
RECORD NO. 22-1721

In The
United States Court of Appeals
For The Fourth Circuit

**MAXWELL KADEL; JASON FLECK; CONNOR THONEN-FLECK;
JULIA MCKEOWN; MICHAEL D. BUNTING, JR.; C.B., by his next
friends and parents; SAM SILVAINE; DANA CARAWAY,**
Plaintiffs – Appellees,

v.

**DALE FOLWELL, in his official capacity as State Treasurer of North
Carolina; DEE JONES, in her official capacity as Executive Administrator
of the North Carolina State Health Plan for Teachers and State Employees,**
Defendants – Appellants,

and

**NORTH CAROLINA STATE HEALTH PLAN FOR TEACHERS
AND STATE EMPLOYEES; STATE OF NORTH CAROLINA
DEPARTMENT OF PUBLIC SAFETY,**
Defendants.

**ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA AT GREENSBORO**

**BRIEF OF *AMICI CURIAE* THE AMERICAN MEDICAL ASSOCIATION AND
SEVEN ADDITIONAL HEALTH CARE ORGANIZATIONS IN SUPPORT OF
PLAINTIFFS-APPELLEES AND AFFIRMANCE**

Howard S. Suskin
JENNER & BLOCK LLP
353 North Clark Street
Chicago, Illinois 60654
(312) 222-9350

Matthew D. Cipolla
JENNER & BLOCK LLP
919 Third Avenue
New York, New York 10022
(212) 891-1600

Illyana A. Green
Christina M. Isnardi
JENNER & BLOCK LLP
1099 New York Avenue NW
Suite 900
Washington, DC 20001
(202) 639-6000

Shana L. Fulton
Sarah M. Saint
BROOKS PIERCE MCLENDON
HUMPHREY & LEONARD, LLP
Suite 2000 Renaissance Plaza
230 North Elm Street (27401)
Post Office Box 26000
Greensboro, North Carolina 27420
(336) 373-8850

Counsel for Amici Curiae

UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT

DISCLOSURE STATEMENT

- In civil, agency, bankruptcy, and mandamus cases, a disclosure statement must be filed by **all** parties, with the following exceptions: (1) the United States is not required to file a disclosure statement; (2) an indigent party is not required to file a disclosure statement; and (3) a state or local government is not required to file a disclosure statement in pro se cases. (All parties to the action in the district court are considered parties to a mandamus case.)
- In criminal and post-conviction cases, a corporate defendant must file a disclosure statement.
- In criminal cases, the United States must file a disclosure statement if there was an organizational victim of the alleged criminal activity. (See question 7.)
- Any corporate amicus curiae must file a disclosure statement.
- Counsel has a continuing duty to update the disclosure statement.

No. 22-1721 Caption: Maxwell Kadel v. Dale Folwell

Pursuant to FRAP 26.1 and Local Rule 26.1,

American Medical Association, American Academy of Pediatrics, American College of Obstetricians and
(name of party/amicus)

Gynecologists, American Psychiatric Association, Endocrine Society, Society of OB/GYN Hospitalists,
North American Society for Pediatric and Adolescent Gynecology, National Association of Nurse Practitioners in Women's Health
who are Amici Curiae , make the following disclosure:
(appellant/appellee/petitioner/respondent/amicus/intervenor)

1. Is party/amicus a publicly held corporation or other publicly held entity? YES NO

2. Does party/amicus have any parent corporations? YES NO
If yes, identify all parent corporations, including all generations of parent corporations:

3. Is 10% or more of the stock of a party/amicus owned by a publicly held corporation or other publicly held entity? YES NO
If yes, identify all such owners:

4. Is there any other publicly held corporation or other publicly held entity that has a direct financial interest in the outcome of the litigation? YES NO
If yes, identify entity and nature of interest:
5. Is party a trade association? (amici curiae do not complete this question) YES NO
If yes, identify any publicly held member whose stock or equity value could be affected substantially by the outcome of the proceeding or whose claims the trade association is pursuing in a representative capacity, or state that there is no such member:
6. Does this case arise out of a bankruptcy proceeding? YES NO
If yes, the debtor, the trustee, or the appellant (if neither the debtor nor the trustee is a party) must list (1) the members of any creditors' committee, (2) each debtor (if not in the caption), and (3) if a debtor is a corporation, the parent corporation and any publicly held corporation that owns 10% or more of the stock of the debtor.
7. Is this a criminal case in which there was an organizational victim? YES NO
If yes, the United States, absent good cause shown, must list (1) each organizational victim of the criminal activity and (2) if an organizational victim is a corporation, the parent corporation and any publicly held corporation that owns 10% or more of the stock of victim, to the extent that information can be obtained through due diligence.

Signature: /s/ Howard S. Suskin

Date: October 7, 2022

Counsel for: Amici Curiae

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IDENTITY AND INTEREST OF *AMICI CURIAE*

Amici curiae are eight leading medical, mental health, and other health care organizations.¹ Collectively, *amici* represent hundreds of thousands of physicians and mental-health professionals, including specialists in family medicine, mental health treatment, internal medicine, endocrinology, obstetrics and gynecology, and thousands of nurses.

