

**IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION**

JANE DOE et al.,

Plaintiffs,

v.

JOSEPH A. LADAPO et al.,

Defendants.

Civil No. 4:23-cv-00114-RH-MAF

PLAINTIFFS' NOTICE OF FILING TRIAL EXHIBITS

Pursuant to the Court's October 31, 2023 Order Confirming the Deadline to File Exhibits and the Pretrial Stipulation (Dkt. 174), Plaintiffs hereby submit this Notice of Filing Trial Exhibits¹, with copies of each exhibit Plaintiffs expect to or may offer at trial listed on the Exhibit List below and appended hereto.² Plaintiffs reserve the right to use additional documents for purposes of impeachment, and to offer any exhibit identified by Defendants.

¹ Due to the extensive number of documents, Plaintiffs are filing multiple, identical copies of this Notice on the case docket, each attaching a separate set of the below listed exhibits.

² Sealed versions of Plaintiffs' medical records (Doe Pls' Trial Exs. 80-86) have been filed at Dkt. 147.

Plaintiffs' Exhibit List

Trial Ex. No.	Bates No.	Exhibit Description	Will Use	May Use	Stipulated/ Defendants' Objections
<i>Dekker Exhibits</i>		Any exhibit that was entered into evidence in the <i>Dekker</i> trial		X	
Doe Pls' Trial Ex. 1	PL000566 - 000579	Defendants' Response to Pls' First Set of Interrogatories		X	
Doe Pls' Trial Ex. 2	PL000580 - 000625	Expert Report of Dr. Aaron Janssen, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 3	PL000626- 000683	Expert Report of Dr. Brittany Bruggeman, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 4	PL000684- 000735	Expert Report of Dr. Dan H. Karasic, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 5	PL000736 – 000816	Expert Report of Dr. Daniel Shumer, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 6	PL000817 – 000886	Expert Report of Dr. Loren Schechter, M.D. (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 7	PL000887 - 000910	Expert Report of Dr. Vernon Langford, DNP, APRN-CNP, FNP-C (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 8	PL000911 - 000929	Expert Report of Dr. Kenneth W. Goodman, PhD, FACMI, FACE (8.16.2023)		X	Hearsay
Doe Pls' Trial Ex. 9	PL000930 - 000938	Expert Rebuttal Report of Dr. Aaron Janssen, M.D. (9.5.2023)		X	Hearsay

Doe Pls' Trial Ex. 10	PL000939 - 000946	Expert Rebuttal Report of Dr. Dan H. Karasic (9.5.2023)		X	Hearsay
Doe Pls' Trial Ex. 11	PL000947	Florida Admin. Code R. 64B8-9.019, <i>Standards of Practice for the Treatment of Gender Dysphoria in Minors</i> (effective 3.16.2023)	X		
Doe Pls' Trial Ex. 12	PL000948	Florida Admin. Code R. 64B15-14.014, <i>Standards of Practice for the Treatment of Gender Dysphoria in Minors</i> (effective 3.28.2023)	X		
Doe Pls' Trial Ex. 13	PL000949	Notice of Change, Fla Admin Code R. 64B15-14.014 (filed 2.10.2023)		X	
Doe Pls' Trial Ex. 14	PL000950	Florida Department of Health Guidance, <i>Treatment of Gender Dysphoria for Children and Adolescents</i> (4.20.22)	X		
Doe Pls' Trial Ex. 15	PL000951	Surgeon General Ladapo Letter to Florida Boards of Medicine (6.2.22)	X		
Doe Pls' Trial Ex. 16	PL000952 - 000959	Florida Department of Health Petition to Initiate Rulemaking Setting the Standard of Care for the Treatment of Gender Dysphoria (7.28.22)	X		
Doe Pls' Trial Ex. 17	PL000960 – 000969	Florida Senate Bill 254 (2023)	X		
Doe Pls' Trial Ex. 18	PL000970 - 000979	Florida House Bill 1421 (2023)	X		

Doe Pls’ Trial Ex. 19	PL000980 - 000981	Section 456.001(1)(8) – (9), Florida Statutes (2023)		X	
Doe Pls’ Trial Ex. 20	PL000982 - 000983	Section 456.52, Florida Statutes (2023)		X	
Doe Pls’ Trial Ex. 21	PL000984 - 001462	Rulemaking Record (Produced by Defendants)	X		
Doe Pls’ Trial Ex. 22	PL001463 - 008066	Public Book for 02.10.2023 Joint Hearing (Produced by Defendants)	X		
Doe Pls’ Trial Ex. 23	Med Def_001485 - 001622; PL012003 – PL012012	Transcript of Florida Board of Medicine Meeting 08.05.2022	X		
Doe Pls’ Trial Ex. 24	Med Def_001058 – 001349	Transcript of Florida Boards’ Joint Rule Workshop 10.28.2022	X		
Doe Pls’ Trial Ex. 25	Med Def_000876 - 001016	Transcript of Florida Boards’ Joint Meeting 11.04.2022	X		
Doe Pls’ Trial Ex. 26	Med Def_001017 – 001043; PL012013 - PL012137	Transcript of Florida Boards’ Joint Public Hearing 02.10.2023 (*Incomplete at present)	X		
Doe Pls’ Trial Ex. 27	Med Def_001350 – 001484	Transcript of Florida House HHS Committee Meeting 02.21.2023	X		
Doe Pls’ Trial Ex. 28	Med Def_002232 - 002234	Excerpt from Speech of Governor Ron DeSantis – Joint Session 03.07.2023		X	

Doe Pls' Trial Ex. 29	Med Def_000087 - 000250	Transcript of Florida Senate Health Policy Committee Meeting 03.13.2023		X	
Doe Pls' Trial Ex. 30	Med Def_002235 - 002335	Transcript of Florida House Healthcare Regulation Subcommittee Meeting 03.22.2023		X	
Doe Pls' Trial Ex. 31	Med Def_001913 - 002001	Transcript of Florida Senate Fiscal Policy Committee Meeting 03.23.2023		X	
Doe Pls' Trial Ex. 32	Med Def_002336 - 002461	Transcript of Florida House HHS Committee Meeting 03.27.2023		X	
Doe Pls' Trial Ex. 33	Med Def_002462 - 002571	Transcript of Florida Senate General Session 04.03.2023		X	
Doe Pls' Trial Ex. 34	Med Def_002002 - 002028	Transcript of Florida Senate General Session 04.04.2023		X	
Doe Pls' Trial Ex. 35	Med Def_002029 - 002144	Transcript of Florida House General Session 04.18.2023		X	
Doe Pls' Trial Ex. 36	Med Def_002145	Transcript of Florida House General Session 04.19.2023		X	
Doe Pls' Trial Ex. 37	Med Def_002215 - 002231	Transcript of Florida Senate General Session 05.04.2023		X	
Doe Pls' Trial Ex. 38	Med Def_002193 - 002214	Transcript of Florida House General Session 05.04.2023		X	
Doe Pls' Trial Ex. 39	Med Def_001623 - 001912	Transcript of Florida Boards' Joint Meeting 06.23.2023		X	

Doe Pls' Trial Ex. 40	Med Def_000251 - 000454	Transcript of Florida Boards' Joint Public Meeting 06.30.2023		X	
Doe Pls' Trial Ex. 41	Med Def_000001 - 000086	Transcript of Florida Boards' Joint Meeting 08.03.2023		X	
Doe Pls' Trial Ex. 42	FDOH_000 0 44095- 000044100; 000044010- 000044014; 000042401- 000043407; 000044022- 000044026; 000044081- 000044086; 000042389- 000042398.	Composite Exhibit - Emails between Board of Osteopathic Medicine Executive Director Danielle Terrell and Vernadette Broyles (Oct. 25-28, 2022)	X		
Doe Pls' Trial Ex. 43	FDOH_000 065015- 000065016	Emails from Board of Osteopathic Medicine Executive Director Terrell (11.07.22)		X	
Doe Pls' Trial Ex. 44	FDOH_000 058615- 000058616	Gender Dysphoria Roundtable (7.8.22)		X	Foundation Hearsay
Doe Pls' Trial Ex. 45	FDOH_002 874150- 002874157	Governor Talking Points		X	Foundation Hearsay
Doe Pls' Trial Ex. 46	FDOH_000 065735- 000065778	Request for Hearing to Board of Medicine		X	Foundation Hearsay

