression. There is a reason why a 3 day grace period was created for several states and that's due to the fact that USPS has stated that it struggles to keep up. No one knows for sure if you mail a letter to someone when exactly they will receive it. Has the mail created a system that has improved its time and reliability? No. Then there is no reason to take away the three day grace period other than to allow votes to be lost in the mail due to the lack of improvements to our mail system. Democrats tend to use the advance voting ballots more over Republicans and I believe that this knowledge isn't new to some if not all of you.

SB63 should be renamed the harm not help act (the help not harm act actual title) for that's what it would do. Look up any study on the harm of not having gender transition care or gender affirming care and you will see serious mental health issues and in many cases death by suicide. If you claim to love life and care about all lives, then trans lives should be included in this, more so if it's a trans child. Most of us do not identify as trans, myself included. We will never understand what it feels like to be born in the wrong body. But what I and many other know is that not having this care will hurt other human beings. Then there's the health care providers who will not feel safe treating their trans patients when they too know the negative effects of a child not receiving the care they need. Again, the harm spreads to punishing those seeking to help a child. As a mother, I would like to see gender transition care for children stay for Kansas.

I appreciate your time and hope that these bills do not pass.

Thank you.

Sincerely,

Victoria Strafuss
8604 west 85th street
Overland Park, KS 66212