Amicus the American Academy of Pediatrics (“AAP”) represents 67,000 primary care pediatricians, pediatric medical subspecialists, and surgical specialists who are committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. In its dedication to the health of all children, the AAP strives to improve health care access and eliminate disparities for children and teenagers who identify as lesbian, gay, bisexual, transgender, or for those questioning their sexual or gender identity.

Amicus the American College of Obstetricians and Gynecologists (“ACOG”) is a national organization of more than 62,000 women’s health care physicians and medical professionals. ACOG’s membership represents more than 90% of all board-

¹ Pursuant to Federal Rule of Appellate Procedure 29(a)(4)(E), *Amici curiae* certify that this brief was authored entirely by counsel for *amici curiae* and not by counsel for any party, in whole or part; no party or counsel for any party contributed money to fund preparing or submitting this brief; and apart from *amici curiae* and their counsel, no other person contributed money to fund preparing or submitting this brief.

certified obstetrician-gynecologists (ob-gyns) in the United States. ACOG advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. ACOG has appeared as *amicus curiae* in courts throughout the country. ACOG's briefs and medical practice guidelines have been cited by numerous authorities, including the Supreme Court of the United States.

Amicus the American Medical Association ("AMA") is the largest professional association of physicians, residents, and medical students in the United States. Additionally, through state and specialty medical societies and other physician groups seated in its House of Delegates, substantially all physicians, residents, and medical students in the United States are represented in the AMA's policy-making process. The AMA was founded in 1847 to promote the art and science of medicine and the betterment of public health, and these remain its core purposes. AMA members practice in every medical specialty and in every state.

Amicus the American Psychiatric Association ("APA"), with more than 37,400 members, is the Nation's leading organization of physicians who specialize in psychiatry. The American Psychiatric Association has participated in numerous cases in the Supreme Court and in the United States Courts of Appeals. The American Psychiatric Association opposes all public and private discrimination

against transgender and gender-diverse individuals, including in health care. See Jack Drescher et al., Am. Psychiatric Ass'n, *Position Statement on Discrimination Against Transgender and Gender Diverse Individuals* 1 (2018), <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Discrimination-Against-Transgender-and-Gender-Diverse-Individuals.pdf> [hereinafter "Am. Psychiatric Ass'n, *Position Statement on Discrimination*"].

Amicus the Endocrine Society is the oldest and largest global professional membership organization representing the field of endocrinology. The Endocrine Society's more than 18,000 members care for patients and are dedicated to advancing hormone research and excellence in the clinical practice of endocrinology, focusing on diabetes, obesity, osteoporosis, infertility, rare cancers, and thyroid conditions.

Amicus the North American Society for Pediatric and Adolescent Gynecology ("NASPAG") is dedicated to providing multidisciplinary leadership in education, research and gynecologic care to improve the reproductive health of youth. Its focus is to serve and be recognized as the lead provider in PAG education, research and clinical care, conduct and encourage multidisciplinary and inter-professional programs of medical education and research in the field of PAG, and advocate for

the reproductive well-being of children and adolescents and the provision of unrestricted, unbiased, and evidence-based practice of PAG.

Amicus the National Association of Nurse Practitioners in Women's Health ("NPWH") is a national professional membership organization. NPWH is the nation's leading voice for courageous conversations about women's health. NPWH gives voice to over 12,000 certified women's health nurse practitioners in the United States, as well as other advanced practice registered nurses (APRNs) providing women's health and gender related care. We set a standard of excellence by translating and promoting the latest research and evidence-based clinical guidance, providing high quality continuing education, and advocating for patients, providers, and the WHNP profession. Our mission includes protecting and promoting a woman's right to make her own choices regarding her health and well-being within the context of her lived experience and her personal, religious, cultural, and family beliefs. Women's health and gender related nurse practitioners champion state-of-the-science healthcare that holistically and inclusively addresses the unique needs of women across their lifetimes. Since its inception in 1980 NPWH has been a trusted source of information on nurse practitioner education, practice, and women's health issues.

Women's health and gender related nurse practitioners champion state-of-the-science healthcare that holistically and inclusively addresses the unique needs of

women across their lifetimes. NPWH works with a wide range of individuals and groups within nursing, medicine, the healthcare industry, and the women's health community.

Amicus the Society of OB/GYN Hospitalists (“SOGH”) is a national organization of more than 1,500 women's healthcare physicians and medical professionals and is the only national medical subspecialty organization whose members specialize in inpatient obstetrics and gynecologic care. The SOGH is committed to improving outcomes for hospitalized women and to patient safety and quality care for all women. As frontline, hospital-based providers of women's healthcare, the SOGH is uniquely positioned to advocate for justice and tolerance through evidence-based care, research, and policy development. The SOGH rejects discriminatory practices that jeopardize patient care.