Doe Pls' Trial Ex. 47	FDOH_000 038015- 000038019	Open Letter to the Florida Board of Medicine (9.23.22)	X		Foundation Hearsay
Doe Pls' Trial Ex. 48	EOG_0051 21- 005156	FDOH Updates (4.8.22)		X	Hearsay, as to draft material
Doe Pls' Trial Ex. 49	FDOH_000 064667- 000064671	Emails between Board of Medicine Executive Director Paul Vazquez and Dr. Laidlaw (10.14.22-10.25.22)		X	Foundation Hearsay Objection as to highlights
Doe Pls' Trial Ex. 50	EOG_0008 49-000864	Governor Talking Points (5.13.22)		X	Foundation Hearsay Objection as to highlights
Doe Pls' Trial Ex. 51	FDOH_000 039058	Emails between Board of Medicine Paul Vazquez and Dr. Patrick Hunter (10.16.22)		X	
Doe Pls' Trial Ex. 52	FDOH_001 9000113	Emails between Dr. Van Mol Dr. Patrick Hunter (9.14.22)		X	Foundation Hearsay Objection as to highlights
Doe Pls' Trial Ex. 53	FDOH_000 030412	Email between Vazquez and Hunter (9.14.22)		X	
Doe Pls' Trial Ex. 54	FDOH_000 030376- 000030377	Emails between Vazquez and Hunter (9.13.22)		X	
Doe Pls' Trial Ex. 55	FDOH_000 030366- 30369	Email between Hunter and Vazquez (9.12.22)		X	
Doe Pls' Trial Ex. 56	EOG_0005 19-000520	Gender Affirming Guidance Event		X	
Doe Pls' Trial Ex. 57	EOG_0006 67-000682	Governor DeSantis Interview Transcript (4.28.22)		X	

Doe Pls' Trial Ex. 58	Def_000286709	AHCA Invoice for Dr. Van Meter attendance at Board of Medicine Meeting (8.11.22)	X		
Doe Pls' Trial Ex. 59	EOG_008128-008235	Memo on Gender Dysphoria Legislation	X		Foundation Hearsay
Doe Pls' Trial Ex. 60	EOG_008125-008127	Email from Maureen Furino with attachments (1.06.23)		X	Hearsay
Doe Pls' Trial Ex. 61	EOG_005282-005284	Email from Savannah Kelly Jefferson with attachment (6.29.22)		X	Foundation Hearsay Objection as to drafts
Doe Pls' Trial Ex. 62	EOG_005157 - 005250	Alliance Defending Freedom Binder		X	Foundation Hearsay
Doe Pls' Trial Ex. 63	EOG_004414, 004636-004640, 004487-004492	Briefers – Safeguarding Kids from Gender Surgeries and Drugs		X	
Doe Pls' Trial Ex. 64	FDOH_000035598	Email from Board of Osteopathic Medicine Executive Director Danielle Terrell to Bettye Strickland (10.19.22)		X	
Doe Pls' Trial Ex. 65	FDOH_000040582 – 000040599	Email from Patrick Hunter to Paul Vazquez (10.23.22)		X	
Doe Pls' Trial Ex. 66	FDOH_000045008 - 000045010	Appearance Request Form (11.02.22)		X	
Doe Pls' Trial Ex. 67	FDOH_000034212 – 000034214,	Email from Vazquez to Strickland (9.27.22)		X	

	Att. FDOH_000 034022 - 000034111				
Doe Pls' Trial Ex. 68	FDOH_000 069398 – 000061417	Phillip Penna comment (9.19.22)		X	
Doe Pls' Trial Ex. 69	FDOH_000 017897- 000017908	Email from Jeremy Redford (7.10.22)		X	
Doe Pls' Trial Ex. 70	PL008067 - 010525	Public Book for 8.3.23 Joint Meeting (Produced by Defendants)	X		
Doe Pls' Trial Ex. 71	FDOH_000 040530 - 000040542	Email from Hunter to Vazquez (10.22.22)		X	
Doe Pls' Trial Ex. 72	FDOH_000 039931 – 000039932	Email from Vazquez to Strickland (10.18.22)		X	
Doe Pls' Trial Ex. 73	FDOH_000 037928	September 30, 2022 Rule Workshop Agenda (9.30.22)		X	
Doe Pls' Trial Ex. 74	FDOH_000 040020	Original October 28, 2022 Workshop Agenda (10.28.22)		X	
Doe Pls' Trial Ex. 75	FDOH_000 035446 – 000035448	Email from Vazquez to Diamond (10.14.22)		X	
Doe Pls' Trial Ex. 76	FDOH_000 028162 – 000028163; FDOH_000 064956; and FDOH_000 065030	Emails from Senate Committee on Health Policy (Composite)		X	

Doe Pls' Trial Ex. 77	FDOH_000 039513 - 000039516	Emails between Dr. Dayton and Paul Vazquez (10.18.22)		X	
Doe Pls' Trial Ex. 78	FDOH_000 035604- 000035604	Email from Board of Osteopathic Medicine Danielle Terrell (10.19.22)		X	Completeness
Doe Pls' Trial Ex. 79	FDOH_000 039521 - 000039522	Email from Paul Vazquez to Danielle Terrell (10.18.22)		X	
Doe Pls' Trial Ex. 80	PL000022- 000048	Plaintiff Susan Doe Medical Records (SEALED)	X		
Doe Pls' Trial Ex. 81	PL000001 - 000015	Plaintiff Gavin Goe Medical Records (SEALED)	X		
Doe Pls' Trial Ex. 82	PL000366- 408; 000509-565	Plaintiff Lucien Hamel Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 83	PL000418 - 000483	Plaintiff Olivia Noel Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 84	PL000016 - 000021	Plaintiff Lisa Loe Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 85	PL000409- 417; 000484-508	Plaintiff Kai Pope Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 86	PL000049 - 000365	Plaintiff Rebeca Cruz Evia Medical Records (SEALED)		X	
Doe Pls' Trial Ex. 87	FDOH_000 035423 - 000035428	Emails between Hunter, Diamond, and Vazquez (10.04.22)		X	

Doe Pls’ Trial Ex. 88	FDOH_000 062034 - 000062035	Emails between Hunter and Vazquez (9.23.22)		X	
Doe Pls’ Trial Ex. 89	FDOH_000 061277 - 000061279	Emails between Hunter, Vazquez and Biggs (9.19.22)		X	
Doe Pls’ Trial Ex. 90	FDOH_000 030412	Email from Hunter to Vazquez (9.14.22)		X	
Doe Pls’ Trial Ex. 91	PL010526 – 010528	Governor Ron DeSantis Appoints Four to the Board of Medicine (6.17.22)		X	
Doe Pls’ Trial Ex. 92	PL010529- 010530	Dr. Hunter article “Political Issues Surrounding Gender- Affirming Care for Transgender Youth” (JAMA Pediatr., December 20, 2021, doi:10.1001/jamapediatrics.2 021.5348)		X	Hearsay
Doe Pls’ Trial Ex. 93	PL010531- 011801	<i>Eknes-Tucker v. Ivey</i> , 2:22- cv-00184, ECF 69-6 (5.02.22)		X	Relevance Foundation Hearsay
Doe Pls’ Trial Ex. 94	PL011802- 011804	Catholic Medical Association Resolutions 8-7 through 8-14		X	Authentication Foundation Hearsay
Doe Pls’ Trial Ex. 95	PL011805 - 001806	Catholic Medical Association 92 nd Annual Education Conference (9.18.23)		X	Authentication Foundation Hearsay
Doe Pls’ Trial Ex. 96	EOG_0081 25 - 008127	Email from Furino with texts attached (1.06.23)		X	Foundation Hearsay
Doe Pls’ Trial Ex. 97	PL011807 - 011811	AAP Resolution # 27		X	Authentication Foundation Hearsay

Doe Pls’ Trial Ex. 98	PL011812 - 011817	WSJ article “Youth Gender Transition Is Pushed Without Evidence” by Hunter, Roman, Kaltiala, Malone, etc. (7.13.23)		X	Hearsay
Doe Pls’ Trial Ex. 99	PL011818 - 011819	U.S. EO 12866 Meeting 0945-AA17 (4.25.22)		X	Foundation Hearsay
Doe Pls’ Trial Ex. 100	PL011820 – PL011825	SEGM “About Us” Page		X	Foundation Hearsay
Doe Pls’ Trial Ex. 101	PL011826 - 011827	“Challenges in Timing Puberty Suppression for Gender-Nonconforming Adolescents” (de Vries, 7.14.20)			Hearsay
Doe Pls’ Trial Ex. 102	PL011828 - 011830	Governor Ron DeSantis Appoints Three to the Board of Osteopathic Medicine (12.06.22)			
Doe Pls’ Trial Ex. 103	PL011831 - 011833	Governor Ron DeSantis Appoints Two to the Board of Medicine (12.28.22)			
Doe Pls’ Trial Ex. 104	PL011834 - 011857	NYT Article, Dr. Benson quoted (11.14.22)		X	Hearsay
Doe Pls’ Trial Ex. 105	PL011858 - 011866	Smalley, et al., <i>Improving Global Access to Transgender Health Care</i> , Transgender Health, Vol. 7, No. 2 (2022)		X	Hearsay
Doe Pls’ Trial Ex. 106	PL011867	Fla. Admin R. 64B8-30.008		X	

