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February 22, 2021

To: Kansas Senate Education Committee  
Regarding: **Testimony in Opposition of [SB208](#)**

I, Amanda L. Mogoi, APRN, Kansas License Number 77496, NPI #1801332564, am a primary care and hormone therapy provider in Wichita, Kansas. I am a member of and certified in family practice through the American Association of Nurse Practitioners. I am the co-owner of M-Care Healthcare, LLC. I am World Professional Association for Transgender Health (WPATH) trained and one of only three registered WPATH clinical providers in the state. I currently provide care to 270 transgender individuals, including 30 transgender youth. I practice explicitly within the WPATH guidelines for the medical treatment of Gender Incongruence and within the limitations of my state licensure and professional association certification. I have obtained 212 hours of transgender healthcare specific continuing education hours and I have over 2 years of experience providing care for transgender patients.

I am writing to you in opposition to SB208. It is my professional opinion that SB208 will negatively affect the lives of transgender youth. Passage of this bill will directly cause an increase in suicide related deaths of Kansas teenagers. SB208 must not be enacted.

According to the World Health Organization, the term “transgender” encompasses a diverse group of people whose gender identities and expression are different than the sex that they were assigned at birth (2021). Gender is defined by each person as a reflection of who they are in identity and expression. The general rule for determining if someone is transgender is if the person is consistent, insistent, and persistent in their affirmation of their gender (Human Rights Campaign (HRC), 2020).

Multiple health disparities affect transgender youth including increased risks of bullying, violence, poor mental health, limited access to affirming medical care, and suicidality (Centers for Disease Control and Prevention (CDC), 2021). 52% of transgender and non-binary youth report that they have seriously considered suicide in the last 12 months (Trevor Project, 2021). 46% of respondents reported wanting to be able to access mental health services but were unable to receive the services that they needed, nearly half citing concerns with the affirming competence of providers (Trevor Project, 2021). The GLSEN 2019 National School Climate Survey calls into perspective the effects that a hostile school climate has on students. With 99% of students hearing “gay” used in a derogatory manner and 92% of students hearing negative remarks about gender expression, it is no wonder that many LGBTQ+ students feel that they have been discouraged from participating in school sports (GLSEN, 2020).

Allowing transgender youth, of any age, to express themselves through their clothing, hairstyle, name, and pronouns are affirmative and generally increase a sense of well-being (Murchison et



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al, 2016). Affirming chosen gender is consistently linked to lower rates of suicide attempt (Trevor Project, 2021). Allowing transgender students to participate in sports, on teams that affirm their gender identity, is imperative. We know that these affirmative steps are life changing and they are life saving for student athletes.

As a medical provider, I understand that bodily autonomy, self-determination, and respecting human dignity is imperative to providing quality care. The ability for a transgender person to speak for themselves and affirm their own identity is imperative. SB208 recommends invading a patient's medical history in order to determine a school sports team. Further, the bill suggests that assigning gender should be made without regard to a person's self determination and goes so far as to outline how medical professionals should determine gender. This is unethical in many ways. When we disregard a patient's dignity in regards to their autonomy over their own body, then we lose trust and break the provider-patient relationship which is critical to effective medical care (Price, 2017). Further, the World Professional Organization for Transgender Healthcare lays out medical guidelines for being legally recognized as a member of the affirmed gender (WPATH, 2012). Medical care should remain a personal service negotiated between patients and the medical professionals who are properly trained and qualified. Healthcare should not be restricted or impeded by lawmakers who know nothing of an individual patient's life experience or healthcare needs.

The social, psychological, and medical consequences of withholding treatment until persons have reached adulthood has been well documented in several studies. The American Academy of Pediatrics, The American College of Obstetricians and Gynecologists, The American Psychological Association, The Endocrine Society, The Pediatric Endocrine Society, among many others have affirmed their support for gender affirming care for minors including puberty suppression and gender affirming hormone therapies. It is a well known medical fact that hormone exposure during puberty is the cause of secondary sex characteristics commonly thought of as feminizing or masculinizing features. Puberty suppression allows adolescents a completely reversible option to medically stall puberty and develop their gender identity without unwanted physical developments (Grift et al, 2020). Puberty suppression has been well studied and the positive psychological benefits are well documented. If puberty blockers are accessed, trans youth will not develop the physical advantages that are being discussed in SB208.

Dr. Joshua Safer, an endocrinologist at Mt. Sinai has been quoted that "A person's genetic make-up and internal and external reproductive anatomy are [not useful indicators](#) of athletic performance." For a trans woman athlete who meets [NCAA standards](#), "there is no inherent reason why her physiological characteristics related to athletic performance should be treated differently from the physiological characteristics of a non-transgender woman." Medical treatment is a crucial and very personal service that virtually everyone depends upon at some point in their lives, and it should not be delivered or restricted according to the whims of distant



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lawmakers who know little or nothing about the circumstances of an individual's life. Proper medical care for any condition is a matter best negotiated between patients and their trained and qualified medical providers who are relying on clinical evidence and experience.

According to The Trevor Project, 86% of LGBTQ youth said that recent politics have negatively affected their well-being (2021). I am calling on you to shut down this direct attack on Kansas youth. The scare tactics employed in SB208 are nothing more than transphobia. The bill is not designed to protect girls. It only further marginalizes a community that requires protection. It is imperative that you reject this bill to demonstrate that the health equity and well-being of your transgender constituents and their families is just as important as your own. As people, we need to do a whole lot more listening to people tell us who they are and a whole lot less trying to define people by our own perspectives. Body autonomy, including the ability to define oneself and to make choices for one's own body is not the business of the legislature. It is my professional, medical opinion that if the Kansas legislature takes away puberty suppression and gender affirming treatments for transgender youth, you will be directly responsible for the deaths of young Kansans.

Thank you,

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