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13 UNITED STATES DISTRICT COURT  
14 NORTHERN DISTRICT OF CALIFORNIA

15 CITY AND COUNTY OF SAN FRANCISCO,

16 *Plaintiff,*

17 v.

18 ALEX M. AZAR II et al.,

19 *Defendants.*

20 STATE OF CALIFORNIA, by and through  
21 XAVIER BECERRA, Attorney General,

22 *Plaintiff,*

23 v.

24 ALEX M. AZAR II et al.,

25 *Defendants.*

26 COUNTY OF SANTA CLARA et al.,

27 *Plaintiffs,*

28 v.

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES et al.,

*Defendants.*

Case Nos. 3:19-cv-2405-WHA, 3:19-cv-  
2769-WHA, 3:19-cv-2916-WHA

**MOTION FOR LEAVE TO FILE BRIEF  
OF NATIONAL CENTER FOR  
LESBIAN RIGHTS ET AL. AS AMICI  
CURIAE IN SUPPORT OF  
PLAINTIFFS' MOTIONS FOR  
SUMMARY JUDGMENT**

Hearing Date: October 30, 2019  
Time: 8:00 a.m.  
Courtroom 12, 19th Floor  
Judge: The Honorable William Alsup

1 National Center for Lesbian Rights, joined by Bay Area Lawyers for Individual Freedom,  
 2 Center for Constitutional Rights, Equality California, Equality Federation, Empire Justice  
 3 Center, Family Equality, FORGE, FreeState Justice, Inc., GLBTQ Legal Advocates &  
 4 Defenders, Human Rights Campaign, Legal Voice, LGBT Bar Association of New York,  
 5 Movement Advancement Project, National Center for Transgender Equality, National LGBTQ  
 6 Task Force, National Trans Bar Association, One Colorado, OutFront Minnesota, SAGE, San  
 7 Francisco LGBT Center, Transgender Law Center, and Transgender Legal Defense and  
 8 Education Fund, Inc. (collectively, “Amici”) seek leave to file a brief as amici curiae in support  
 9 of Plaintiffs’ motions for summary judgment.<sup>1</sup> The proposed brief, which is 15 pages, is attached  
 10 as Exhibit A, and a proposed order is attached as Exhibit B.

### IDENTITIES AND INTEREST OF AMICI CURIAE

12 Amici are national, state, and local organizations that share an interest in ensuring the  
 13 equal treatment of lesbian, gay, bisexual, transgender, and queer (“LGBTQ”) people, including  
 14 in the context of access to health care.

15 The **National Center for Lesbian Rights (NCLR)** is a national nonprofit legal  
 16 organization dedicated to protecting and advancing the civil rights of lesbian, gay, bisexual,  
 17 transgender, and queer people and their families through litigation, public policy advocacy, and  
 18 public education. Since its founding in 1977, NCLR has played a leading role in securing fair  
 19 and equal treatment for LGBTQ people and their families in cases across the country involving  
 20 constitutional and civil rights. NCLR has a particular interest in eradicating discrimination  
 21 against LGBTQ people in healthcare settings and represents LGBTQ people in cases relating to  
 22 access to healthcare in courts throughout the country.

23 **Bay Area Lawyers for Individual Freedom (BALIF)** is a bar association of  
 24 approximately 500 lesbian, gay, bisexual, transgender, queer and intersex (“LGBTQI”) members  
 25 in the San Francisco Bay Area legal community. BALIF promotes the professional interests and  
 26 social justice goals of its members and the legal interests of the LGBTQI community at large.

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28 <sup>1</sup> Plaintiffs and Defendants have consented to the filing of the proposed brief.

1 For nearly 40 years, BALIF has actively participated in public policy debates concerning the  
2 rights of LGBTQI people and has authored and joined amicus efforts concerning matters of  
3 broad public importance.

4 The **Center for Constitutional Rights (CCR)** is a national, not-for-profit legal,  
5 educational and advocacy organization dedicated to protecting and advancing rights guaranteed  
6 by the United States Constitution and international law. Founded in 1966 to represent civil rights  
7 activists in the South, CCR has litigated numerous landmark civil and human rights cases on  
8 behalf of individuals impacted by arbitrary and discriminatory state policies, including policies  
9 that disproportionately impact LGBTQI communities of color.

10 Founded in 1999, **Equality California (EQCA)** is the nation’s largest statewide lesbian,  
11 gay, bisexual, transgender and queer (“LGBTQ”) civil rights organization. Equality California  
12 brings the voices of LGBTQ people and allies to institutions of power in California and across  
13 the United States, striving to create a world that is healthy, just, and fully equal for all LGBTQ  
14 people. We advance civil rights and social justice by inspiring, advocating, and mobilizing  
15 through an inclusive movement that works tirelessly on behalf of those we serve. Equality  
16 California frequently participates in litigation in support of the rights of LGBTQ persons.

17 **Equality Federation** is the strategic partner to state-based equality organizations  
18 advocating on behalf of LGBTQ people. Since 1997, we have worked throughout the country  
19 with our member organizations to make legislative and policy advances on critical issues  
20 including marriage, nondiscrimination, safe schools, and healthy communities.

21 The **Empire Justice Center** is a New York-based multi-issue, multi-strategy public  
22 interest law firm founded in 1973 that is focused on changing the systems within which poor and  
23 low-income families live, including those marginalized based upon sexual orientation, gender  
24 identity and gender expression. We believe in the critical importance of eliminating  
25 discrimination and harassment in all forms and ensuring that all people do not face  
26 discriminatory barriers when seeking health care or in any public benefit or public  
27 accommodation. Our core practice includes ensuring the legal and civil rights of lesbian, gay,  
28 bisexual, transgender, queer, and intersex (LGBTQI) individuals and their families and ensuring

1 full and equal access to health care and services. We advance our work through impact litigation  
2 and direct legal services, policy advocacy, training, and education.

3 **Family Equality** (formerly Family Equality Council) is a national organization that  
4 advances lived and legal equality for LGBTQ families and those who wish to form them. Since  
5 its founding in 1979, Family Equality has worked to change attitudes, laws, and policies through  
6 advocacy and public education to ensure that all families, regardless of creation or composition,  
7 are respected, loved, and celebrated in all aspects of their life. Given the profound impact that  
8 health care has on an individual and their family, Family Equality has an ongoing interest in  
9 ensuring that LGBTQ people have equal access to quality health care services and are able to  
10 receive health care from welcoming and affirming providers.

11 **FORGE** is a 25-year-old, national transgender anti-violence organization. The people we  
12 work with are survivors of all types of crime and trauma, and frequently need both acute and  
13 long-term medical care, which they are all too often denied.

14 **FreeState Justice, Inc. (FreeState)** is Maryland’s statewide legal advocacy organization  
15 that seeks to improve the lives of lesbian, gay, bisexual, transgender, and queer (“LGBTQ”)  
16 people. FreeState advocates for LGBTQ Marylanders by combining direct legal services with  
17 education and outreach to ensure that the LGBTQ community receives fair treatment in the law  
18 and in society. As such, FreeState has a particular interest in ensuring the equal treatment of  
19 LGBTQ individuals seeking to access health care.