Doe Pls' Trial Ex. 107	PL011868	Fla. Admin. R. 64B8-30.012		X	
Doe Pls' Trial Ex. 108	PL011869 - 011871	Fla. Stat. 464.0123		X	
Doe Pls' Trial Ex. 109	PL011872 - 011874	Fla. Stat. 464.012		X	
Doe Pls' Trial Ex. 110	PL011875 - 011880	Fla. Stat. 458.347		X	
Doe Pls' Trial Ex. 111	PL011881	20 CFR 10.310		X	
Doe Pls' Trial Ex. 112	PL011882 - 011888	A Letter to Christian Physicians_CMDA Today		X	Hearsay
Doe Pls' Trial Ex. 113	PL011889 - 0011890	Composite Exhibit (Jonathan Clemens Tweets)		X	Hearsay
Doe Pls' Trial Ex. 114	PL011891 - 011938	FSU Student Handbook 2022-2023		X	Hearsay
Doe Pls' Trial Ex. 115	PL011939 - 011948	Detransitioners in Your Church Doorway		X	Hearsay
Doe Pls' Trial Ex. 116	PL011949 - 011973	Composite Exhibit – Tweets from Defendants and Lawmakers		X	Foundation Relevance Hearsay
Doe Pls' Trial Ex. 117	PL01974 - 011975	SB 254 Amendment (350064 - Failed)		X	

Doe Pls' Trial Ex. 118	PL011976 – 011977	SB 254 Amendment (299002 – Failed)		X	
Doe Pls' Trial Ex. 119	PL011978 - 011979	SB 254 Amendment (212692 - Failed)		X	
Doe Pls' Trial Ex. 120	PL011980 - 011981	SB 254 Amendment (374289 - Failed)		X	
Doe Pls' Trial Ex. 121	PL011982 - 011996	SB 254 Amendment (256341) (and Failed Amndts to Amndt)		X	
Doe Pls' Trial Ex. 122	PL011997	SB 254 Amendment (388571 - Failed)		X	
Doe Pls' Trial Ex. 123	PL011998 - 012000	Dr. Hunter Letter to the Editor, JACCP, DOI: 10.1002/jac5.1691 (6.06.22)		X	Hearsay
Doe Pls' Trial Ex. 124	Def_000177905 - 000177906	Email from Jeremy Redfern re: Surgeon General Ladapo Meeting (7.10.22)		X	
Doe Pls' Trial Ex. 125	PL012001 - 012002	ALEC Legislative Membership List		X	Authentication Foundation Relevance Hearsay
Doe Pls' Trial Ex. 126	PL012138 – PL012143	Notice of Emergency Rules 64B8ER23-11 and 64B15ER23-12	X		

Dated: November 6, 2023

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By: /s/ Thomas Redburn, Jr.

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CERTIFICATE OF SERVICE

I hereby certify that, on November 6, 2023, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system.

By: /s/ Thomas Redburn, Jr.

1

TRANSCRIPTION OF AUDIO RECORDING

FLORIDA HOUSE OF REPRESENTATIVES
HEALTH AND HUMAN SERVICES COMMITTEE MEETING
FLORIDA CHANNEL

Monday, March 27, 2023

Stenographically Transcribed Audio Recording By:
Terri L. Martin, Certified Shorthand Reporter

Med Def_002336

1 Whereupon, the following proceedings were
2 transcribed from an audio recording:

3 CHAIR FINE: The Health and Human Services
4 Committee will come to order.

5 Sabrina, please call the roll.

6 THE CLERK: Chair Fine?

7 CHAIR FINE: Here.

8 THE CLERK: Representatives Persons-Mulicka?

9 REPRESENTATIVE PERSONS-MULICKA: Here.

10 THE CLERK: Salzman?

11 REPRESENTATIVE SALZMAN: Here.

12 THE CLERK: Skidmore?

13 Amnesty?

14 Anderson?

15 REPRESENTATIVE ANDERSON: Here.

16 THE CLERK: Baker?

17 REPRESENTATIVE BAKER: Here.

18 THE CLERK: Clemons?

19 REPRESENTATIVE CLEMONS: Here.

20 THE CLERK: Cross?

21 REPRESENTATIVE CROSS: Here.

22 THE CLERK: Dunkley?

23 REPRESENTATIVE DUNKLEY: Here.

24 THE CLERK: Edmonds?

25 REPRESENTATIVE EDMONDS: Here.

1 THE CLERK: Gantt?

2 REPRESENTATIVE GANTT: Here.

3 THE CLERK: Grant?

4 REPRESENTATIVE GRANT: Here.

5 THE CLERK: Koster?

6 REPRESENTATIVE KOSTER: Here.

7 THE CLERK: Massullo?

8 REPRESENTATIVE MASSULLO: Here.

9 THE CLERK: Plankon?

10 REPRESENTATIVE PLANKON: Here.

11 THE CLERK: Rizo?

12 REPRESENTATIVE RIZO: Here.

13 THE CLERK: Snyder?

14 REPRESENTATIVE SNYDER: Here.

15 THE CLERK: Trabulsy?

16 REPRESENTATIVE TRABULSY: Here.

17 THE CLERK: Woodson?

18 REPRESENTATIVE WOODSON: Here.

19 THE CLERK: Yarkosky?

20 REPRESENTATIVE YARKOSKY: Here.

21 THE CLERK: A quorum is present.

22 CHAIR FINE: Thank you, Sabrina.

23 As we begin the meeting, I ask everyone to
24 silence your cell phones.

25 I'm going to turn the gavel over to the

1 vice chair here in a minute since I will be presenting
2 the first bill, but I wanted to let folks know we do
3 have five bills that we intend to get done today.
4 We will not be extending the time. We will be ending
5 no later than 6 o'clock.

6 And I'm very excited to say that four of the
7 five bills are sponsored by members of the minority
8 party today, so everyone should keep that in mind.

9 As it relates to our first bill, which I
10 recognize there are strongly held beliefs on both
11 sides on that bill, we will encourage everyone to
12 share their opinions and their perspectives but to do
13 so in a respectful manner. Interruptions of any kind
14 will not be tolerated. So you'll get your time. I
15 think, based on the number of cards, it will be more
16 than 30 seconds. You know, people will actually have
17 a meaningful amount of time to share their
18 perspectives. But we expect decorum and respect on
19 both sides in this debate. Again, the Sergeant's
20 Office has been preauthorized to remove people who
21 cannot follow that. There will not be warnings.

22 All right. So with that, I'm going to hand
23 the gavel over to our vice chair.

24 VICE CHAIR PERSONS-MULICKA: [Presiding.]
25 Thank you, Mr. Chair.

1 Members, first up today we will take up CS
2 for House Bill 1421, "Gender Clinical Intervention,"
3 by Representatives Fine and Massullo.

4 Chairs Fine and Massullo, when you're ready,
5 you're recognized to present the bill.

6 CHAIR FINE: Thank you. Thank you, Madam
7 Chair.

8 This bill does five things dealing with
9 surgeries and chemical treatments or medical
10 treatments or drug treatments, largely for children.
11 The bill does four things. Excuse me.

12 No. 1, it bans surgery and drugs that are
13 intended to attempt to change someone's gender for
14 children under the age of 18, and it makes any doctor
15 that participates in that moving forward a
16 third-degree felony.

17 Second, it has provisions related to custody
18 of children if there's a parent in a custody situation
19 who wishes to keep their child from getting these
20 kinds of procedures.

21 Third, as it relates to adults, the bill says
22 that no public funds can be used for these procedures.
23 It says, second, that people cannot be forced to pay
24 for others to go through these procedures through
25 their insurance.

1 Third, it requires written consent to be
2 obtained by doctors for adults so they're making an
3 informed choice.

4 Fourth, it creates a cause of action if
5 those adults are unhappy -- and this actually applies
6 to children too -- if those adults or children are
7 unhappy with the results of that.

8 And then, fourth, the bill says that your
9 birth certificate cannot be changed from your
10 biologic gender.

11 That, Members, is the bill.

12 VICE CHAIR PERSONS-MULICKA: Thank you, Chair
13 Fine.

14 Members, are there questions on the bill?

15 Questions on the bill?

16 Representative Gantt, you're recognized for a
17 question.

18 REPRESENTATIVE GANTT: Good afternoon.

19 Thank you, Madam Chair, for your recognition.

20 My first question is in regard to the custody
21 portion that you mentioned. Does the bill language
22 contemplate matters where if a primary parent was
23 awarded primary custody for that child and the other
24 parent has a history of abuse or some type of violence
25 against the child, would that parent that has the

1 history of abuse or violence against that child be
2 able to then come in and petition the Court for
3 custody over that child if gender-affirming care is
4 their basis for their challenge?

