February 11, 2023

Beth Oller, MD, FAAFP

Testimony in Opposition of SB 12

To the Senate Public Health and Welfare Committee:

Thank you for the opportunity to speak to you today, albeit virtually. I am providing testimony virtually today because of my profession, which speaks directly to why I am someone with not only the passion but the pedigree to speak to this issue. I am a board certified Family Physician who has practiced in a rural-underserved community in Kansas for the past 12 years. I practice full-scope family medicine, meaning that I deliver babies, cover the ER, care for patients in the hospital, see patients in the clinic, see patients in the nursing home, in hospice care and in their homes. And I provide gender affirming medical care. My husband is also a Family Physician and we are invested in our rural community, and in representing those of us in Kansas who do not live in metro areas. We are also raising four children ages 10 and under, and as physicians and parents we know the importance of having access to medical care, free from the infringement of the government, for all of our patients, including children and adolescents.

I didn't always provide gender affirming medical care. While I have always thought of myself as affirming, I thought of this type of medicine as someone else's lane, the responsibility of those in cities who had a larger patient population to draw from. After all, how many nonbinary or transgender adults, much less adolescents, could possibly be in my practice, or my part of the state? The answer? Many. Now I do not have the time to even skim the surface of the stories of those I am privileged to care for, but I can tell you that the need is great, and the providers are few. I sought out training in this area of care and developed a community of physicians and professionals for support and am so heartened that care for gender diverse populations is now finally being incorporated into medical school and residency curriculums. As Family Physicians we are uniquely suited to care for those in often marginalized populations as we are frequently the only providers in rural communities; we are the providers who have often cared for these patients from the moment of birth.

I would like to share with you a few statistics to humanize this discussion. We know that LGBTQ youth who live in a community that is accepting of LGBTQ people reported significantly lower rates of attempting suicide than those who do not. According to The Trevor Project in Kansas 44% of LGBTQ youth in Kansas seriously considered suicide in the past year, including 51% of transgender and nonbinary youth. And 15% of LGBTQ youth in Kansas attempted suicide in the past year, including 23% of transgender and nonbinary youth. What do you think legislation like this says to them? It validates their fears that not only that they are not accepted, but that they are not even worth basic medical care.

One alleged concern driving legislation such as this is fear surrounding detransition. While detransition does occur, it is rare. It is the exception, and not the rule. It is typically the result of environmental factors rather than regret. Researchers at Harvard Medical School recently published the first rigorous study of the factors that drive transgender and gender diverse people to detransition. The study found

that of the small percentage of people who have detransitioned at some point in their lives, 82.5% of them attribute their decision to at least one external factor such as pressure from family, non-affirming school environments, and increased vulnerability to violence, including sexual assault.' Data from the National Center for Transgender Equality's 2015 US Transgender Survey shows that respondents who detransitioned cited a number of reasons for doing so, including facing too much harassment or discrimination after they began transitioning, having trouble getting a job, or pressure from a parent, spouse, or other family members.

Now I could keep listing statistics, but honestly it is not statistics that speak to our hearts, but stories. The story of an 18-year-old who came into my office hunched over and reserved but left with a smile on his face, telling me through tears that he didn't remember the last time he felt hope, but now he did. The 15-year-old who had been suicidal in the past year but was now beginning to see a path to hope, who told me 'if you had told 'me' from a year ago that they would have a 'you' in their life, I wouldn't have believed them.' The telemedicine follow-up visit with the 19-year-old who looked like an entirely different person since the prior visit where we had initiated hormone therapy, now appearing confident and speaking to me with a smile and excited to tell me how they were excelling this semester at college. The student new to the area and the university close by who told me this was the first clinic, our tiny clinic in a rural town, where they hadn't been mis-gendered and had been made to feel welcome, and now we could catch up on all the medical care that they had been putting off out of fear of judgement. The parent who left my office with just a little of the weight off their shoulders knowing that someone supported not only their child, but them in their journey to get their child the care they needed.

As a parent and a physician what keeps me up at night, what terrifies me, what breaks my heart isn't the fear that a child will be seen and get treatment, it is that they WON'T, and what can happen then. It's trying to figure out how we can get more patients, no matter their age, to a doctor who loves and supports them, in a community that does the same. I am not a monster, a groomer, a child abuser. I am a physician, a rural Kansan, a parent. I do this work because I saw the need in my community and stepped up to meet it like I have so many times in so many other arenas. There are relationships that are generally respected and understood, and one of these is the physician patient relationship. The exam room is a sacred space to those of us in the profession, and decisions made in that space should be made between the people in the room—the patient, physician and loved ones. A physician practicing within their scope of practice, with informed consent from a patient and/or their guardians, should not be fearful of criminal charges.

Those of us who provide gender-affirming care use an evidence-based and multidisciplinary approach. We know the reason of using age 21, or 26 even though 18 is the age of adulthood. This is a tactic to make future bills exclusively targeting minors seem like sensible compromises, but we see you, and we won't be fooled. Politicizing the lives of transgender Americans by imposing restrictions on a small and vulnerable group that most persons don't understand, or try to take the time to understand, makes their existence ripe for attacks. We know that states considering these bans are doing so under the threat of federal legal actions, as the US Department of Justice has taken notice. The DOJ has stated that they are 'committed to ensuring that transgender youth, like all youth, are treated fairly and with dignity in accordance with federal law.' Intentionally erecting discriminatory barriers to prevent individuals from receiving gender-affirming care implicates a number of federal legal guarantees. Major medical associations agree with this, including the medical associations within our own state that represent those of us performing this care. New physicians do not want to move to and practice in

states that are going to threaten them with criminal convictions or the inability to fully care for their patients. We will lose physicians who choose to not come here for training, and certainly not to practice. Questions regarding scope of practice and restrictive laws are common now in online communities for medical students, residents and new physicians.

As physicians we take an oath to do no harm. Making blanket rules does harm, and keeping physicians from having a true doctor/patient relationship where they can treat their patient properly within their scope of practice and expertise does harm. We cannot legislate for every possible scenario, which is why we have to trust the professionals doing this work. I don't know everything, and I don't claim to. But I know that the person who best knows my patient is my patient, and I know that I believe them, I trust them, and am there to work toward their health goals regardless of any label. I am asking you to do the same--to believe that your constituents and their loved ones know themselves best, that they should be able make decisions regarding their health without government infringement, and trust that those of us who have dedicated our lives to caring for the health of Kansans deserve the ability to do so without threat to our livelihoods, our medical licenses or our reputations.