20 Through strategic litigation, public policy advocacy, and education, **GLBTQ Legal**  
21 **Advocates & Defenders (GLAD)** works in New England and nationally to create a just society  
22 free of discrimination based on gender identity and expression, HIV status, and sexual  
23 orientation. GLAD has litigated widely in both state and federal courts in all areas of the law in  
24 order to protect and advance the rights of lesbians, gay men, bisexuals, transgender individuals,  
25 and people living with HIV and AIDS. Since its founding in 1978, GLAD has zealously  
26 advocated for LGBTQ people and people living with HIV/AIDS who have been profoundly  
27 harmed by discrimination in access to healthcare by hospitals, healthcare providers, and insurers.  
28

1           The **Human Rights Campaign (HRC)**, the largest national lesbian, gay, bisexual,  
2 transgender, and queer (“LGBTQ”) advocacy organization, envisions an America where LGBTQ  
3 people are ensured of their basic equal rights, and can be open, honest and safe at home, at work  
4 and in the community. Equal treatment when seeking healthcare is among these basic rights.

5           **Legal Voice**, founded in 1978 as the Northwest Women’s Law Center, is a non-profit  
6 public interest organization in the Pacific Northwest dedicated to protecting the rights of women,  
7 girls, and LGBTQ people through litigation, legislative advocacy, and the provision of legal  
8 information and education. Legal Voice’s work includes decades of advocacy in the courts and  
9 in the Washington Legislature to advance the rights of LGBTQ people and their families to  
10 ensure that they are free from discrimination based on their sex, sexual orientation, and gender  
11 identity or expression. Legal Voice has participated as counsel and as *amicus curiae* in numerous  
12 cases throughout the Northwest and the country, and serves as a regional expert and advocate in  
13 the area of gender equality.

14           The **LGBT Bar Association of New York** is a non-profit bar organization based in New  
15 York, New York that is dedicated to promoting equality and access to justice for members of the  
16 LGBTQ community.

17           **Movement Advancement Project (MAP)** works to ensure that all people have a fair  
18 chance to pursue health and happiness, earn a living, take care of the ones they love, be safe in  
19 their communities, and participate in civic life. MAP provides independent and rigorous  
20 research, insight and communications that help speed equality and opportunity for all.

21           **National Center for Transgender Equality (NCTE)** is a national social justice  
22 organization founded in 2003 and devoted to advancing justice, opportunity, and well-being for  
23 transgender people through education and advocacy on national issues. NCTE works with  
24 policymakers and communities around the country to develop fair and effective public policy,  
25 including in the area of health care access for transgender people.

26           **The National Trans Bar Association (NTBA)** is a non-profit professional association of  
27 attorneys promoting equality both in the legal profession and under the law. In addition  
28 to working directly with transgender and gender non-conforming legal professionals, NTBA

1 seeks to educate and advocate for legislative change that expands formal legal protections and  
2 access to legal representation for transgender and gender non-conforming people.

3       The **National LGBTQ Task Force** is the nation’s oldest national LGBTQ advocacy  
4 group. As a progressive social-justice organization, the Task Force works to achieve full  
5 freedom, justice, and equality for Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ)  
6 people and their families. The Task Force trains and mobilizes activists across the Nation to  
7 combat discrimination against LGBTQ people in every aspect of their lives, including housing,  
8 employment, healthcare, retirement, and basic human rights. Recognizing that LGBTQ persons  
9 of color are subject to multifaceted discrimination, the Task Force is also committed to racial  
10 justice. To that end, the Task Force hosts the Racial Justice Institute at its annual Creating  
11 Change Conference, which equips individuals with skills to advance LGBTQ freedom and  
12 equality.

13       **One Colorado** is the state’s leading advocacy organization for LGBTQ Coloradans and  
14 their families. The mission of the organization is to secure protections and advance opportunities  
15 for LGBTQ Coloradans and their families.

16       **OutFront Minnesota (OFM)** is the largest advocacy organization for lesbian, gay,  
17 bisexual, transgender, and queer people in the Northstar State. OFM is dedicated to making  
18 Minnesota a place where people can be who they are, love whom they love, and live without fear  
19 of discrimination, harassment, or violence.

20       **SAGE** is the country’s oldest and largest organization dedicated to improving the lives of  
21 LGBT older people. In conjunction with 30 affiliates in 22 states and Puerto Rico, SAGE offers  
22 supportive services and consumer resources to LGBT older people and their caregivers,  
23 advocates for public policy changes that address the needs of LGBT older people, and provides  
24 training for agencies and organizations that serve LGBT older people. Pursuant to a grant from  
25 the Department of Health and Human Services’ Administration for Community Living (ACL),  
26 SAGE—in collaboration with 18 leading organizations nationwide—operates the National  
27 Resource Center on LGBT Aging (NRC), which is the country’s first and only technical  
28 assistance resource center aimed at improving the quality of services and supports offered to

1 LGBT older people. The NRC provides training, technical assistance, and educational resources  
2 to aging providers, LGBT organizations, and LGBT older people. To date, the NRC and our  
3 training arm, SAGECare, have trained more than 50,000 professionals in every State and the  
4 District of Columbia. In addition, the NRC has published, and made widely available, best  
5 practice guides, including, “Inclusive Services for LGBT Older Adults, A Practical Guide to  
6 Creating Welcoming Agencies.”

7       The **San Francisco LGBT Center (the Center)** connects San Francisco’s diverse LGBT  
8 community to opportunities, resources and each other to achieve our vision of a stronger,  
9 healthier, and more equitable world for LGBT people and our allies. The Center provides free  
10 services to community members in the areas of health & wellness, economic development, and  
11 youth services as well opportunities for LGBT people to connect and organize to secure equal  
12 rights for LGBT people.

13       **Transgender Law Center (TLC)** is the largest national trans-led organization  
14 advocating self-determination for all people. Grounded in legal expertise and committed to racial  
15 justice, TLC employs a variety of community-driven strategies to keep transgender and gender  
16 nonconforming (“TGNC”) people alive, thriving, and fighting for liberation. TLC believes that  
17 TGNC people hold the resilience, brilliance, and power to transform society at its root, and that  
18 the people most impacted by the systems TLC fights must lead this work. TLC builds power  
19 within TGNC communities, particularly communities of color and those most marginalized, and  
20 lays the groundwork for a society in which all people can live safely, freely, and authentically  
21 regardless of gender identity or expression. TLC works to achieve this goal through leadership  
22 development and by connecting TGNC people to legal resources. It also pursues impact litigation  
23 and policy advocacy to defend and advance the rights of TGNC people, transform the legal  
24 system, minimize immediate threats and harms, and educate the public about issues impacting  
25 our communities.

26       **Transgender Legal Defense and Education Fund, Inc. (TLDEF)** is a national civil  
27 rights organization committed to achieving full recognition of transgender persons’ civil rights in  
28 the United States. Since its founding in 2003, TLDEF has represented transgender persons who

1 have experienced health care discrimination through advocacy, administrative appeals,  
2 administrative charges of discrimination, and impact litigation.