5 VICE CHAIR PERSONS-MULICKA: You're
6 recognized.

7 CHAIR FINE: Thank you, Madam Chair.

8 This bill doesn't have anything to do with
9 gender-affirming care.

10 VICE CHAIR PERSONS-MULICKA: Representative
11 Gantt, you're recognized for a follow-up.

12 REPRESENTATIVE GANTT: Thank you, Madam Chair.

13 I don't think my question was asked -- or
14 excuse me -- answered.

15 So would a parent with a history of abuse or
16 violence towards the child be able to petition based
17 on the language in your bill?

18 VICE CHAIR PERSONS-MULICKA: You're
19 recognized.

20 CHAIR FINE: Thank you, Madam Chair.

21 They would be able to petition. However, the
22 language of the bill does not require a court to do
23 it. It simply says that a court has the jurisdiction;
24 they have the ability to do it. I would presume that
25 a judge in this state would not award custody to a

1 parent with a history of child abuse as you described.

2 VICE CHAIR PERSONS-MULICKA: Representative
3 Gantt, you're recognized for follow-up.

4 REPRESENTATIVE GANTT: Thank you, Madam Chair,
5 for your recognition.

6 In regards to lines 52 to 59 particularly,
7 would this provision of this proposed language impact,
8 say, a facility -- say UF; right -- that provides
9 gender-affirming care, or the language that you use in
10 your bill? Would they be at jeopardy of losing their
11 contract to provide services under Medicare or
12 Medicaid if someone with private insurance is getting
13 care from their facility?

14 VICE CHAIR PERSONS-MULICKA: You're
15 recognized.

16 CHAIR FINE: Thank you.

17 This bill has nothing to do with
18 gender-affirming care, so I can't answer your question.

19 VICE CHAIR PERSONS-MULICKA: Representative,
20 would you like to rephrase the question?

21 REPRESENTATIVE GANTT: Thank you, Madam
22 Chair.

23 And I did specify by saying "or the language
24 in your bill." So if you say that it has nothing to
25 do with gender-affirming care, what about my question

1 in regards to the language in your bill?

2 VICE CHAIR PERSONS-MULICKA: You're
3 recognized.

4 CHAIR FINE: Thank you, Madam Chair.

5 My bill is ten pages long, so what language
6 exactly is it that you would like us to respond to?

7 VICE CHAIR PERSONS-MULICKA: Representative.

8 REPRESENTATIVE GANTT: Thank you, Madam
9 Chair, for your recognition.

10 Specifically lines 52 to 59.

11 VICE CHAIR PERSONS-MULICKA: You're
12 recognized.

13 CHAIR FINE: Could you repeat the question?
14 So as it relates to lines 52 to 59, could you repeat
15 the question?

16 VICE CHAIR PERSONS-MULICKA: Representative
17 Gantt?

18 REPRESENTATIVE GANTT: Thank you, Madam
19 Chair, for your recognition.

20 No problem. So my question was if a facility
21 that has a Medicaid or Medicare contract provides
22 services to an individual who has a private insurance
23 policy or private insurance coverage for care set out
24 in your bill, would they be in jeopardy of losing that
25 contractual agreement or that contract they have to

1 provide care for Medicaid or Medicare because they're
2 providing care under a private insurance policy to an
3 individual?

4 VICE CHAIR PERSONS-MULICKA: You're
5 recognized.

6 CHAIR FINE: Thank you, Madam Chair.

7 While not in these eight lines, in another
8 part of the bill, the bill bans the use of private
9 insurance for these type of procedures, so that
10 hypothetical wouldn't be able to.

11 VICE CHAIR PERSONS-MULICKA: Representative
12 Woodson, you're recognized for a question.

13 Representative Gantt, if you have more
14 questions, we will circle back to you.

15 REPRESENTATIVE WOODSON: Thank you, Madam
16 Chair.

17 Rep. Fine, is there any provision in the
18 bill to allow any minor who is currently getting care
19 to continue getting the care after January 1 of 2024?

20 VICE CHAIR PERSONS-MULICKA: You're
21 recognized.

22 CHAIR FINE: As this bill does not deal with
23 what I consider care, no.

24 REPRESENTATIVE WOODSON: Or treatment?

25 VICE CHAIR PERSONS-MULICKA: Representative

1 Woodson, would you like to restate your question?

2 REPRESENTATIVE WOODSON: Is there any
3 provision in the bill for a minor to continue to get
4 treatment as mentioned in the bill after January 1,
5 2024?

6 VICE CHAIR PERSONS-MULICKA: You're
7 recognized.

8 CHAIR FINE: Thank you, Madam Chair.

9 What the bill says is that those children
10 who have been given these drugs prior to January 1 of
11 this year may be able to continue to take them until
12 the end of the year. That was a change.

13 The original version of the bill said
14 there -- it was just cold turkey. And so we decided
15 in the last committee stop -- the first committee
16 stop where we did a strike-all to allow a transition
17 period, if you will, to get off of these -- to get
18 off of these sterilization drugs.

19 VICE CHAIR PERSONS-MULICKA: Representative
20 Woodson, you're recognized for a follow-up.

21 REPRESENTATIVE WOODSON: Thank you, Madam
22 Chair.

23 How about if the parents request for them to
24 continue to get the drugs?

25 VICE CHAIR PERSONS-MULICKA: You're

1 recognized.

2 CHAIR FINE: Thank you, Madam Chair.

3 As I said, the bill ends the provision of
4 these sterilization drugs to children by December 31
5 of this year.

6 REPRESENTATIVE WOODSON: Follow-up?

7 VICE CHAIR PERSONS-MULICKA: Representative
8 Woodson.

9 REPRESENTATIVE WOODSON: Thank you, Madam
10 Chair.

11 Do parents have any choice to request
12 something for the children in this bill?

13 VICE CHAIR PERSONS-MULICKA: Representative,
14 I believe the question was asked and answered as to
15 when the provisions would impact a minor.

16 REPRESENTATIVE WOODSON: I have another
17 question, Madam Chair.

18 VICE CHAIR PERSONS-MULICKA: Representative
19 Woodson, you're recognized.

20 REPRESENTATIVE WOODSON: Yes. Rep. Fine,
21 during the presentation we had recently, the chair of
22 the Board of Medicine recommended that the minors who
23 are getting drugs, they need to continue to get these
24 drugs.

25 Are we in alignment with the chair of the

1 Board of Medicine, or do we give any credence to what
2 the chair of the Board of Medicine mentioned?

3 VICE CHAIR PERSONS-MULICKA: You're
4 recognized.

5 CHAIR FINE: Thank you, Madam Chair.

6 The chairman of the Board of Medicine did
7 not talk about that issue, I don't believe, at the
8 meeting that we had here.

9 That said, the Board of Medicine rule would
10 allow those things to continue. We recognize that
11 that is their opinion, but in this bill it would end
12 at the end of the year.

13 VICE CHAIR PERSONS-MULICKA: Representative
14 Skidmore, you're recognized for a question.

15 REPRESENTATIVE SKIDMORE: Thank you, Madam
16 Chair.

17 Representative Fine, just based on a comment
18 you just made distinguishing puberty blockers as
19 sterilization, where do you get that definition
20 what -- how medically are puberty blockers
21 sterilization? How does that work?

22 VICE CHAIR PERSONS-MULICKA: You're
23 recognized.

24 REPRESENTATIVE MASSULLO: Thank you, Madam
25 Chair.

1 And thank you, Rep. Skidmore, for the
2 question.

3 What puberty blockers actually do is they
4 cause a chemical castration, particularly in men, to
5 where they would no longer be able to lay out -- or
6 able to fertilize a female. So that's how they would
7 create sterilization.

8 VICE CHAIR PERSONS-MULICKA: Representative
9 Skidmore, you're recognized for a follow-up.

10 REPRESENTATIVE SKIDMORE: Thank you, Madam
11 Chair.

12 Thank you, Rep. Massullo.

13 My understanding is that puberty blockers
14 can be started and then discontinued with no permanent
15 consequences -- let's just say we're not talking about
16 a child or a person who is transitioning or talking
17 about a small child or someone who takes puberty
18 blockers because their parents want them to grow
19 faster.

20 Isn't it true that they can stop taking those
21 puberty blockers at a certain point with no permanent
22 ill effects?

23 VICE CHAIR PERSONS-MULICKA: You're
24 recognized to answer the question at the end of the
25 statement.

1 REPRESENTATIVE MASSULLO: Thank you, Madam
2 Chair.

3 The initial thought was they were reversible.
4 However, the latest studies have shown they're not so
5 reversible. As a matter of fact, some of the effects
6 of puberty blockers, particularly in young men where
7 they basically stop at Tanner stage 2 or 3, where --
8 there's five stages of sexual development called
9 the Tanner stage. And some of the effects can be
10 stunting of the penile and testicular growth; sexual
11 dysfunction, impairment of erection, orgasm, and
12 ejaculation; prevention of spermatogenesis -- and
13 that's where you have sterility -- disruption of
14 normal brain development, and disruption of normal
15 bone development.