All *amici* share a commitment to improving the physical and mental health of all Americans—regardless of gender identity—and to informing and educating lawmakers, the judiciary, and the public regarding the public-health impacts of laws and policies. *Amici* submit this brief to inform the Court of the medical consensus regarding what it means to be transgender; the protocols for the treatment of gender dysphoria, which include living in accordance with one's gender identity in all aspects of life; and the predictable harms to the health and well-being of transgender individuals who are denied access to necessary medical treatments to do so.

SUMMARY OF ARGUMENT

Transgender individuals have a gender identity that is incongruent with the sex they were assigned at birth. The health care community's understanding of what it means to be transgender has advanced greatly over the past century. It is now understood that being transgender implies no impairment in a person's judgment, stability, or general social or vocational capabilities.

According to a 2016 report, approximately 1.4 million adults identify as transgender in the United States. Andrew R. Flores et al., The Williams Institute, *How Many Adults Identify as Transgender in the United States?* 2 (June 2016), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Adults-US-Aug-2016.pdf>. A similar study indicates that roughly 22,200 of 250,000 (*i.e.*, 0.3% of) adults in North Carolina who identify as lesbian, gay, bisexual, transgender, or queer ("LGBTQ") likely identify as transgender. Christy Mallory & Brad Sears, The Williams Institute, *Discrimination, Diversity, and Development: The Legal and Economic Implications of North Carolina's HB2* 4, 7 (May 2016), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Legal-Economic-Implications-HB2-May-2016.pdf>. Similarly, two probabilistic studies indicates that between 0.74% and 1.7%, or between 4,650 and 15,600 North Carolina youth identify as transgender. *Id.*; *see also* Jody L. Herman et al., The Williams Institute, *Age of Individuals Who Identify As Transgender in The United States* 4 (Jan. 2017),

<https://williamsinstitute.law.ucla.edu/wp-content/uploads/Age-Trans-Individuals-Jan-2017.pdf>. Growing acceptance and destigmatization from parents, doctors, and peers is allowing young people with gender dysphoria to become increasingly comfortable disclosing their transgender status and transitioning. Nick Lehr, *What's Behind the Rising Profile of Transgender Kids? 3 Essential Reads*, The Conversation (June 21, 2021, 8:24 AM), <https://theconversation.com/whats-behind-the-rising-profile-of-transgender-kids-3-essential-reads-161962> (“[T]hanks to growing acceptance from parents, doctors and peers, young people with gender dysphoria are becoming increasingly comfortable coming out of the closet and transitioning.”). However, such “population estimates likely underreport the true number of [transgender] people, given difficulties in collecting comprehensive demographic information about this group.” Am. Psych. Ass’n, *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People*, 70 Am. Psychologist 832, 832 (2015), <https://www.apa.org/practice/guidelines/transgender.pdf> [hereinafter “Am. Psych. Ass’n *Guidelines*”].

Many transgender individuals experience a condition called gender dysphoria, which is characterized by clinically significant distress resulting from the incongruence between one’s gender identity and the sex assigned to the individual at birth. The international consensus among health care professionals regarding treatment for gender dysphoria is to assist the patient to live in accordance with the

patient’s gender identity, thus alleviating the distress or impairment. Treatment may include any or all of the following: counseling, social transition (through, *e.g.*, use of a new name and pronouns, new clothes and grooming in order to allow the person to conform to social expectations and norms associated with his or her identity), hormone therapy and/or gender-confirming surgeries. The treatment for gender dysphoria is highly effective in reducing or eliminating the incongruence and associated distress between a person’s gender identity and assigned sex at birth.

Barring coverage of gender-affirming care for state employees or their dependents effectively places such care out of reach for many North Carolina state employees and their dependents. Lack of treatment, in turn, increases the rate of negative mental-health outcomes, substance abuse, and suicide. Beyond exacerbating gender dysphoria and interfering with treatment, discrimination—including discrimination in health coverage—reinforces the stigma associated with being transgender. Such stigma, in turn, leads to psychological distress and attendant mental-health consequences.

ARGUMENT

I. What It Means To Be Transgender And To Experience Gender Dysphoria.

Most people have a “gender identity”—a “deeply felt, inherent sense” of their gender. Am. Psych. Ass’n *Guidelines, supra*, at 832, 834, 862; *see also* David A. Levine & Comm. on Adolescence, Am. Acad. of Pediatrics,

Technical Report: *Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth*, 132 *Pediatrics* e297, e298 (July 2013), <https://www.pediatrics.org/cgi/doi/10.1542/peds2013-1283> [hereinafter “AAP Technical Report”]. Transgender individuals have a gender identity that is not aligned with the sex assigned to them at birth.² Transgender people differ from cisgender (*i.e.*, non-transgender) individuals, whose gender identity aligns with the sex they were assigned at birth. Am. Psych. Ass’n *Guidelines, supra*, at 861. A transgender man is someone who is assigned the sex of female at birth, but is male and transitions to live in accordance with that male identity. A transgender woman is an individual who is assigned the sex of male at birth but is female and transitions to live in accordance with that female identity. A transgender man is a man. A transgender woman is a woman. Gender identity is distinct from and does not predict sexual orientation. Transgender people, like cisgender people, may identify as heterosexual, gay, lesbian, bisexual, or asexual. *Id., supra*, at 835-36; Sandy E. James et al., Nat’l Ctr. for Transgender Equality, *The Report of the 2015 U.S. Transgender Survey* 246 (Dec. 2016), <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>.