3 **ARGUMENT**

4 Amici seek leave to file the proposed brief in support of Plaintiffs’ motions for summary  
5 judgment to highlight the harm to LGBTQ patients that will result if the challenged provisions of  
6 the U.S. Department of Health and Human Services’ regulation “Protecting Statutory Conscience  
7 Rights in Health Care; Delegations of Authority,” 84 Fed. Reg. 23170 (May 21, 2019) (“the  
8 Final Rule”), are not permanently enjoined.

9 A district court has “broad discretion to appoint amici curiae.” *Hoptowit v. Ray*, 682 F.2d  
10 1237, 1260 (9th Cir. 1982), *overruled on other grounds by Sandin v. Conner*, 515 U.S. 472  
11 (1995). “District courts frequently welcome amicus briefs from non-parties concerning legal  
12 issues that have potential ramifications beyond the parties directly involved or if the amicus has  
13 ‘unique information or perspective that can help the court beyond the help that the lawyers for  
14 the parties are able to provide.’” *NGV Gaming, Ltd. v. Upstream Point Molate, LLC*, 355 F.  
15 Supp. 2d 1061, 1068 (N.D. Cal. 2005) (citation omitted).

16 As national, state, and local organizations that share an interest in ensuring the equal  
17 treatment of LGBTQ patients seeking to access health care, Amici offer an important and useful  
18 perspective on the issues before the Court. The proposed brief seeks to assist the Court in  
19 analyzing the factors for a grant of a permanent injunction, including the harm to the plaintiffs  
20 and public interest that will result from the Final Rule. The proposed brief explains that the Final  
21 Rule will harm LGBTQ patients, who already face significant barriers to health care, including  
22 pervasive and harmful discrimination in health care settings. The proposed brief also explains  
23 that Final Rule will invite discrimination and exacerbate the barriers LGBTQ people face in  
24 accessing care.

25 //  
26 //  
27 //  
28 //

**CONCLUSION**

For the reasons above, Amici request that the Court grant leave to file the proposed brief.

Dated: September 12, 2019

Respectfully submitted,

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LESBIAN RIGHTS

By: /s Julie Wilensky

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# **EXHIBIT A**

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Case Nos. 3:19-cv-2405-WHA, 3:19-cv-2769-WHA, 3:19-cv-2916-WHA

**[PROPOSED] BRIEF OF NATIONAL CENTER FOR LESBIAN RIGHTS ET AL. AS AMICI CURIAE IN SUPPORT OF PLAINTIFFS' MOTIONS FOR SUMMARY JUDGMENT**

Hearing Date: October 30, 2019  
Time: 8:00 a.m.  
Courtroom 12, 19th Floor  
Judge: The Honorable William Alsup

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**IDENTITY AND INTEREST OF AMICI CURIAE<sup>1</sup>**

Amici are national, state, and local organizations that share an interest in ensuring the equal treatment of lesbian, gay, bisexual, transgender, and queer (“LGBTQ”) people, including in the context of access to health care:

- National Center for Lesbian Rights
- Bay Area Lawyers for Individual Freedom
- Center for Constitutional Rights
- Equality California
- Equality Federation
- Empire Justice Center
- Family Equality
- FORGE
- FreeState Justice, Inc.
- GLBTQ Legal Advocates & Defenders
- Human Rights Campaign
- Legal Voice
- LGBT Bar Association of New York
- Movement Advancement Project
- National Center for Transgender Equality
- National LGBTQ Task Force
- National Trans Bar Association
- One Colorado
- OutFront Minnesota
- SAGE
- San Francisco LGBT Center

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<sup>1</sup> No party’s counsel authored this brief in whole or in part, and no party or party’s counsel contributed money intended to fund the preparation or submission of this brief. No person – other than Amici, their members, or their counsel – contributed money intended to fund the preparation of this brief.

- 1 • Transgender Law Center; and
- 2 • Transgender Legal Defense and Education Fund, Inc.

3 Individual statements for each amicus are in the accompanying Motion.

4 Amici submit this brief in support of Plaintiffs' motions for summary judgment to  
 5 highlight the harm to LGBTQ patients that will result if the challenged provisions of the U.S.  
 6 Department of Health and Human Services' regulation "Protecting Statutory Conscience Rights  
 7 in Health Care; Delegations of Authority," 84 Fed. Reg. 23,170 (May 21, 2019) ("the Final  
 8 Rule"), are not permanently enjoined.<sup>2</sup>

## 9 ARGUMENT

### 10 I. THE FINAL RULE WILL HARM LGBTQ PATIENTS.

11 The mission of the Department of Health and Human Services ("HHS") is "to enhance  
 12 and protect the health and well-being of all Americans," which HHS fulfills "by providing for  
 13 effective health and human services and fostering advances in medicine, public health, and social  
 14 services."<sup>3</sup> HHS has an important role in ensuring equal access to health care and ending  
 15 discriminatory practices contributing to poor health outcomes and health disparities.<sup>4</sup> But the  
 16 Final Rule will do exactly the opposite. In particular, the Final Rule will harm LGBTQ patients,  
 17 who already face significant barriers to health care, including pervasive and harmful

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18  
 19 <sup>2</sup> Many Amici submitted comments expressing concerns with the proposed rule. *See* Comment  
 20 Nos. HHS-OCR-2018-0002-69074 (NCLR) ("NCLR Comment"); HHS-OCR-2018-0002-71044  
 21 (Equality California); HHS-OCR-2018-0002-71892 (Empire Justice Center); HHS-OCR-2018-  
 22 0002-69877 (Forge, Inc.); HHS-OCR-2018-0002-69268 (HIV Health Care Access Work Group,  
 23 joined by Equality Federation); HHS-OCR-2018-0002-70389 (Family Equality Council); HHS-  
 24 OCR-2018-0002-34036 (FreeState Justice, Inc.); HHS-OCR-2018-0002-70466 (GLBTQ Legal  
 25 Advocates & Defenders); HHS-OCR-2018-0002-70848 (Human Rights Campaign); HHS-OCR-  
 26 2018-0002-68010 (Movement Advancement Project); HHS-OCR-2018-0002-71274 (National  
 27 Center for Transgender Equality); HHS-OCR-2018-0002-71509 (National LGBTQ Task Force);  
 28 HHS-OCR-2018-0002-58212 (One Colorado Education Fund); HHS-OCR-2018-0002-68429  
 (SAGE); HHS-OCR-2018-0002-71816 (Transgender Law Center); HHS-OCR-2018-0002-71256  
 (New York State LGBT Health & Human Services Network, joined by Transgender Legal  
 Defense and Education Fund, Inc.).

<sup>3</sup> U.S. Dep't of Health & Hum. Servs., *About HHS*, <https://perma.cc/5DGR-TNMM>.

<sup>4</sup> *See* NCLR Comment, *supra*, at 2-3 & n.3, 4 (discussing earlier efforts of HHS to reduce  
 discrimination in health care by addressing practices such as segregation in health care facilities  
 based on race or disability, categorical insurance coverage denials of gender-affirming medical  
 care, and insurance plans that discriminate against people living with HIV).

1 discrimination in health care settings. It will invite discrimination and exacerbate the barriers  
 2 LGBTQ people face in accessing care. The harm the Final Rule will cause to LGBTQ patients  
 3 supports the grant of a permanent injunction. *See, e.g., eBay Inc. v. MercExchange, L.L.C.*, 547  
 4 U.S. 388, 391 (2006) (articulating test for permanent injunction).