16 In females it can cause a menopause-like
17 state. It blocks the normal breast development,
18 decreases blood flow to the vagina and vulva, causes
19 sexual dysfunction, and it also prevents menstruation.

20 VICE CHAIR PERSONS-MULICKA: Representative
21 Skidmore, Ranking Member, you're recognized for a
22 follow-up.

23 REPRESENTATIVE SKIDMORE: Thank you, Madam
24 Chair.

25 Could you tell me what study you're

1 referencing?

2 VICE CHAIR PERSONS-MULICKA: You're
3 recognized at your convenience.

4 REPRESENTATIVE MASSULLO: Yes. Thank you.
5 I will send those to you.

6 REPRESENTATIVE SKIDMORE: Thank you.

7 CHAIR FINE: I would just add, there are
8 many. It's not just one.

9 It is correct, as Rep. Massullo has said,
10 that the latest research -- and this is why in multiple
11 western European countries that were, quote/unquote,
12 "leaders" in this, they have now moved towards our
13 position rejecting these practices.

14 But the two biggest changes are mental
15 development -- which sort of makes sense. Right?
16 Your brain is developing in these years, as well as
17 bone density. And so there are studies that find
18 that these are not -- it's not harmless: Oh, you put
19 something off and then you stop, and everything goes
20 back to normal. That is not what the latest research
21 shows.

22 VICE CHAIR PERSONS-MULICKA: Ranking Member,
23 you're recognized for follow-up.

24 REPRESENTATIVE SKIDMORE: Thank you, Madam
25 Chair.

1 So that would then suggest that there are
2 indeed studies that contradict what you're saying
3 today?

4 VICE CHAIR PERSONS-MULICKA: You're
5 recognized.

6 CHAIR FINE: No, there aren't.

7 VICE CHAIR PERSONS-MULICKA: Ranking Member,
8 you're recognized to ask an additional question.

9 REPRESENTATIVE SKIDMORE: Thank you, Madam
10 Chair.

11 So you did say the latest studies, which
12 would suggest that there are other studies that don't
13 come to the same conclusions. So are there other
14 studies that contradict what your study that
15 you're referencing, that you haven't been able to
16 tell me the name of, would suggest?

17 VICE CHAIR PERSONS-MULICKA: I believe that
18 question is asked and answered. But, Chair Massullo,
19 if you would like to add anything to it, you're more
20 than welcome to.

21 REPRESENTATIVE MASSULLO: Thank you, Madam
22 Chair.

23 There were no studies that actually showed
24 that they were reversible. There was a thought, sort
25 of a medical opinion, that they were reversible.

1 However, the studies have shown that they are not.

2 There's side effects from these puberty
3 blockers that are permanent, and they cause, as we
4 mentioned before, bone density issues that are
5 permanent. They also can cause brain issues,
6 particularly this type of tumor called a pseudotumor
7 cerebri, which is a type of tumor in the cerebellum
8 of the brain.

9 All right. And if I may, Madam Chair, one
10 of the leading experts in this area that was a
11 Canadian that's been doing this type of work since
12 1975 -- her name is Susan Bradley -- she felt that
13 they were reversible. However, in her own patients
14 she's seen that the drugs prevent the bone density
15 that normally occurred during puberty, and some of
16 these patients have lifelong bone problems.

17 She also has found there's a possible link
18 between growth hormone agonists and a condition called
19 the pseudotumor cerebri that I mentioned to you
20 earlier.

21 She also noted in her studies that 87.8
22 percent of boys that have these type of feelings of
23 dysphoria with their gender usually grow out of them
24 by the time they go through puberty.

25 CHAIR FINE: I would just add one thing.

1 I do want to read her quote from the
2 article just so you can see it in her words; again, a
3 pioneer in this. Quote: *We were wrong, she said.*
4 *Quote: They're not as irreversible as we always*
5 *thought, and they have longer term effects on kids'*
6 *growth and development, including making them sterile*
7 *and quite a number of things affecting their bone*
8 *growth, end quote.*

9 Again, this is coming from someone who
10 was an advocate of this for many years.

11 VICE CHAIR PERSONS-MULICKA: Members, any
12 additional questions?

13 Representative Gantt, you are recognized for
14 a question.

15 REPRESENTATIVE GANTT: Thank you, Madam
16 Chair, for your recognition.

17 I have a question regarding section 8 of
18 the bill, and that section basically lays out
19 liability. And so based on different provisions in
20 this bill that would stop treatment and care, this
21 portion lays out who will be liable.

22 So my question is who will be responsible
23 for the estate of a person receiving treatment or
24 care if they -- or a person no longer able to receive
25 treatment if they suffer any physical, psychological,

1 emotional, or physiological injury by ending or
2 inhibiting access to their treatment that they've
3 been on? Who will be the liable party?

4 VICE CHAIR PERSONS-MULICKA: You're
5 recognized.

6 CHAIR FINE: Thank you.

7 I think -- I think I understand your
8 question. I think that deals with something that
9 is not a part of the bill. Let me -- if I understand
10 this right, I think you're asking is someone liable
11 if people are upset that they can't get these
12 procedures or medication any longer.

13 Was that your question, or did I not
14 understand it?

15 VICE CHAIR PERSONS-MULICKA: Representative
16 Gantt, you're recognized to clarify your question.

17 REPRESENTATIVE GANTT: Thank you, Madam
18 Chair. And I'm fine to provide clarification.

19 So I'm not talking about feelings regarding
20 being upset. But I was using the specific language
21 in your bill that lays out who's liable based on
22 physical, psychological, emotional, or physiological
23 injury resulting from the gender clinical intervention.

24 So if a person is no longer able to receive
25 that care or if it is substantially inhibited with

1 access, who would be liable for that person to find
2 or seek justice in their injuries from no longer
3 being able to receive treatment?

4 VICE CHAIR PERSONS-MULICKA: You're
5 recognized.

6 CHAIR FINE: Thank you. Thank you, Madam
7 Chair.

8 As this section deals with someone who
9 provides gender clinical interventions as we've
10 defined it, the lack of provision of gender clinical
11 intervention is not a subject of this bill.

12 VICE CHAIR PERSONS-MULICKA: Representative
13 Gantt, you're recognized for an additional question.

14 REPRESENTATIVE GANTT: Thank you, Madam
15 Chair.

16 To follow-up on your previous response, so
17 the subject of this bill, it does include the ending
18 or the limiting of access to the care. So in that
19 regard, we do have Floridians who will be impacted.
20 So what guidance would all of us -- because we all
21 represent different people in each of our respective
22 districts who have different lived experiences. And
23 if any of them are impacted by no longer having access
24 or being substantially inhibited from having access
25 to treatment, what kind of guidance as a

1 representative would I be able to direct them towards
2 receiving or giving them if this bill was to pass?

3 VICE CHAIR PERSONS-MULICKA: You're
4 recognized.

5 CHAIR FINE: Thank you, Madam Chair.

6 This bill has nothing to do with care.

7 VICE CHAIR PERSONS-MULICKA: Representative
8 Gantt, you're recognized for a follow-up.

9 REPRESENTATIVE GANTT: Thank you, Madam
10 Chair.

11 So I don't want to play the game of semantics,
12 but how would I be able to inform my constituents who
13 would be impacted by this bill if they can no longer
14 receive the treatment that they've been receiving
15 based on the language in this bill?

16 VICE CHAIR PERSONS-MULICKA: Representative,
17 I believe it's been answered that this bill does not
18 impact care or treatment. If you would like to
19 rephrase your question.

20 REPRESENTATIVE GANTT: Thank you, Madam
21 Chair.

22 I believe that the bill sponsor has used
23 the word "treatment" before, so I changed it from
24 care to treatment.

25 CHAIR FINE: I don't mind answering the

1 question.

2 VICE CHAIR PERSONS-MULICKA: You're
3 recognized.

4 CHAIR FINE: Your question is how would
5 you talk to a constituent. The answer would be the
6 same way you talk to a constituent about any bill
7 that passes here: Here's the bill -- we all have
8 constituents who don't necessarily agree with every
9 bill that we pass. They call. They ask what bills
10 mean, and you would tell them. That's what you would
11 do.

12 VICE CHAIR PERSONS-MULICKA: Members, any
13 additional questions?

14 Any additional questions?

15 Seeing no additional questions, Members, we
16 have some amendments to the bill.

17 First I will address two amendments that
18 have been withdrawn at the sponsor's request, amendment
19 barcode 680935 by Representative Woodson and amendment
20 barcode 851021 by Representative Cross. At the
21 request of those respective sponsors, show those
22 amendments withdrawn without objection.

23 We have an additional amendment to the bill,
24 barcode number 466231, an amendment by Chair Fine.

25 Chair Fine, you're recognized to explain the

1 amendment.

