



Testimony of Taylor Morton, Kansas Lobbyist and Policy Analyst (written testimony)
Planned Parenthood Great Plains Votes
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Regarding HB 2792 (Opponent)
House Committee on Health and Human Services
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Planned Parenthood Great Plains Votes (“PPGPV”) is the political and advocacy arm of Planned Parenthood Great Plains (“PPGP”). PPGP offers expert, compassionate sexual and reproductive health care to patients with three health center locations in Kansas. PPGPV submits this testimony in opposition to House Bill 2792. HB 2792 would ban gender-affirming surgery for patients under age 18—even with parental consent. This bill threatens physicians licensed by the Board of Healing Arts with professional discipline for providing such surgical care, and it would mandate unacceptable health care standards. Under HB 2792, providers would be restricted to following outdated care guidelines that may cause disruption or barriers to accessing gender-affirming care.

This bill makes no exceptions for trans patients under age 18 whose parents support their decision to begin gender affirming care. All parents want what is best for their children, including making sure their children get the medical care that they need. This bill would prohibit parents from making sure their children receive evidence-based care at the recommendation of their providers. Extreme claims that physicians are providing “sex reassignment” to minors without counseling and careful consideration or are “experimenting on children” are sensationalized claims that only encourage stigma and distrust of trans individuals.

It is also offensive to claim that medical professionals provide gender-affirming care to their patients without securing valid informed consent. Informed consent is the foundation for any medical treatment and includes extensive discussions between the health care provider and their patient and their parent/legal guardian if the patient is a minor. The medical care that is appropriate will differ for everyone, and the decision about when and how to provide gender-affirming care should not be made by politicians, but by the patient – along with their parents and/or legal guardian if the patient is under age 18 – in consultation with the medical professionals and counselors who understand their case.

Denial of gender-affirming care has been shown to contribute to depression, social isolation, self-hatred, risk of self-harm, and suicidal ideation and behavior. 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 LGBTQ+ peers.¹ Even the introduction of discriminatory, anti-trans legislation is harmful for trans youth, especially considering the stigmatizing messages around these bills.² Access to gender-affirming care—particularly puberty blockers—has been shown to decrease the likelihood of suicide and

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/>



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

HB 2792 presents major concerns with access to lifesaving gender-affirming care, as well as serious government interference with health care more broadly. Patients do not want politicians in their exam rooms, and it is not the place of the government to decide what medical course of action is best for patients. It is the role of medical providers, patients, and their parent/guardian if said patient is under age 18. PPGPV strongly urges the Committee to vote against HB 2792.

³ <http://dx.doi.org/10.1037/sgd0000130>