5 **A. LGBTQ People Face Significant Barriers to Accessing Health Care,**  
 6 **Including Pervasive and Harmful Discrimination in Health Care Settings.**

7 LGBTQ people face significant barriers to accessing health care, including higher rates of  
 8 poverty,<sup>5</sup> unemployment,<sup>6</sup> and uninsurance<sup>7</sup> than people who are not LGBTQ. LGBTQ people  
 9 also experience health disparities,<sup>8</sup> which are particularly severe for older adults, youth,  
 10 transgender people, and people of color.<sup>9</sup> As HHS's Healthy People 2020 initiative has  
 11 recognized, these disparities are linked to stigma and discrimination: "LGBT individuals face  
 12 health disparities linked to societal stigma, discrimination, and denial of their civil and human  
 13 rights."<sup>10</sup> HHS has also stated that "[s]ocial determinants affecting the health of LGBT  
 14

15 <sup>5</sup> *See* Lourdes Ashley Hunter et al., *Intersecting Injustice: Addressing LGBTQ Poverty and*  
 16 *Economic Justice for All* 4-5 (2018), <https://perma.cc/DC6H-228W> (finding that LGBTQ people  
 17 are more likely than non-LGBTQ people to live in poverty); *id.* at 63-76 (discussing barriers to  
 18 accessing health care for low-income LGBTQ people); Human Rights Watch, *"You Don't Want*  
 19 *Second Best": Anti-LGBT Discrimination in US Health Care* 17 (2018), [https://perma.cc/79KG-](https://perma.cc/79KG-W3QU)  
 20 [W3QU](https://perma.cc/79KG-W3QU).

21 <sup>6</sup> Rich Bellis, *LGBTQ Workers Still Face Higher Unemployment Rates*, Fast Company (Nov. 8,  
 22 2017), <https://perma.cc/X9LU-WPEP>; S.E. James et al., Nat'l Ctr. for Transgender Equality,  
 23 *2015 U.S. Transgender Survey* 98 (2016), <https://perma.cc/86HL-NJC4>.

24 <sup>7</sup> Kellan Baker & Laura E. Durso, Ctr. for Am. Progress, *Why Repealing the Affordable Care Act*  
 25 *Is Bad Medicine for LGBT Communities* (Mar. 22, 2017), <https://perma.cc/ZWH5-TXZK>  
 26 (finding that 15% of LGBT respondents and 25% of transgender respondents were uninsured in  
 27 2017, compared to 7% of non-LGBT people).

28 <sup>8</sup> *See, e.g.,* Inst. of Medicine, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* 1 (2011), <https://perma.cc/G9RY-SBXN>.

<sup>9</sup> *See, e.g.,* U.S. Dep't of Health & Hum. Servs., *Healthy People 2020, Lesbian, Gay, Bisexual, and Transgender Health*, <https://perma.cc/UQ43-E75T> ("Healthy People 2020"); Karen I. Fredriksen-Goldsen et al., *Physical and Mental Health of Transgender Older Adults: An At-Risk and Underserved Population*, 54 *Gerontologist* 488 (2014), <https://perma.cc/RK3L-7MMS>; Karen I. Fredriksen-Goldsen et al., *Health Disparities Among Lesbian, Gay, and Bisexual Older Adults: Results from a Population-Based Study*, 103 *Am. J. Pub. Health* 1802 (2013), <https://perma.cc/27PX-BX7R>; U.S. Ctrs. for Disease Control & Prevention, *HIV and African American Gay and Bisexual Men*, <https://perma.cc/5X46-X9E5>.

<sup>10</sup> U.S. Dep't of Health & Hum. Servs., *Healthy People 2020*, *supra*.

1 individuals largely relate to oppression and discrimination.”<sup>11</sup> A recent study found that  
 2 individuals face significant barriers to health care as a result of discrimination based on a number  
 3 of often intersecting factors, including transgender status, sexual orientation, race, and economic  
 4 factors.<sup>12</sup> As described below, LGBTQ people experience widespread discrimination in health  
 5 care settings, which causes severe and lasting harm.

6 Discrimination against LGBTQ people in health care settings is well-documented,<sup>13</sup>  
 7 particularly with respect to transgender people, who “are often forced to navigate a healthcare  
 8 system that is resistant at best and at times openly hostile toward transgender people’s needs.”<sup>14</sup>  
 9 A 2010 study by Lambda Legal found that 56% of lesbian, gay, and bisexual respondents had  
 10 experienced instances of discrimination in health care, such as refusal of health care, excessive  
 11 precautions used by health care professionals, and physically rough or abusive behavior by  
 12 health care professionals.<sup>15</sup> Seventy percent of transgender and gender non-conforming  
 13 respondents experienced the same, as had 63% of respondents living with HIV.<sup>16</sup> The study also  
 14 found that respondents of color and low-income respondents experienced higher rates of  
 15 discrimination and substandard care.<sup>17</sup> More recently, the 2015 U.S. Transgender Survey, a  
 16 national survey of nearly 28,000 people, found that 33% of respondents who saw a health care  
 17 provider in the past year had at least one negative experience related to being transgender, with a  
 18

19 <sup>11</sup> *Id.* The CDC has similarly recognized that “[s]ocial inequality is often associated with poorer  
 20 health status,” and some health disparities are “associated with social and structural inequities,  
 21 such as the stigma and discrimination that LGBT populations experience.” U.S. Ctrs. for Disease  
 22 Control & Prevention, *About LGBT Health*, <https://perma.cc/C3WD-NEKY>.

23 <sup>12</sup> Ning Hsieh & Matt Ruther, *Despite Increased Insurance Coverage, Nonwhite Sexual  
 24 Minorities Still Experience Disparities in Access to Care*, 36 *Health Affairs* 1786 (2017).

25 <sup>13</sup> See, e.g., NCLR Comment, *supra*, at 4 & n.8; Shabab Ahmed Mirza & Caitlin Rooney, Ctr. for  
 26 Am. Progress, *Discrimination Prevents LGBTQ People from Accessing Health Care* (Jan. 18,  
 27 2018), <https://perma.cc/X9TN-5Q3U>; James et al., *supra*, at 93-125; Lambda Legal, *When  
 28 Health Care Isn’t Caring: Lambda Legal’s Survey of Discrimination Against LGBT People and  
 People with HIV* (2010), <https://perma.cc/B8TC-MJS4>; see also Inst. of Medicine, *supra*, at 61-  
 67 (discussing barriers that LGBT people face in accessing health care).

<sup>14</sup> Kristie L. Seelman et al., *Transgender Noninclusive Healthcare and Delaying Care Because of  
 Fear: Connections to General Health and Mental Health Among Transgender Adults*, 2.1  
*Transgender Health* 18 (2017), <https://perma.cc/3CZZ-JDWK>.

<sup>15</sup> Lambda Legal, *When Health Care Isn’t Caring*, *supra*, at 5.

<sup>16</sup> *Id.* at 10.

<sup>17</sup> *Id.* at 11.