² Although most people have a gender identity that is male or female, some individuals have a gender identity that is “a blend of male or female[,] or an alternative gender.” Am. Psych. Ass’n *Guidelines, supra*, at 834.

The medical profession's understanding of gender has advanced considerably over the past fifty years. Throughout much of the twentieth century, individuals who were not gender conforming were often viewed as “perverse or deviant.” Am. Psych. Ass'n, *Report of the APA Task Force on Gender Identity and Gender Variance* 26-27 (2008), <https://www.apa.org/pi/lgbt/resources/policy/gender-identity-report.pdf> [hereinafter “Am. Psych. Ass'n *Task Force Report*”]. Much as our professions now recognize that homosexuality is a normal form of human sexuality—and that stigmatizing gay people causes significant harm—we now recognize that being transgender “implies no impairment in judgment, stability, reliability, or general social or vocational capabilities”—and that stigmatizing transgender people also causes significant harm. See Am. Psychiatric Ass'n, *Position Statement on Discrimination*, *supra*, at 1.

A. Gender Identity

“[G]ender identity” refers to a “person's internal sense” of being male, female, or another gender. Am. Psych. Ass'n, *Answers to Your Questions About Transgender People, Gender Identity, and Gender Expression* 1 (2014), <http://www.apa.org/topics/lgbt/transgender.pdf> [hereinafter “Am. Psych. Ass'n *Answers*”]. Every person has a gender identity. Caitlin Ryan, Family Acceptance Project, San Francisco State University, *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual, & Transgender Children* 17 (2009),

https://familyproject.sfsu.edu/sites/default/files/FAP_English%20Booklet_pst.pdf.

A person's gender identity cannot be altered voluntarily. Colt Meier & Julie Harris, Am. Psych. Ass'n, Fact Sheet: *Gender Diversity and Transgender Identity in Children* 1, <http://www.apadivisions.org/division-44/resources/advocacy/transgender-children.pdf>; *see also* Jason Rafferty, Am. Acad. of Pediatrics, *Gender Identity Development in Children*, HealthyChildren.org (Sept. 18, 2018), <https://healthychildren.org/English/ages-stages/gradeschool/Pages/Gender-Identity-and-Gender-Confusion-In-Children.aspx>. Further, gender identity cannot necessarily be ascertained immediately after birth. Am. Psych. Ass'n *Guidelines, supra*, at 862. Many children develop stability in their gender identity between ages three and four.³ *Id.* at 841.

“[G]ender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice or body characteristics.” Am. Psych. Ass'n *Answers, supra*, at 1. There are many individuals who depart from stereotypical male and female appearances and roles, but who are not transgender. Ethan C. Cicero & Linda M. Wesp, *Supporting the Health and Well-Being of Transgender Students*, 33 J. Sch. Nursing 2 (2017). In contrast, a transgender boy or

³ “Although gender identity is usually established in childhood, individuals may become aware that their gender identity is not in full alignment with sex assigned at birth in childhood, adolescence, or adulthood.” Am. Psych. Ass'n *Guidelines, supra*, at 836.

transgender girl “consistently, persistently, and insistentlly” identifies as a gender different from the sex they were assigned at birth. *See* Meier & Harris, *supra*, at 1; *see also* Cicero & Wesp, *supra*, at 5-6.

While psychologists, psychiatrists, and neuroscientists have not pinpointed why some people are transgender, research suggests there may be biological influences, including, for example, exposure of transgender men identified at birth as females to elevated levels of testosterone in the womb. *See* Jason Rafferty, Am. Acad. of Pediatrics, *Gender Diverse & Transgender Children*, HealthyChildren.org (June 7, 2021), <https://healthychildren.org/English/ages-stages/gradeschool/Pages/Gender-Non-Conforming-Transgender-Children.aspx>; Peggy T. Cohen-Kettenis et al., *The Treatment of Adolescent Transsexuals: Changing Insights*, 5 J. Sexual Med. 1892, 1895 (2008); Arianne B. Dessens et al., *Gender Dysphoria and Gender Change in Chromosomal Females with Congenital Adrenal Hyperplasia*, 34 Arch. Sexual Behav. 389, 395 (2005). Brain scans and neuroanatomical studies of transgender individuals may also support these biological explanations. *See, e.g.*, Francine Russo, *Is There Something Unique About the Transgender Brain?*, Sci. Am. (Jan. 1, 2016), <https://www.scientificamerican.com/article/is-there-something-unique-about-the-transgender-brain/>.