2 CHAIR FINE: Thank you, Madam Chair.

3 This amendment does two things. First,
4 based on feedback we received in the first committee
5 to make it clear and more bipartisan, we've made it
6 clear that the procedures that people were worried --
7 I think unjustifiably -- that they were worried about
8 in the earlier committee saying you wouldn't be able
9 to get breast cancer treatment or other sorts of
10 things if this bill passed, we've added language to
11 make that explicit that that would not be an issue.

12 And then the second thing that we have done
13 is we have put in some clarifying language about
14 procedures and rules relating to changing the birth
15 certificate.

16 And that is the amendment.

17 VICE CHAIR PERSONS-MULICKA: Members, are
18 there questions on the amendment?

19 Questions on the amendment?

20 Seeing no questions, I believe we have two --
21 we have an amendment to the amendment, as well as a
22 substitute amendment to the amendment.

23 First we'll take up the amendment to the
24 amendment, barcode number 972969, by Representative
25 Cross. Again, at the sponsor's request, show this

1 amendment withdrawn without objection.

2 Next we will take up the substitute amendment
3 to the amendment, barcode 87409 by Representative
4 Gantt.

5 Representative Gantt, you're recognized to
6 explain the substitute amendment to the amendment.

7 REPRESENTATIVE GANTT: Thank you, Madam
8 Chair.

9 My amendment is very simple. It removes
10 provisions regarding care for adults, and the
11 rationale is that adults should be able to have access
12 and freedom of choice for health care where they so
13 choose to.

14 So that is my amendment.

15 VICE CHAIR PERSONS-MULICKA: Thank you,
16 Representative.

17 Members, are there questions on the
18 substitute amendment?

19 Any questions on the substitute amendment?

20 Seeing none, is there public comment on the
21 substitute amendment?

22 There are no cards submitted, but we do have
23 one member of the public who would like to comment
24 on the substitute amendment.

25 Please come to the podium and state your

1 name for the record, and if you wouldn't mind
2 handing your form afterwards to the Sergeant.

3 MR. MAURER: Absolutely. Thank you, Chair.

4 VICE CHAIR PERSONS-MULICKA: You're
5 recognized.

6 MR. MAURER: Committee members, my name is
7 Jon Harris Maurer, and I'm the public policy director
8 for Equality Florida. Equality Florida supports this
9 amendment.

10 We talk a lot about medical freedom in this
11 building, and this is exactly that issue to a tee.
12 We are talking about care for transgender adults, some
13 of whom have been in care for potentially decades.
14 They should be able to continue that care without
15 additional impediments from the State. These are
16 accessing care through issues like use of telehealth,
17 who they can see for their providers, whether those
18 are nurses and HRNs who are highly qualified and
19 skilled to deliver this care, whether they're able to
20 get insurance for this care, just like many of us are
21 for any procedure.

22 We're talking about basic access to health
23 care issues that are critically important for adults
24 who are making informed decisions about their health
25 care, and we ask you to support the amendment.

1 Thank you.

2 VICE CHAIR PERSONS-MULICKA: Thank you for
3 being here.

4 Again, for the members of the public, we are
5 on the substitute amendment filed by Representative
6 Gantt.

7 Is there any additional public comment on the
8 substitute amendment?

9 Seeing none, is there debate on the
10 substitute amendment?

11 Members, we're on the substitute amendment.
12 Is there debate?

13 Chair Fine, you are recognized.

14 CHAIR FINE: Thank you.

15 As you won't be surprised, I oppose this, as
16 does the other bill sponsor.

17 I would note a couple of issues of what we
18 heard both in the opening and the last public comment.
19 The last public comment said just like any procedure,
20 you can get it covered by health insurance. I would
21 suggest there are many, quote/unquote, "medical
22 procedures" -- frankly, most of the medical procedures
23 that are done by plastic surgeons who are doing
24 things other than some of the things in here that are
25 not covered. So it is not an accurate statement to

1 say that any procedure is covered by health insurance.

2 The amendment sponsor said this is about
3 access and choice. I want to be clear that nothing
4 whatsoever in this bill affects someone's choice if
5 they want to do this as an adult. But it also affirms
6 the choice of people who do not believe that they
7 should have to pay for this, to have to do it as it
8 relates to insurance.

9 Part of the reason that we did this is
10 insurance is not a free market. We've, hopefully, all
11 had jobs. We've all worked for employers. You don't
12 have the choice to get any insurance plan that you
13 want. You may have one choice or two choices or three
14 choices. So it's not as though you live in a market
15 where you can say, I want to be in a plan that covers
16 this or I want to be in a plan that doesn't. We're
17 simply making sure that people are not forced to pay
18 for this sort of thing.

19 But any adult over the age of 18 who wants
20 to go to a doctor who's willing to do these sorts of
21 procedures will be able to do this. The bill does
22 not restrict their ability to do it in any way. I
23 just do not think it is fair, and I think it is
24 intellectually bankrupt, to say that if I don't pay
25 for it or you do not pay for it, then they cannot

1 do it.

2 VICE CHAIR PERSONS-MULICKA: Members, any
3 additional debate?

4 Any additional debate on the substitute
5 amendment?

6 Seeing none, Representative Gantt, you are
7 recognized to close on the substitute amendment.

8 REPRESENTATIVE GANTT: Thank you, Madam Chair.

9 I would like to say thank you for your public
10 comment in support.

11 And the amendment allows individuals who
12 could be my constituents or anyone's constituents here
13 on the dais to continue to receive treatment, even via
14 telehealth. And that's important because, as we know,
15 Florida has a diverse landscape. And so some
16 Floridians who are receiving care and treatment in
17 rural areas rely on telehealth, and this should also
18 be available to them. And as adults in the free
19 state of Florida, they should have that option of
20 using telehealth to continue their treatment and
21 their care for gender-affirming care.

22 Thank you, Madam Chair.

23 VICE CHAIR PERSONS-MULICKA: Representative
24 Gantt having closed on the substitute amendment, all
25 those in favor of the substitute amendment, signify

1 by saying yea.

2 All those opposed, signify by saying nay.

3 Show the substitute amendment fails.

4 That brings us back to the amendment filed
5 by Chair Fine. And at this time we'll take any
6 public comment on the amendment.

7 We have one public comment card from Laura
8 Fellman representing the Florida PTA.

9 You are recognized.

10 MS. FELLMAN: Thank you very much.

11 The Florida PTA stands in opposition to this
12 amendment.

13 PTA's mission is to make every child's
14 potential a reality, every child. PTA supports bills
15 requiring teaching African-American history and
16 Asian-American history. We support Holocaust
17 education. We support these bills to help children
18 orient themselves in the world they live in. That
19 means helping all children.

20 Students who identify as LGBTQ deserve the
21 same rights and the same recognition as their
22 non-LGBTQ peers. Trans children and their parents
23 deserve the same rights to control their health care
24 and interventions. All people who are trans deserve
25 the right to the same access to health care and

1 interventions as all Floridians. To purposefully
2 exclude them sends us down a very dark path that
3 has, unfortunately, been taken before.

4 Let's not take that first step. Please vote
5 down on this amendment.

6 Thank you.

7 CHAIR FINE: Madam Chair, I have a question
8 for the speaker.

9 VICE CHAIR PERSONS-MULICKA: Thank you for
10 staying.

11 Chair Fine, you're recognized to ask a
12 question.

13 CHAIR FINE: Thank you.

14 So as a member of the PTA at the
15 government-run school where my oldest son goes to, I
16 want to understand -- this amendment was filed last
17 night. So I would like to understand the process that
18 you went through to make sure that the hundreds of
19 thousands, if not millions of parents who are part
20 of their PTA at their schools actually had this view
21 on this amendment over the last 24 hours.

22 VICE CHAIR PERSONS-MULICKA: You are
23 recognized.

24 MS. FELLMAN: Thank you.

25 And thank you for this opportunity.

1 As I understand, my colleague Ms. Siegel
2 has explained to you there is a process that is
3 followed in developing position statements and
4 resolutions by PTA that is followed by the counties,
5 the state, and the national level. And we have in
6 place existing policies and -- excuse me --
7 resolutions and position statements protecting LGBTQ
8 students and their families.

9 Thank you.

10 VICE CHAIR PERSONS-MULICKA: Are there any
11 additional questions for the speaker?

12 Chair Fine, you are recognized for follow-up.

13 CHAIR FINE: Yes, one of the joys of speaking
14 in public comment.

15 So this amendment does two things. First it
16 clarifies the concern that Democrats on this committee
17 had that this bill might -- if unamended would prevent
18 a woman getting breast cancer -- or getting treatment
19 for breast cancer.