1 higher percentage for transgender men, people with disabilities, and those who identified as  
 2 American Indian, Black, Middle Eastern, or multiracial.<sup>18</sup> Types of negative experiences  
 3 included: having to teach the provider about transgender people to get appropriate care, a health  
 4 care provider asking unnecessary or invasive questions, being refused medical care, being  
 5 verbally harassed in a health care setting, having a provider use harsh or abusive language when  
 6 treating them, or being physically attacked or sexually assaulted in a health care setting.<sup>19</sup>

7 Outright refusals of care based on a patient’s sexual orientation or gender identity are  
 8 widespread, especially with respect to transgender people. A nationally representative study from  
 9 the Center for American Progress in 2017 showed that among LGBTQ respondents who saw a  
 10 health care provider in the past year, 29% of transgender respondents, and 8% of lesbian, gay,  
 11 bisexual, and queer respondents, said a provider refused to see them because of their actual or  
 12 perceived gender identity or sexual orientation.<sup>20</sup> Some denials of care involve specific services  
 13 related to sexual orientation or transgender status, such as fertility or assisted reproductive  
 14 services for a same-sex couple, or hormone therapy for a transgender person.<sup>21</sup> And some are  
 15 denials of care for medical treatments that are completely unrelated to the person’s LGBTQ  
 16 identity. For example, a respondent to a national survey of transgender people said, “I have been  
 17 refused emergency room treatment even when delivered to the hospital by ambulance with  
 18 numerous broken bones and wounds.”<sup>22</sup>

19 Many LGBTQ people have experienced a denial or delay of medical care due to a  
 20 provider’s religious beliefs. In 2015, a lesbian couple in Michigan brought their six-day-old  
 21 newborn to the pediatrician for a check-up and were told the pediatrician would not see the infant

22  
 23 <sup>18</sup> James et al., *supra*, at 96 fig.7.3.

24 <sup>19</sup> *Id.*

25 <sup>20</sup> Mirza & Rooney, *supra*.

26 <sup>21</sup> For example, a transgender woman reported that when she asked her long-time doctor for help  
 27 obtaining hormone therapy, the doctor “looked at me, and then she kind of hemmed and hawed .  
 28 . . and she said, ‘Well, I just don’t believe in that, and I can’t help you with that.’” Christine  
 Grimaldi, *It’s ‘Scary,’ But Transgender Patients Are Fighting Trump’s Health-Care  
 Discrimination Agenda*, Rewire.News (Mar. 13, 2018), <https://perma.cc/AHF3-YQKR>.

<sup>22</sup> Jaime M. Grant et al., Nat’l Ctr. for Transgender Equality & Nat’l Gay and Lesbian Task  
 Force, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey 73*  
 (2011), <https://perma.cc/9TGK-4GA3>.

1 because of the doctor’s religious objections.<sup>23</sup> A social worker told Human Rights Watch that a  
 2 transgender child was accepted for treatment at a religiously affiliated psychiatric practice, but  
 3 then turned away when the doctor learned the child was transgender.<sup>24</sup> As the social worker  
 4 explained:

5 They accepted the person at first, but when they found out [the person] was a  
 6 trans client, the doctor said we don’t see trans clients here. They got in the door,  
 7 but then got turned away. It often takes months to get an appointment here, and  
 8 the family felt they had invested a lot of time to get in, and was then turned  
 9 away.<sup>25</sup>

10 A lesbian in Mississippi reported that when she and her wife were seeking a fertility doctor in  
 11 2012, the receptionist said that the doctor would not see them because “[i]t’s his religious belief  
 12 that he only treats straight married couples.”<sup>26</sup> Human Rights Watch also reported that the  
 13 mother of a gay teenager called a pediatric practice and said, “we’ve seen you our whole life and  
 14 our son is gay and we just wanted to make sure it wouldn’t be an issue,” to which the  
 15 pediatrician replied, “you need to understand this is a Christian-based office and we may not be a  
 16 good fit for your family any longer.”<sup>27</sup> And at Catholic hospitals, based on religious directives,  
 17 transgender men have experienced the abrupt cancellation of medically necessary, scheduled  
 18 hysterectomies, even though those hospitals permit hysterectomies to be performed for patients  
 19 who are not transgender.<sup>28</sup>

20  
 21 <sup>23</sup> Andrew Satter & Sarah McBride, Ctr. for Am. Progress, *Their Baby Was Denied Access to*  
 22 *Care Because They Are Gay* (July 21, 2015), <https://perma.cc/WUR8-UJFL>; Abby Phillip,  
 23 *Pediatrician Refuses to Treat Baby with Lesbian Parents and There’s Nothing Illegal About It*,  
 24 Washington Post (Feb. 19, 2015), <https://perma.cc/V8ZQ-BWVK>.

25 <sup>24</sup> Human Rights Watch, “*You Don’t Want Second Best*,” *supra*, at 19.

26 <sup>25</sup> *Id.*

27 <sup>26</sup> Human Rights Watch, *All We Want Is Equality: Religious Exemptions and Discrimination*  
 28 *Against LGBT People in the United States* 21 (2018), <https://perma.cc/XM5N-NC2G>.

29 <sup>27</sup> *Id.* at 22.

30 <sup>28</sup> *Minton v. Dignity Health*, First Am. Compl., No. 17-558259 (Cal. Super. Ct),  
 31 <https://perma.cc/T2WP-GWE2>; *Knight v. St. Joseph Health*, Compl., No. DR190259 (Cal.  
 32 Super. Ct.), <https://perma.cc/3EP5-XUFR>; *Conforti v. St. Joseph Healthcare Sys. Inc.*, Compl.,  
 33 No. 2:17-cv-00050-JAL-JAD (D.N.J.); *see also* NCLR Comment, *supra*, at 9 (describing  
 34 experience of a transgender caller to NCLR help line whose hysterectomy was denied by a  
 35 Catholic hospital).

1 Denying necessary medical care for any reason, including a provider’s religious beliefs,  
 2 has direct health consequences for patients. As UCLA’s Williams Institute stated in comments  
 3 on the proposed Rule, “[a]n individual who is denied care must, at a minimum, experience the  
 4 inconvenience of seeking alternative providers for the service,” which “can be especially critical  
 5 for individuals who live in communities where no such alternatives are available or where  
 6 reaching an alternative care provider can only be done with great cost and effort.”<sup>29</sup> LGBTQ  
 7 people often have to travel long distances to find LGBTQ-friendly providers or to receive  
 8 specific care. For example, the U.S. Transgender Survey reported that 29% of respondents  
 9 seeking transition-related care had to travel 25 miles or more to access it.<sup>30</sup> Human Rights Watch  
 10 interviewed LGBTQ people who described driving across Michigan to find a friendly nurse  
 11 practitioner or medical practice, driving from East Tennessee to North Carolina for regular  
 12 hormone injections, and traveling two hours each way to attend therapy or meet with a trans-  
 13 affirming doctor in another state.<sup>31</sup> In the 2017 study from Center for American Progress, nearly  
 14 1 in 5 LGBTQ people, including 31% of transgender people, said that if they were turned away  
 15 by a hospital, it would be “very difficult” or “not possible” to find the same type of service at  
 16 another hospital.<sup>32</sup> The rate was much higher – 41% – for LGBTQ people living outside of a  
 17 metropolitan area.<sup>33</sup> For these patients, being turned away by a medical provider may result in  
 18 being denied care entirely.<sup>34</sup>

19 Even when doctors or other providers do not turn them away, LGBTQ people experience  
 20 other forms of discrimination in health care settings. In an example shared by Lambda Legal, a  
 21 lesbian in Texas brought her two-year old child to a pediatric dentist after the child fell and her  
 22  
 23

24 <sup>29</sup> UCLA Williams Institute, Comment Letter on Proposed Rule on Protecting Statutory  
 25 Conscience Rights in Health Care 9 (Mar. 27, 2018), HHS-OCR-2018-0002-72082.