B. Gender Dysphoria

As noted above, being transgender “implies no impairment in judgment, stability, reliability, or general social or vocational capabilities.” Am. Psychiatric Ass’n, *Position Statement on Discrimination*, *supra*, at 1. However, many transgender individuals are diagnosed with gender dysphoria, a condition that is characterized by clinically significant distress and anxiety resulting from the incongruence between an individual’s gender identity and birth-assigned sex. Am. Psychiatric Ass’n, *Diagnostic and Statistical Manual of Mental Disorders* 451-53 (5th ed. 2013) [hereinafter “*DSM-5*”]. As discussed in detail below, the recognized treatment for someone with gender dysphoria is medical support that allows the individual to transition from his or her birth assigned sex to the sex associated with his or her gender identity. The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People* 8th Version, 2022, at 81-87 <https://doi.org/10.1080/26895269.2022.2100644> [hereinafter “*WPATH Standards of Care*”]. These treatments are effective in alleviating gender dysphoria and are medically necessary for many people.” *Id.*

1. The Diagnostic Criteria And Seriousness Of Gender Dysphoria

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition codifies the diagnostic criteria for gender dysphoria in adults as follows: “[a] marked

incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two" out of six criteria, and "clinically significant distress or impairment in social, occupational, or other important areas of functioning." *DSM-5, supra*, at 452-53. The six criteria include (1): "[a] marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics"; (2) "[a] strong desire to be rid of one's primary and/or secondary sex characteristics"; (3) "[a] strong desire for the primary and/or secondary sex characteristics of the other gender"; (4) "[a] strong desire to be of the other gender (or some alternative gender . . .)"; (5) "[a] strong desire to be treated" as a gender different from one's assigned gender; and (6) "[a] strong conviction that one has the typical feelings and reactions" of a different gender. *Id.* at 452.

If untreated, gender dysphoria can cause debilitating distress, depression, impairment of function, self-mutilation to alter one's genitals or secondary sex characteristics, other self-injurious behaviors, and suicide. *See, e.g., id.* at 455, 458; Stephanie A. Brill & Rachel Pepper, *The Transgender Child: A Handbook for Families and Professionals* 202 (2008) (discussing risk of self-mutilation). Like other minority groups, transgender individuals also are frequently subjected to prejudice and discrimination in multiple areas of their lives (*e.g.*, school, employment, housing, health care), which exacerbates these negative health

outcomes and makes access to appropriate medical care all the more important. Michael L. Hendricks & Rylan J. Testa, *A Conceptual Framework for Clinical Work with Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model*, 43 *Pro. Psych.: Research & Practice* 460 (2012); Jessica Xavier et al., Va. Dep't of Health, *The Health, Health-Related Needs, and Lifecourse Experiences of Transgender Virginians* (2007), <https://www.vdh.virginia.gov/content/uploads/sites/10/2016/01/THISFINALREPORTVol1.pdf>.

2. The Accepted Treatment Protocols For Gender Dysphoria

In the last few decades, transgender people suffering from gender dysphoria have gained widespread access to gender-affirming medical and mental health support and treatment. *Am. Psych. Ass'n Guidelines, supra*, at 835; *WPATH Standards of Care, supra*, at 81-87. For over thirty years, the generally accepted treatment protocols for gender dysphoria⁴ have aimed at alleviating the distress associated with the incongruence between gender identity and birth-assigned sex. *Am. Med. Ass'n, Comm. on Human Sexuality, Human Sexuality* 38 (1972). These protocols are laid out in the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (Version 8)* developed by the World Professional Association for Transgender Health (“WPATH”). *WPATH Standards of Care, supra*. The major medical and mental health groups in the United

⁴ Earlier versions of the *DSM* used different terminology, e.g., “gender identity disorder,” to refer to this condition. *Am. Psych. Ass'n Guidelines, supra*, at 861.

States expressly recognize the WPATH Standards of Care as representing the consensus of the medical and mental health community regarding the appropriate treatment for gender dysphoria. Am. Med. Ass'n, Policy H-185.950, *Removing Financial Barriers to Care for Transgender Patients* (modified 2022), <https://policysearch.ama-assn.org/policyfinder/detail/Removing%20Financial%20Barriers%20to%20Care%20for%20Transgender%20Patients%20H-185.950?uri=%2FAMADoc%2FHOD.xml-0-1128.xml>; Am. Psych. Ass'n *Task Force Report*, *supra*, at 32; AAP Technical Report, *supra*, at e307-08.

