



Testimony of Taylor Morton, Kansas Lobbyist and Policy Analyst (written testimony)
Planned Parenthood Great Plains Votes
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Regarding HB 2791 (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 2791. HB 2791 would effectively ban gender-affirming medical care for transgender Kansans under age 18, in addition to severely restricting the use of state funds to provide gender-affirming care. Under HB 2791, providers would face the threat of increased civil liability and professional discipline, including loss of licensure.

HB 2791 creates liability for Kansas health care providers for treating patients in accordance with the standard of care. Gender-affirming care for patients under age 18 is considered best medical practice by most major medical organizations—including the American Academy of Pediatrics, American Medical Association, and American Psychiatric Association. There is consensus in the medical community that gender-affirming care is medically necessary, safe, effective, and lifesaving. Specifically for youth under age 18, gender-affirming care consists mostly of access to mental health care, as well as puberty blockers and hormone treatments—both of which are reversible.

The provisions in HB 2791 are meant to stigmatize providers of gender-affirming care for minors. . HB 2791 would allow for a provider to be sued by the patient or their parents/guardians for up to 30 years after they turn 18. Providers would not be allowed to obtain professional liability insurance coverage for any damages assessed against the provider in such a suit. Rather than protecting patients, this would have the impact of creating a chilling effect for providers and effectively ban gender-affirming care in Kansas.

HB 2791 also requires providers to give patients state mandated information under the guise of “informed consent.” Informed consent is central to both the practice of medicine and medical ethics. Informed consent requires that patients receive relevant, accurate, and unbiased information about courses of treatment to ensure they can make sound decisions in conjunction with their provider. HB 2791 interferes with the process of informed consent by mandating providers give patients information as outlined in statute, regardless of whether this information is accurate or in line with the current standard of care. Additionally, there are already penalties in Kansas law for providers who fail to provide patients with informed consent.¹

The American Medical Association has repeatedly opposed legislation that bans gender-affirming care for those under age 18, calling such efforts “dangerous legislative intrusion into the practice of

¹ See K.S.A. 65-2837(b)(3) (defining “assisting in the care or treatment of a patient without the consent of the patient, the attending physician, or the patient’s legal representatives” as “unprofessional conduct” which is grounds for disciplinary actions under the Healing Arts Act)



medicine,” and emphasizing that it is “imperative that transgender minors be given the opportunity to explore their gender identity under the safe and supportive care of a physician.”² The American Psychiatric Association “opposes all legislative and other governmental attempts to limit access to [mental health support and gender-affirming care services] for trans and gender diverse youth, or to sanction or criminalize the actions of physicians and other clinicians who provide them.”³

HB 2791 puts transgender patients’ lives at risk by denying best practice medical care and support. 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.⁴ Even the introduction of discriminatory, anti-trans legislation is harmful for trans youth, especially considering the stigmatizing messages around these bills. A 2022 poll found that 85% of trans and nonbinary youth said their mental health was negatively affected by these laws.⁵ 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.⁶

HB 2791 mandates improper fear-based informed consent to parents/guardians before discussing social transition or affirming care and threatens health care providers with increased liability for providing best practice medical care. Gender-affirming care includes medical and non-medical interventions, and this type of care is necessary and lifesaving. PPGPV urges the Committee to oppose HB 2791.

² <https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update>

³ <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Transgender-Gender-Diverse-Youth.pdf>

⁴ [https://www.jahonline.org/article/S1054-139X\(19\)30922-X/fulltext](https://www.jahonline.org/article/S1054-139X(19)30922-X/fulltext)

⁵ <https://www.thetrevorproject.org/blog/new-poll-illustrates-the-impacts-of-social-political-issues-on-lgbtq-youth/>

⁶ <http://dx.doi.org/10.1037/sgd0000130>