20 So you mean to tell me in the last 24 hours
21 the PTA has adopted the position that they oppose
22 clarifying this bill to make sure that women who
23 were suffering from breast cancer cannot get treatment
24 for that? That is something within the last 24 hours
25 you have checked with the parents of the state of

1 Florida to see if they agree with?

2 MS. FELLMAN: Well, as I said --

3 VICE CHAIR PERSONS-MULICKA: You're
4 recognized.

5 MS. FELLMAN: Thank you.

6 As I said, we have position statements and
7 resolutions protecting, actually, health care for
8 students as well as LGBTQ rights, and those were in
9 consultation -- we consulted those when we reviewed
10 this. And just to clarify, not only do we oppose this
11 amendment, but we also oppose the bill.

12 Thank you very much.

13 CHAIR FINE: One more question.

14 The other thing --

15 VICE CHAIR PERSONS-MULICKA: Chair Fine,
16 you're recognized for follow-up.

17 CHAIR FINE: Thank you, Madam Chair.

18 The other part of this bill deals with birth
19 certificate -- the other part of this amendment deals
20 with birth certificates. It actually has nothing to
21 do -- this amendment has nothing to do with education
22 at all.

23 So, again, since you're saying "you all," I
24 guess, didn't do it in the last 24 hours, but you
25 predicted something like this might have come along.

1 Can you walk us through the procedure that you all
2 used at the PTA, speaking for hundreds of thousands,
3 if not millions of parents, including me, by the way,
4 saying that you all oppose the idea of people being
5 limited on their birth certificates to the biologic
6 gender that the kids, by the way, are taught when
7 they're in seventh grade in school?

8 VICE CHAIR PERSONS-MULICKA: You're
9 recognized.

10 MS. FELLMAN: Thank you.

11 I would be happy -- Ms. Siegel and I and
12 other people on the Florida PTA Legislative Committee
13 would be happy to meet with you in person at another
14 time, and we can explain the process of the
15 development of position statements and resolutions to
16 help you understand how that happens.

17 Thank you very much.

18 VICE CHAIR PERSONS-MULICKA: Members, again,
19 we're on amendment barcode 466231. Is there any
20 additional public comment on the amendment?

21 Seeing none, Members, we are in debate on the
22 amendment.

23 Is there debate on the amendment?

24 Seeing no debate -- oh, Representative
25 Salzman -- Whip Salzman, you're recognized in debate

1 on the amendment.

2 REPRESENTATIVE SALZMAN: Thank you, Madam
3 Chair.

4 As a former Board of Directors member of
5 the Florida PTA and county PTA president and still a
6 member of several local PTAs and partner in the
7 Escambia County School District in Florida in House
8 District 1, I would just like to clarify how we come
9 to the conclusion to file -- or to support amendments
10 or bills in this process.

11 There is a meeting once a year where everyone
12 comes together. We are getting ready for one right
13 now in Orlando in a couple of months where we all as
14 a body vote on resolutions that we will as a body
15 support. Like we do here, we vote, and then not
16 everybody votes the same way.

17 Once those resolutions are in place, the
18 Legislative Committee meets on their own and creates
19 position statements from those resolutions and brings
20 them to the Board of Directors for the State. It is
21 the county PTA president and the regional vice
22 president's jobs to ensure that the local communities
23 get the communication, albeit they normally don't.

24 But during the process of legislative
25 session, they are not consulted. They do not know --

1 I did not get any emails regarding a position on an
2 amendment. I did get a couple of emails saying, Call
3 your legislator, a couple of months ago. But we are
4 not consulted for this process on a regular basis,
5 and I can assure you that the thousands of PTA members
6 in Pensacola, Florida, support this bill.

7 Thank you.

8 VICE CHAIR PERSONS-MULICKA: Members, is
9 there additional debate?

10 Additional debate?

11 Seeing none, Chair Fine, you're recognized
12 for closing your amendment.

13 CHAIR FINE: Thank you.

14 I would just remind folks that irrespective
15 of what you think of the bill, this amendment was
16 developed based on feedback from the minority in the
17 last committee saying that they had legitimate
18 concerns that under the bill as written that things
19 having nothing to do with these kind of medical
20 procedures would be affected, specifically, for
21 example, breast cancer treatment.

22 So if you share that concern that Democrats
23 brought forward in that last committee meeting, then
24 you will vote for this amendment.

25 VICE CHAIR PERSONS-MULICKA: Chair Fine

1 having closed, all those in favor of the
2 amendment, signify by saying yea.

3 All those opposed, signify by saying no.

4 Please show the amendment adopted.

5 This brings us back to the bill as amended,
6 and we're going to go into public comment on the
7 bill as amended. We have quite a few folks from the
8 public who have sent in request cards and are here
9 today to speak to us.

10 We are going to start by giving everybody
11 three minutes to speak. Again, I thank you all for
12 the decorum that you have shown so far in this
13 meeting, and I ask that you continue to show that
14 decorum, regardless of what side of this bill, whether
15 you are a proponent or an opponent.

16 The first, we will start with Chloe Cole.

17 Miss Cole, you are recognized.

18 MISS COLE: Hello. My name is Chloe Cole,
19 and I am a detransitioned 18-year-old woman and
20 former transgender child from the state of California.

21 I previously testified here in Florida
22 several times, and I'm grateful that your state has
23 been fighting hard to prevent what happened during my
24 childhood from happening to other children and being
25 a model for other states to stop the barbaric practice

1 of childhood medical transitioning.

2 I firmly believe that no adult has any right
3 to manipulate, mutilate, or castrate a child, whether
4 they are parents or a pediatrician. To be absolutely
5 clear, I come from a loving nuclear family, and
6 neither my parents, nor my siblings, or other
7 relatives pushed me to transition.

8 Mom and Dad were all right with me dressing
9 and expressing myself differently. But when I
10 suggested that I wanted to medically transition, Mom
11 and Dad pushed back on this idea because they
12 understood that I was too young to be making lifelong
13 decisions.

14 They were becoming increasingly concerned,
15 but upon meeting and speaking with my doctors, they
16 were dismissed and told that children already know
17 what gender they identify with from a very young age,
18 that I was pushing for this because I understood what
19 I wanted, and if I was not allowed to transition, then
20 it would be life or death.

21 They failed to disclose the high rate of
22 desistance among gender-dysphoric children, and they
23 lied and emotionally manipulated my parents and gave
24 them no other option but to allow me to go down this
25 dangerous course of treatment for which there are

1 no proper studies in children.

2 My full transition spanned about four years,
3 including socially transitioning at 12, puberty
4 blockers and testosterone at 13, a double mastectomy
5 at 15, and a legal name change. This all happened in
6 between my seventh grade year of middle school and my
7 sophomore year of high school.

8 From quite a young age I had been very
9 different from my peers to the point that I constantly
10 found myself struggling to fit in and make friends.
11 I became increasingly tomboyish as I got older, and I
12 strongly desired to be one of the boys.

13 And I now understand that I'm on the
14 spectrum, and I have body image disorder, sexual
15 trauma, and other difficulties that were, frankly,
16 quite normal for a girl my age.

17 And these are largely the source of my gender
18 dysphoria, but these things were never treated or
19 taken into consideration during the diagnosis or
20 treatment of it.

21 The expectation that the doctors gave me and
22 my parents is that transitioning would help me grow
23 into a happy, healthy, young transgender man, and I
24 would feel whole and have peace with myself.

25 But the opposite happened, and I became more

1 and more distressed and dissociated from myself.

2 With every treatment and year that passed, I became
3 increasingly aware that no matter what experimental
4 treatment I underwent, I would always be a woman.

5 I came to fully realize this when in my
6 junior year of high school I took a class that taught
7 me about childhood psychology and development and put
8 into perspective the complexities of parenting. And I
9 discovered that I really wanted to become a mother
10 one day, but it's very possible that because of these
11 treatments I'm infertile. And now that my breasts
12 are gone, I will never have that choice of
13 breastfeeding my kids ever.

14 It was then that the regret of transitioning
15 sunk in and I could not bear to continue.

16 Aside from the emotional turmoil of living
17 a lie, I've suffered physical consequences from
18 transitioning medically. The blockers induced a state
19 of artificial menopause in my barely pubescent body.
20 And while I was on them, I would frequently experience
21 hot flashes, itching, and lethargy. And years after
22 stopping, I get joint pains and sporadic shooting
23 pains up my back.

24 Testosterone has permanently visually
25 masculinized certain features of my face and body,

1 including my voice. And the combination of the
2 testosterone and blockers caused my reproductive
3 system and urinary tract to atrophy. And to this
4 day I still do not know whether I will be able to
5 conceive, safely carry to term, or what sort of
6 birth defects could occur if I am to have
7 children.

8 VICE CHAIR PERSONS-MULICKA: Miss Cole, we
9 ask if you can wrap up and conclude your remarks
10 shortly.

11 MISS COLE: The aureola graft seams from my
12 mastectomy began to leak fluid two years postop, and
13 I have to wear bandages over what is left of my
14 nipples.

15 I have not received any care for these
16 complications or any assistance in detransitioning.
17 The most severe complications that I am experiencing
18 were ones that I was not informed of.