The recommended treatment for gender dysphoria includes assessment, counseling, and, as appropriate, social transition, hormone therapy, and surgical interventions to bring the body into alignment with one's gender identity.⁵

⁵ Some clinicians still offer versions of "reparative" or "conversion" therapy based on the idea that being transgender is a mental disorder. However, all leading medical professional organizations that have considered the issue have explicitly rejected such treatments. See Am. Med. Ass'n, Policy H-160.991, *Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations* (2018), <https://policysearch.ama-assn.org/policyfinder/detail/Health%20Care%20Needs%20of%20Lesbian,%20Gay,%20Bisexual,%20Transgender%20and%20Queer%20Populations%20H-160.991?uri=%2FAMADoc%2FHOD.xml-0-805.xml>; Am. Sch. Counselor Ass'n, *The School Counselor and LGBTQ+ Youth* (2022), <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-LGBTQ-Youth>; Hilary Daniel et al., *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper from the American College of Physicians*, 163 *Annals Internal Med.* 135, 136 (2015); AAP Technical Report, *supra*, at e307-08; see Am. Psychoanalytic Ass'n, *Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression* (2012), <https://apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>.

Am. Psych. Ass'n *Task Force Report*, *supra*, at 32-39; William Byne et al., Am. Psychiatric Ass'n Workgroup on Treatment of Gender Dysphoria, *Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists*, 175 Am. J. Psychiatry 1046 (2018); AAP Technical Report, *supra*, at e307-09. However, each patient requires an individualized treatment plan that accounts for the patient's specific needs. Am. Psych. Ass'n *Task Force Report*, *supra*, at 32. The task of deciding on an individualized treatment plan should be left to the patient and their medical professionals—not an outside organization such as an insurance provider.

For some adults and adolescents, hormone treatment which helps develop secondary sex characteristics that affirm an individual's gender identity may be medically necessary to treat their gender dysphoria. *See* Am. Med. Ass'n, Policy H-185.950, *supra*; Am. Psych. Ass'n *Guidelines*, *supra*, at 861, 862; Center of Excellence for Transgender Health, University of California, San Francisco, *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* 23 (Madeline B. Deutsch ed., 2d ed. June 17, 2016), <https://transcare.ucsf.edu/sites/transcare.ucsf.edu/files/Transgender-PGACG-6-17-16.pdf>; WPATH *Standards of Care*, *supra*, at 55. The Endocrine Society, the oldest and largest global professional membership organization representing the field of endocrinology, considers these treatments to be the standard of care for gender

dysphoria. Wylie C. Hembree et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, 102 J. Clinical Endocrinology & Metabolism 3869, 3869-70 (2017), <https://academic.oup.com/jcem/article/102/11/3869/4157558>; see also Alessandra D. Fisher et al., *Cross-Sex Hormone Treatment and Psychobiological Changes in Transsexual Persons: Two-Year Follow-Up Data*, 101 J. Clinical Endocrinology & Metabolism 4260 (2016). A transgender woman undergoing hormone therapy, for example, will have hormone levels within the same range as other women; and just as they do in any other woman, these hormones will affect most of her major body systems. Wylie C. Hembree et al., *supra*, at 3885-88; see also Brill & Pepper, *supra*, at 217. Hormone therapy physically changes the patient's genitals and secondary sex characteristics such as breast growth, female-associated fat distribution, softening of the skin, and decreased muscle mass in women, and increased muscle mass, increased body and facial hair, male-pattern baldness (for some), and a deepening of the voice in men. Wylie C. Hembree et al., *supra*, at 3886-89. Hormones have been clinically proven as an effective treatment for gender dysphoria with a low rate of complications. Jack L. Turban et al., *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*, 145 Pediatrics (2020); see Henk Asscheman et al., *A Long-Term Follow-Up Study of Mortality in Transsexuals Receiving Treatment with Cross-Sex Hormones*, 164 Eur. J. Endocrinology 635

(2011), <https://ejebioscientifica.com/view/journals/eje/164/4/635.xml>; Paul Van Kesteren et al., *Mortality and Morbidity in Transsexual Subjects Treated with Cross-Sex Hormones*, 47 *Clinical Endocrinology* 337 (1997).

For children experiencing the onset of puberty, treatment may include medication to prevent further progression of puberty (“pubert[y] blockers”). Wylie C. Hembree et al., *supra*, at 3880-83. This fully reversible treatment allows children with gender dysphoria to delay the development of secondary sex characteristics that do not match their gender identity, giving them additional time to decide whether hormone treatment to feminize or masculinize the body is appropriate. *Id.* at 3880; Am. Psych. Ass’n *Guidelines, supra*, at 842; WPATH *Standards of Care, supra*, at 64.