26 <sup>30</sup> James et al., *supra*, at 99 fig.7.7.

27 <sup>31</sup> Human Rights Watch, “*You Don’t Want Second Best*,” *supra*, at 14.

28 <sup>32</sup> Mirza & Rooney, *supra*.

<sup>33</sup> *Id.*

<sup>34</sup> *See also* NCLR Comment 6-7 (describing challenges LGBTQ people in rural communities face in accessing adequate health care, including that health-care disparities in general are often more pronounced in rural areas, and this is further compounded for LGBTQ people).

1 tooth was knocked out.<sup>35</sup> The dentist asked who was the “real mother,” said “a child cannot have  
 2 two mothers,” and told the mother that he would only see the “biological mother” (with a birth  
 3 certificate as proof) before he would treat the child.<sup>36</sup> Such incidents are not isolated. The 2017  
 4 Center for American Progress study reported that among lesbian, gay, bisexual, and queer  
 5 respondents who had visited a doctor or health care provider in the year before the survey, 7%  
 6 said that a doctor or other provider refused to recognize their family, including a child or same-  
 7 sex spouse or partner; 9% said that a doctor or other provider used harsh or abusive language  
 8 when treating them; and 7% said they experienced unwanted physical contact from a doctor or  
 9 other health care provider (such as fondling, sexual assault, or rape).<sup>37</sup> LGBTQ people of color  
 10 are more vulnerable than white LGBTQ people to discrimination and mistreatments. For  
 11 example, Lambda Legal’s 2010 study found that lesbian, gay, or bisexual respondents of color  
 12 were more than twice as likely as white respondents to have experienced physically rough or  
 13 abusive treatment by medical professionals.<sup>38</sup>

14 Transgender people are particularly likely to experience discrimination and mistreatment  
 15 in health care settings. In the 2017 Center for American Progress study, 23% of transgender  
 16 respondents who had seen a doctor or other health care provider in the past year said a healthcare  
 17 provider intentionally refused to recognize their gender identity and deliberately referred to them  
 18 by the wrong name or pronouns.<sup>39</sup> As the mother of a transgender teenager told Human Rights  
 19 Watch, “I said these are his name and his pronouns and he was sitting there, and the doctor uses  
 20 his birth name and pronouns . . . . After the doctor left, [my son] cried for a solid ten minutes,  
 21 and said I don’t want to come back here ever again.”<sup>40</sup> A respondent to the U.S. Transgender  
 22 Survey shared, “I was consistently misnamed and misgendered throughout my hospital stay. I  
 23

24  
 25 <sup>35</sup> See Br. of Amici Curiae Lambda Legal Defense & Education Fund, Inc., Family Equality  
 26 Council, et al. in Support of Respondents 18-19, *Masterpiece Cakeshop, Ltd. v. Colo. Civil  
 Rights Comm’n*, No. 16-111, <https://perma.cc/SQ2F-XG5N>.

27 <sup>36</sup> *Id.*

28 <sup>37</sup> Mirza & Rooney, *supra*.

<sup>38</sup> Lambda Legal, *When Health Care Isn’t Caring*, *supra*, at 12.

<sup>39</sup> Mirza & Rooney, *supra*.

<sup>40</sup> Human Rights Watch, “*You Don’t Want Second Best*,” *supra*, at 20.

1 passed a kidney stone during that visit. On the standard 1-10 pain scale, that's somewhere around  
2 a 9. But not having my identity respected, that hurt far more."<sup>41</sup>

3 Providers' refusal to recognize a transgender patient's gender identity by deliberately  
4 refusing to use a transgender person's name and pronouns can also result in dangerous denials of  
5 care. NCLR and Transgender Law Center represented the mother of Kyler Prescott, a  
6 transgender boy, who was admitted to a hospital inpatient psychiatric unit in San Diego because  
7 of his suicidal thoughts. *See Prescott v. Rady Children's Hospital-San Diego*, 265 F. Supp. 3d  
8 1090, 1096 (C.D. Cal. 2017) (citing complaint). Although hospital staff assured Kyler's mother  
9 that Kyler's gender identity would be respected and that staff would refer to Kyler with male  
10 gender pronouns, staff repeatedly addressed and referred to Kyler as a girl. Kyler reported that  
11 one employee said, "Honey, I would call you he, but you're such a pretty girl." *Id.* at 1097  
12 (quoting complaint). "Despite concerns over Kyler's continuing depression and suicidal  
13 thoughts, Kyler's medical providers concluded that he should be discharged early from the hold  
14 at [the hospital] because of the staff's conduct." *Id.* (citing complaint).

15 Transgender people are also disproportionately likely to experience mockery, harsh and  
16 abusive language, and unwanted physical contact from healthcare providers and office staff. The  
17 Center for American Progress found that that among transgender respondents who visited a  
18 doctor or other health care provider in the past year, 21% said a doctor or other health care  
19 provider used harsh or abusive language in treating them, and 29% said they experienced  
20 unwanted physical contact (such as fondling, sexual assault, or rape) from a doctor or other  
21 health care provider.<sup>42</sup> A respondent to another national survey reported, "I was forced to have a  
22 pelvic exam by a doctor when I went in for a sore throat. The doctor invited others to look at me  
23 while he examined me and talked to them about my genitals."<sup>43</sup> Human Rights Watch reported  
24 an incident where a transgender woman was being treated for cardiomyopathy, and a nurse "left  
25 the room[] and audibly told another nurse to come look at [the patient's] breasts."<sup>44</sup> Another  
26

27 <sup>41</sup> James et al., *supra*, at 96.

28 <sup>42</sup> Mirza & Rooney, *supra*.

<sup>43</sup> Grant, *supra*, at 74.

<sup>44</sup> Human Rights Watch, "You Don't Want Second Best," *supra*, at 19.