With regard to adults, surgical interventions may also be an appropriate and medically necessary treatment for some patients. WPATH *Standards of Care, supra*, at 86-87. These procedures could include chest reconstruction surgery for transgender men, breast augmentation for transgender women, or genital surgeries, including removal of the testicles, the primary source of testosterone production, in women who are transgender. Wylie C. Hembree et al., *supra*, at 3893-95; *see also* WPATH *Standards of Care, supra*, at 86-87. Decades of clinical evidence show these surgical procedures are effective in reducing gender dysphoria and improving mental health. Annelou L.C. de Vries et al., *Young Adult Psychological Outcome*

After Puberty Suppression and Gender Reassignment, 134 *Pediatrics* 696 (2014); William Byne et al., *Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder*, 41 *Arch. Sexual Behav.* 759, 778-79 (2012); Mohammad Hassan Murad et al., *Hormonal Therapy and Sex Reassignment: A Systematic Review and Meta-Analysis of Quality of Life and Psychosocial Outcomes*, 72 *Clinical Endocrinology* 214 (2010); Luk Gijs & Anne Brewaeys, *Surgical Treatment of Gender Dysphoria in Adults and Adolescents: Recent Developments, Effectiveness, and Challenges*, 18 *Ann. Rev. Sex Rsch.* 178 (2007); Jan Eldh et al., *Long-Term Follow Up After Sex Reassignment Surgery*, 31 *Scand. J. Plastic Reconstructive Surgery & Hand Surgery* 39 (1997). Empirical studies reflect the importance of the interplay among treatments, finding hormone therapy in conjunction with psychotherapy and, for some, surgery, to be necessary elements of treating severe levels of gender dysphoria. See Gianna E. Israel & Donald E. Tarver II, *Transgender Care: Recommended Guidelines, Practical Information & Personal Accounts* 56-73 (1997).

Ultimately—regardless of the particular treatments required for a specific individual and when such treatment begins—the goal is for individuals with gender dysphoria to experience “identity integration,” where “being transgender is no longer the most important signifier of one’s identity” and the individual can refocus on his or her relationships, school, job, and other life activities. Walter Bockting &

Eli Coleman, *Developmental Stages of the Transgender Coming-Out Process: Toward an Integrated Identity*, in *Principles of Transgender Medicine and Surgery* 185, 202-03 (Randi Ettner et al., eds., 2d ed. 2013).

II. The Consequences Of Living Without Gender Affirming Care Can Be Irreversibly Detrimental To Patient Health.

The treatments described above, when prescribed by a medical professional, are not elective treatments. For transgender patients struggling with gender dysphoria these treatments are urgent and medically necessary for the health of the patient. See *WPATH Standards of Care*, *supra*, at 18-19, 81-87 (relying on the multiple sources). The biggest barrier to both safe hormonal therapy and to appropriate treatment for transgender patients is the lack of access to care. Daphna Stroumsa, *The State of Transgender Health Care: Policy, Law, and Medical Frameworks*, 104 *Am. J. Pub. Health* e31 (March 2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953767/>. By delaying care because of lack of access or denial of coverage, transgender individuals face not just the potential worsening of their gender dysphoria, but an onset of other negative health conditions that endanger the health of the patient. According to a 2015 study by the UCLA School of Law's Williams Institute, failing to receive surgical care where it was needed lead to a 16.6% increase in prevalence of suicidal thoughts and 3.4% higher rate of actually attempting suicide in the preceding year. Jody L.

Herman et al., The Williams Institute, *Suicide Thoughts and Attempts Among Transgender Adults Findings From the 2015 U.S. Transgender Study* 16-17 (Sept. 2019). The study also showed that failure to receive hormones similarly increased the prevalence of suicidal thoughts by 15% and increased suicide attempts by 2.4%. *Id.* Overall, where a transgender individual “wanted, and subsequently received[] hormone therapy and/or surgical care[, they] had substantially lower prevalence of ... suicide [sic] thoughts and attempts than those who wanted hormone therapy and surgical care but had not received them [in the past year].” *Id.*; see also Jack L. Turban et al., *supra*, at 2, 8 (finding a significant inverse association between treatment with pubertal suppression during adolescence and lifetime suicidal ideation among transgender adults who sought out this treatment). Further, other recent studies have also shown “lower depressive symptoms in gender dysphoria individuals receiving hormonal treatment. ... [and] report[ed] higher levels of self-esteem due to the hormonal treatment intervention.” Rosalia Costa & Marco Colizzi, *The Effect of Cross-Sex Hormonal Treatment on Gender Dysphoria Individuals’ Mental Health: A Systematic Review*, 12 *Neuropsychiatric Disease & Treatment* 1953, 1962 (2016). Studies also report that hormone therapy leads to lower rates of anxiety, higher quality of life, fewer problems with socialization, and fewer functional impairments. *Id.* at 1964-65.

Although group health plans can negotiate lower rates for care, the costs of these treatments without insurance coverage are often unaffordable for the individual. While there may still be issues with affordability even with insurance, including issues of what the insurer deems “medically necessary,” policies like the ones at issue, which create blanket bans, *ensure* that medical treatment remains outside the reach of many who need it. The policies in place force parties to either pay out of pocket for medically necessary care, or else seek supplementary insurance coverage which itself may cost thousands of dollars per year. For many transgender patients, the result is the same: an inability to access medically necessary medical interventions. *See generally, Health Care for Transgender and Gender Diverse Individuals*, AGOC Committee Opinion No. 823 (2021), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>.