1 transgender woman reported hearing nurses' and office staff's "giggles" and "snickers" when she  
 2 began to live openly as a transgender woman."<sup>45</sup>

3 Fear of discrimination in health care settings deters and delays LGBTQ people from  
 4 seeking necessary medical care. For example, a mother told Human Rights Watch that her  
 5 transgender son had not been to the dentist in two years due to fear of discrimination, and  
 6 another interviewee said that her same-sex partner, a nurse, had never been to the gynecologist  
 7 because she was afraid of how she might be treated.<sup>46</sup> In the U.S. Transgender Survey, 23% of  
 8 respondents did not see a doctor in the past year when they needed to because of fear of being  
 9 mistreated.<sup>47</sup> As one respondent described:

10 Multiple medical professionals have misgendered me, denied to me that I was  
 11 transgender or tried to persuade me that my trans identity was just a misdiagnosis  
 12 of something else, have made jokes at my expense in front of me and behind my  
 13 back, and have made me feel physically unsafe. I often do not seek medical  
 attention when it is needed, because I'm afraid of what harassment or  
 discrimination I may experience in a hospital or clinic.<sup>48</sup>

14 Those who have experienced discrimination in healthcare settings are even more likely to avoid  
 15 or delay necessary medical care. As the Center for American Progress study found, LGBTQ  
 16 people who had experienced discrimination in the past year were nearly *seven times more likely*  
 17 than people who had not experienced discrimination in the past year to avoid doctor's offices.<sup>49</sup>  
 18 A recent study of transgender people found "a significant association between delaying needed  
 19 healthcare in the past year because of fear of discrimination and worse general health and mental  
 20 health (current depression, suicidal ideation, and suicide attempts)."<sup>50</sup>

21 The examples discussed above show the range of harms resulting from discrimination  
 22 against LGBTQ people in health settings, including the practical harms when specific medical  
 23 care is delayed or denied, the emotional harm resulting from the experience of discrimination,  
 24 and poor health outcomes. As UCLA's Williams Institute explained in a comment to the

25 \_\_\_\_\_  
 26 <sup>45</sup> Grimaldi, *supra*.

27 <sup>46</sup> Human Rights Watch, "You Don't Want Second Best," *supra*, at 25-26.

28 <sup>47</sup> James et al., *supra*, at 98.

<sup>48</sup> *Id.* at 96.

<sup>49</sup> See Mirza & Rooney, *supra*.

<sup>50</sup> Seelman et al., *supra*, at 25.

1 proposed rule, “refusals of service based on sexual orientation or gender identity are ‘minority  
 2 stressors’ that can profoundly harm the health and well-being of LGBT people who are directly  
 3 subject to these refusals of service.”<sup>51</sup> In particular, “[w]hen a health care provider denies care or  
 4 provides lesser care to an LGBT person because of their sexual orientation or gender identity –  
 5 regardless of the intent behind the discrimination – it is a prejudice event, a type of minority  
 6 stress, which has both tangible and symbolic impacts on the LGBT patient.”<sup>52</sup> As noted above,  
 7 HHS’s Healthy People 2020 initiative has recognized that LGBTQ health disparities are linked  
 8 to stigma and discrimination.<sup>53</sup> The U.S. Transgender Survey found that transgender people were  
 9 nearly eight times more likely than the general population to be experiencing significant  
 10 psychological distress, which was “associated with a variety of experiences of rejection,  
 11 discrimination, and violence.”<sup>54</sup> In addition, *sixty percent* of respondents in a national study of  
 12 transgender and gender non-conforming people who had been refused medical care because of  
 13 anti-transgender bias reported a lifetime suicide attempt, a rate significantly higher than the  
 14 percentage of respondents as a whole.<sup>55</sup>

15 **B. The Final Rule Will Exacerbate Barriers to Health Care for LGBTQ People.**

16 The Final Rule will compound barriers to health care for LGBTQ people, particularly  
 17 those who are transgender, by inviting healthcare workers to refuse services or referrals to  
 18 LGBTQ people. HHS contemplates that more healthcare workers will raise religious- or  
 19 conscience-related objections: it states that “[t]he Department expects that, as a result of this rule,  
 20 more individuals, having been apprised of those rights, will assert them.” 84 Fed. Reg. at 23,250.

21  
 22 <sup>51</sup> UCLA Williams Inst. Comment 8-9.

23 <sup>52</sup> *Id.* at 9. This is consistent with research on “minority stress,” a framework for understanding  
 24 high rates of poor mental health and other disparities in a minority population resulting from  
 25 chronic stressors such as stigma and discrimination. *See, e.g.,* Seelman et al., *supra*, at 19  
 26 (reviewing studies); Carl G. Streed et al., *Association Between Gender Minority Status and Self-*  
 27 *Reported Physical and Mental Health in the United States*, 177 JAMA Internal Medicine 1210  
 28 (2017), <https://perma.cc/5XU9-VBC2>.

<sup>53</sup> U.S. Dep’t of Health & Hum. Servs., *Healthy People 2020*, *supra*.

<sup>54</sup> James et al., *supra*, at 105-07.

<sup>55</sup> Ann P. Haas et al., Am. Foundation for Suicide Prevention & UCLA Williams Inst., *Suicide*  
 Attempts among Transgender and Gender Non-Conforming Adults: Findings of the National  
 Transgender Discrimination Survey 12 & tbl.18 (2014), <https://perma.cc/R3B6-4EL5>.

1 And although HHS fails to adequately consider the costs to patients who will be denied care as a  
 2 result of the Final Rule,<sup>56</sup> it acknowledges that “[d]ifferent types of harm can result from denial  
 3 of a particular procedure based on an exercise of belief or conviction.” 84 Fed. Reg. at 23,251.  
 4 HHS provides no evidence for its unsupported assertion that Final Rule will generate “significant  
 5 overall increases in access” to health care. *Id.* at 23,252. This speculation flies in the face of the  
 6 well-documented experiences of LGBTQ people in health care settings and the wide-ranging,  
 7 lasting harms that result from denials of care, as well as the fear of denials of care or other forms  
 8 of discrimination. As discussed below, the Final Rule will result in an increase in refusals of care  
 9 to LGBTQ patients, particularly transgender people, and ambiguous language in the Final Rule  
 10 may be misinterpreted to permit wider, status-based discrimination against LGBTQ patients.

11 First, the Final Rule will harm transgender patients seeking medically necessary, and in  
 12 some cases, lifesaving medical procedures to treat gender dysphoria, the medical diagnosis  
 13 characterized by the distress that arises from incongruence between a person’s gender identity  
 14 and the person’s assigned sex at birth.<sup>57</sup> Gender dysphoria is a serious medical condition: if  
 15 untreated, it can lead to “clinically significant psychological distress, dysfunction, debilitating  
 16 depression and, for some people without access to appropriate medical care and treatment,  
 17 suicidality and death.”<sup>58</sup> It can, however, “in large part be alleviated through treatment.”<sup>59</sup>

18 The Final Rule, although ambiguous, appears to suggest that HHS may consider certain  
 19 treatments for gender dysphoria as “sterilization.” As Plaintiffs’ expert Dr. Randi Ettner has  
 20

21 <sup>56</sup> See generally Amicus Curiae Br. of Institute for Policy Integrity.

22 <sup>57</sup> See Am. Psychiatric Ass’n, *Diagnostic and Statistical Manual of Mental Disorders* 451-53  
 (5th ed. 2013).

23 <sup>58</sup> Am. Medical Ass’n, House of Delegates, Resolution 122 (A-08), Resolution on Removing  
 Financial Barriers to Care for Transgender Patients 2 (2008), <https://perma.cc/D88W-AZTU>.

24 <sup>59</sup> World Professional Ass’n for Transgender Health, *Standards of Care for the Health of*  
 25 *Transsexual, Transgender, and Gender-Nonconforming People* 1 (7th Version 2011),  
<https://perma.cc/FYN2-YZQX>. While specific treatments must be determined on an  
 26 individualized basis, treatments for gender dysphoria can include: mental health services, such as  
 27 assessment, counseling, and psychotherapy; social transition (living one’s life in accordance with  
 one’s gender identity); hormone treatment; and surgical procedures. See *id.* at 9-10; World  
 28 Professional Ass’n for Transgender Health, *Position Statement on Medical Necessity of*  
*Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A.* 3 (Dec. 21, 2016),  
<https://perma.cc/N3SL-NZQ5>.

1 stated, “[e]quating . . . gender confirmation surgery that has been prescribed to treat gender  
 2 dysphoria with sterilization is medically inaccurate,” and “[p]rocedures undertaken for the  
 3 purpose of sterilization are distinct from medical procedures undertaken for other purposes that  
 4 incidentally affect reproductive function.” Decl. of Randi Ettner ¶ 46, *County of Santa Clara v.*  
 5 *HHS*, No. 19-cv-02916-WHA. The Final Rule twice references *Minton v. Dignity Health*, No.  
 6 17-558259 (Cal. Super. Ct. Apr. 19, 2017), a lawsuit by a transgender man who challenged a  
 7 Catholic hospital’s sudden cancellation of his hysterectomy, which Mr. Minton was undergoing  
 8 as part of his course of treatment for gender dysphoria. The hospital cancelled Mr. Minton’s  
 9 scheduled hysterectomy when it learned Mr. Minton was transgender, although the hospital  
 10 routinely permits hysterectomies to be performed for patients who are not transgender.<sup>60</sup> HHS  
 11 lists the *Minton* case as an example of lawsuits “claiming that Federal or State laws require  
 12 private religious entities to perform . . . sterilizations,” 84 Fed. Reg. 23,178, and also includes the  
 13 case in its “overview of reasons” for the Final Rule, *id.* at 23,176 n.27. In response to comments  
 14 seeking clarification on HHS’s interpretation of “sterilization” and treatment for gender  
 15 dysphoria, HHS states that it will consider any complaints on a “case-by-case basis.” *Id.* at  
 16 23,205.

17 The Rule thus appears to invite healthcare workers – defined extraordinarily broadly to  
 18 include even a person who schedules procedures, *see id.* at 23,186 – to refuse certain treatment to  
 19 transgender people, even if the provider routinely performs the same procedure, such as a  
 20 hysterectomy, for patients who are not transgender. This will be extremely harmful. As noted  
 21 above, while denials of any kind of needed medical care can have negative consequences, denial  
 22 of treatment for gender dysphoria can be particularly devastating. Even if a patient who is  
 23 refused care ultimately obtains the procedure sought from another provider or at another facility,  
 24 delays in gender-affirming medical care exacerbate the gender dysphoria that the medical care is  
 25 designed to treat. In addition, as the American Medical Association has recognized, delaying  
 26 treatment for gender dysphoria “can cause and/or aggravate additional serious and expensive  
 27  
 28

<sup>60</sup> *See Minton v. Dignity Health*, First Am. Compl., *supra*.

1 health problems, such as stress-related physical illnesses, depression, and substance abuse  
2 problems, which further endanger patients' health . . . ."<sup>61</sup>

3         Second, the Final Rule contains additional ambiguous language that may be misconstrued  
4 by healthcare workers and patients as permitting status-based discrimination against LGBTQ  
5 people, which is contrary to law and per se harmful, in addition to harming patients who will be  
6 denied services or referrals as a result. In response to comments expressing concern that the Rule  
7 would purport to cover areas beyond the scope of the underlying statutes, including "HIV  
8 treatment, pre-exposure prophylaxis, and infertility treatment," HHS did *not* say that such areas  
9 are outside the scope of the Final Rule or the underlying statutes. 84 Fed. Reg at 23,182. Rather,  
10 HHS states that if it receives a complaint regarding these procedures, it would "examine the facts  
11 and circumstances of the complaint to determine whether it falls within the scope of the statute in  
12 question and these regulations." *Id.* And in response to comments expressing concern that the  
13 rule could "impact counseling or referrals for LGBT *persons*," *id.* at 23,189 (emphasis added),  
14 HHS declined to clarify that the Final Rule does not authorize the denial of services based on a  
15 patient's sexual orientation or gender identity. Rather, HHS says it "does not pre-judge matters  
16 without the benefit of specific facts and circumstances," and that it will evaluate particular  
17 claims on a "case-by-case basis." *Id.* Nothing in the statutes underlying the Final Rule authorizes  
18 status-based discrimination based on a patient's sex, including sexual orientation and gender  
19 identity. Nor could it, as Section 1557 of the Affordable Care Act prohibits sex discrimination in  
20 health programs or activities receiving federal financial assistance. 42 U.S.C. § 18116(a). Rather  
21 than clearly affirming that such discrimination is unlawful, HHS appears to leave open the  
22 possibility that it would construe the statutes underlying the Final Rule in a way that would allow  
23 such mistreatment of LGBTQ people. This will only invite discrimination and discourage  
24 LGBTQ people from seeking necessary health care.

25  
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28  

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<sup>61</sup> Am. Medical Ass'n, *supra*, at 2.

1 **CONCLUSION**

2 For the reasons above, Amici urge the Court to grant Plaintiffs' motions for summary  
3 judgment and issue an injunction permanently enjoining the Final Rule.

4  
5 Dated: September 12, 2019

Respectfully submitted,

6 NATIONAL CENTER FOR  
7 LESBIAN RIGHTS

8 By: /s Julie Wilensky

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# **EXHIBIT B**

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13 UNITED STATES DISTRICT COURT  
14 NORTHERN DISTRICT OF CALIFORNIA

15 CITY AND COUNTY OF SAN FRANCISCO,

16 *Plaintiff,*

17 v.

18 ALEX M. AZAR II et al.,

19 *Defendants.*

20 STATE OF CALIFORNIA, by and through  
21 XAVIER BECERRA, Attorney General,

22 *Plaintiff,*

23 v.

24 ALEX M. AZAR II et al.,

25 *Defendants.*

26 COUNTY OF SANTA CLARA et al.,

27 *Plaintiffs,*

28 v.

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES et al.,

*Defendants.*

Case Nos. 3:19-cv-2405-WHA, 3:19-cv-  
2769-WHA, 3:19-cv-2916-WHA

**[PROPOSED] ORDER GRANTING  
MOTION FOR LEAVE TO FILE BRIEF  
OF NATIONAL CENTER FOR  
LESBIAN RIGHTS ET AL. AS AMICI  
CURIAE**

Hearing Date: October 30, 2019  
Time: 8:00 a.m.  
Courtroom 12, 19th Floor  
Judge: The Honorable William Alsup

**[PROPOSED] ORDER**

On September 12, 2019, National Center for Lesbian Rights (“NCLR”) et al. filed an unopposed Motion for Leave to File Brief as Amici Curiae. Having reviewed the Motion, the Court finds that Amici’s participation will assist the Court in evaluating the issues in this case.

Accordingly, the Court **GRANTS** the Motion and **ORDERS** that the brief lodged by NCLR et al. be filed.

**IT IS SO ORDERED.**

Dated: \_\_\_\_\_, 2019

\_\_\_\_\_  
Hon. William Alsup  
UNITED STATES DISTRICT JUDGE