CONCLUSION

For the foregoing reasons, *amici* respectfully urge this Court to affirm the ruling of the district court granting summary judgment to Plaintiffs-Appellees.

Respectfully submitted,

/s/ Howard S. Suskin

Matthew D. Cipolla
JENNER & BLOCK LLP
919 Third Avenue
New York, New York 10022
(212) 891-1600

Howard S. Suskin
JENNER & BLOCK LLP
353 North Clark Street
Chicago, Illinois 60654
(312) 222-9350

Shana L. Fulton
Sarah M. Saint
BROOKS PIERCE MCLENDON
HUMPHREY & LEONARD, LLP
Suite 2000 Renaissance Plaza
230 North Elm Street (27401)
P.O. Box 26000
Greensboro, North Carolina 27420
(336) 373-8850

Illyana A. Green
Christina M. Isnardi
JENNER & BLOCK LLP
1099 New York Avenue NW
Suite 900
Washington, DC 20001
(202) 639-6000

Counsel for Amici Curiae

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This brief complies with the type-volume limitation of Federal Rules of Appellate Procedure 29(a)(5) and 32(a)(7)(B) because it contains 4,718 words, excluding those parts of the brief exempted by Federal Rule of Appellate Procedure 32(f).

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Dated: October 7, 2022

/s/ Howard S. Suskin

Howard S. Suskin

Counsel for Amici Curiae

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I hereby certify that on October 7, 2022, I caused the foregoing **Brief Of *Amici Curiae* The American Medical Association And Seven Additional Health Care Organizations In Support Of Plaintiffs-Appellees And Affirmance** to be electronically filed with the Clerk of the Court for the United States Court of Appeals for the Fourth Circuit by using the appellate CM/ECF filing system.

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Dated: October 7, 2022

/s/ Howard S. Suskin
Howard S. Suskin

Counsel for Amici Curiae

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Pro Bono Government

COUNSEL FOR: Amici Curiae

(party name) as the

- appellant(s) appellee(s) petitioner(s) respondent(s) amicus curiae intervenor(s) movant(s)

/s/ Sarah M. Saint
(signature)

Please compare your information below with your information on PACER. Any updates or changes must be made through PACER's Manage My Account.

Sarah M. Saint
Name (printed or typed)

336-271-3197
Voice Phone

Brooks Pierce
Firm Name (if applicable)

336-378-1001
Fax Number

230 N. Elm St., Suite 2000

Greensboro, NC 27401
Address

ssaint@brookspierce.com
E-mail address (print or type)

CERTIFICATE OF SERVICE (required for parties served outside CM/ECF): I certify that this document was served on by personal delivery; mail; third-party commercial carrier; or email (with written consent) on the following persons at the addresses or email addresses shown:

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Retained Court-appointed(CJA) CJA associate Court-assigned(non-CJA) Federal Defender

Pro Bono Government

COUNSEL FOR: American Medical Ass'n, American Academy of Pediatrics, American College of Obstetricians

and Gynecologists, American Psychiatric Ass'n, Endocrine Society, Society of OB/GYN Hospitalists, North as the American Society for Pediatric and Adolescent Gynecology, National Ass'n. of Nurse Practitioners in Women's Health

appellant(s) appellee(s) petitioner(s) respondent(s) amicus curiae intervenor(s) movant(s)

/s/ Howard Suskin
(signature)

Please compare your information below with your information on PACER. Any updates or changes must be made through PACER's Manage My Account.

Howard Suskin
Name (printed or typed)

312-923-2604
Voice Phone

Jenner & Block LLP
Firm Name (if applicable)

312-840-7604
Fax Number

353 North Clark Street

Chicago, IL 60654
Address

hsuskin@jenner.com
E-mail address (print or type)

CERTIFICATE OF SERVICE (required for parties served outside CM/ECF): I certify that this document was served on by personal delivery; mail; third-party commercial carrier; or email (with written consent) on the following persons at the addresses or email addresses shown:

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- Retained Court-appointed(CJA) CJA associate Court-assigned(non-CJA) Federal Defender
Pro Bono Government

COUNSEL FOR: Amici Curiae

(party name) as the

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/s/ Shana L. Fulton
(signature)

Please compare your information below with your information on PACER. Any updates or changes must be made through PACER's Manage My Account.

Shana L. Fulton
Name (printed or typed)

919-882-2522
Voice Phone

Brooks Pierce
Firm Name (if applicable)

336-232-9172
Fax Number

150 Fayetteville Street, Suite 1700

Raleigh, NC 27601
Address

sfulton@brookspierce.com
E-mail address (print or type)

CERTIFICATE OF SERVICE (required for parties served outside CM/ECF): I certify that this document was served on by personal delivery; mail; third-party commercial carrier; or email (with written consent) on the following persons at the addresses or email addresses shown:

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