19 The long-term consequences involving my
20 physical, cognitive, and sexual development being
21 compromised are yet to be appreciated. And I do
22 not know what to expect down the line because there
23 are no clinical studies on the outcomes for
24 detransitioned patients nor those who transition
25 medically as children.

1 By allowing children to undergo transition,
2 we're infringing on their God-given right to grow
3 up into healthy, functional adults and live fulfilling
4 lives.

5 I implore you to stand up for the protection
6 of children.

7 Thank you.

8 VICE CHAIR PERSONS-MULICKA: Thank you for
9 being here.

10 Up next we have Sierra Bush Rester, followed
11 by Jennifer Solomon.

12 You are recognized.

13 MS. BUSH RESTER: I'm pretty sure by now you
14 all know exactly why your colleagues and constituents
15 disagree with this horrible bill. You've heard from
16 other meetings a lot of very important arguments.
17 You've heard the arguments that are appeals to the
18 heart about how this is inhumane and how it will take
19 lives and destroy families. You've heard the
20 arguments that are an appeal to logic, explaining the
21 consequences of the vague language of this bill and
22 how it could apply even to the procedures beyond those
23 you seek to target. You've heard appeals to
24 philosophy explaining that this is a violation of
25 parental rights.

1 And while there's a lot more I could say,
2 here's what I'm going to say. You are going to regret
3 this. You are going to regret not speaking out. You
4 are going to regret being complicit, and you are going
5 to regret being compliant. Because, I promise you,
6 the people of Florida will not forget what you do here
7 today.

8 And while it may not be today and it may not
9 be tomorrow, I promise you that your time will come
10 and eventually those whose agenda you seek to uphold
11 will come for you and those you love, just as you
12 have allowed them to come for us.

13 But before you pop open those champagne
14 bottles, I encourage you to take a moment to sit down
15 with those books you so desperately seek to ban,
16 because if you do, you might just learn why
17 fascism always loses.

18 VICE CHAIR PERSONS-MULICKA: Thank you for
19 being here.

20 Up next is Jennifer Solomon, followed by
21 Alana Stuart-Tilley.

22 You're recognized.

23 MS. SOLOMON: Hello. My name is Jennifer
24 Solomon. And I'm here today for you to see me and
25 hear me in my pleas as a parent of a gender-expansive

1 child and also as president of PFLAG Miami.

2 I represent all families who are being hurt
3 right now. Our reality is living in fear of waking
4 up one day to hear that the State has decided that my
5 love for my child will make me a child abuser. I
6 could lose custody.

7 Do you know what it's like to live like that?
8 Because I do. I don't sleep at night. And when my
9 child asks why the leaders in this state, you in
10 this room, want to hurt them, I don't know what to
11 tell him. But I can tell him that he's not safe in
12 this state as long as you are in office.

13 We have lost the ability to have doctors
14 treat our kids. Their teachers are silenced and
15 prevented from protecting them from bullying. Beloved
16 books are removed from the libraries so they don't
17 see themselves represented in the world. You are
18 telling them that they are not worthy. Why? Is this
19 for political gain?

20 One day when each of you have someone in your
21 lives or in your families that are LGBTQ, you're going
22 to have to look them in the eye and explain how you
23 voted here today, and it will happen.

24 History will remember what you are doing,
25 and you are trying to erase our families. Just so

1 you know, we're not going anywhere. If you've seen
2 a lioness protect her cub, that's what parents like
3 me are willing to do.

4 But we don't have to go there. You can stop
5 this violent attack on vulnerable transgender youth
6 today by voting no on this dangerous bill and all the
7 others. And, at the very least, let our kids who have
8 already been established on this journey, this
9 safe-affirming journey, continue.

10 Stand up for what's in your heart and what
11 you know is right.

12 Thank you.

13 VICE CHAIR PERSONS-MULICKA: Thank you for
14 being here.

15 Alana Stuart-Tilley, followed by Michael
16 Barrett.

17 You are recognized.

18 MS. ALANA STUART-TILLEY: My name is Alana
19 Stuart-Tilley. I urge you to vote against House Bill
20 1421.

21 I'm a Christian who believes that to love
22 God is to love my neighbor as myself, that is to
23 support my neighbor's well-being.

24 I'm transgender. I transitioned about six
25 years ago. I started my transition six years ago,

1 but I had always been transgender. I lived from the
2 outside of what looked like a normal life, normal
3 family life, but inside I was miserable and dying day
4 after day.

5 I sought medical help. I received medical
6 care, and I'm here today happy in myself and terrified
7 to live in the state of Florida, but I will not
8 move.

9 If my insurance wouldn't have covered this,
10 I would have never afforded it, and I would have died
11 unhappy and unfulfilled.

12 Yes, there are always risks of treatment.
13 This is like treatment of any illness, and the risks
14 of treatment versus nontreatment in every other
15 illness are assessed continually by medical science
16 and doctors and not by politicians. They certainly
17 shouldn't be allowed to be assessed by politicians
18 who can cherry pick a minority of dubious sources to
19 justify and support an agenda to eradicate transgender
20 people.

21 Nontreatment is known to put people at risk
22 of depression, despair, and suicide, and violence.
23 People will die if this bill passes and is enacted
24 because this bill will prevent people from getting
25 optimal care.

1 If you vote for this bill, you will have
2 blood on your hands, and you will have to answer for
3 it in this life or in the hereafter. And if you vote
4 against this bill, you will be thanked by people of
5 goodwill everywhere for all generations, and you will
6 know that you did as much as you could at this moment
7 to love your neighbors as yourself. Thus says
8 the Lord.

9 VICE CHAIR PERSONS-MULICKA: Thank you
10 for being here.

11 Michael Barrett, representing the
12 Florida Conference of Catholic Bishops, followed
13 by Melinda Stanwood.

14 You're recognized.

15 MR. BARRETT: Thank you, Chair and
16 Members of the Committee.

17 Michael Barrett with the Florida Conference
18 of Catholic Bishops. We encourage you to vote yes on
19 HB 1421.

20 We deeply sympathize with anyone who
21 experiences gender dysphoria and recognize that it
22 can be intensely difficult. Therefore, it is
23 important to recognize that so-called gender-affirming
24 protocols lack long-term evidence of their efficacy
25 and result in irreversible physical damage for the

1 patient.

2 Furthermore, there is significant evidence
3 that avoiding chemical or surgical interventions will
4 result in desistance in favor of biological sex for
5 most minors by the time they go through puberty.

6 Finally, no medical intervention can truly
7 realign a person's sex, which is an immutable
8 characteristic of each person.

9 Medical care should promote the flourishing
10 of the human person. Gender-affirming protocols fail
11 to do this because they fail to alleviate the problem
12 they seek to solve and because they cause damage to
13 the patient's body. Therefore, these protocols should
14 be prohibited.

15 Thank you, Representatives Fine and Massullo,
16 for bringing this good bill.

17 Please vote yes on HB 1421.

18 Thank you.

19 VICE CHAIR PERSONS-MULICKA: Thank you.

20 Melinda Stanwood, followed by Ryan Kennedy
21 with the Florida Citizens Alliance.

22 You are recognized.

23 MS. STANWOOD: Thank you for having me.

24 I've lived with three transgender people here
25 in Tallahassee. Two of them are my children and one

1 is Alana Stuart-Tilley who just spoke a few moments
2 ago.

3 I have two words: malicious incompetence.
4 It's quite clear that the primary purpose of this bill
5 is not to protect children. If that were truly the
6 case, then the scope of the bill would only involve
7 children's care and not extend to government overreach
8 for adult medical care.

9 Let's assume for a moment that my parental
10 rights and the civil rights of transgender adults
11 don't really apply to this. Let's just stick to the
12 facts.

13 First, gender reassignment surgery has never
14 been done for minors in the state of Florida period,
15 never. This is unnecessary legislation over a
16 manufactured issue.

17 Second, the language of this bill is broad
18 and dangerously vague. For example, under the bill's
19 current language would circumcisions on minors be
20 outlawed? Would insurance companies prevent payment
21 for adult mastectomies or for hormone-related
22 therapies for menopausal adults. This bill would have
23 unintended consequences, to say the least.

24 And, third, I encourage everyone to read the
25 committee's analysis of the bill, the committee

1 analysis. I did. It's 12 pages long. And at first
2 glance the analysis looks pretty damning. For
3 example, it does claim that approximately 80 percent
4 of those who were diagnosed with gender dysphoria
5 prior to puberty ended up desisting from their
6 original diagnosis by the time they reached adulthood.
7 This is arguably the main point of this analysis.

8 But then you look at the cited sources of
9 this information. Just follow the journal articles
10 which I took the liberty of reading. You'll find that
11 so many of these stats were cherry picked. Some were
12 from decades' old studies dating back to the DSM-III
13 published in 1980, which is when the clinical criteria
14 for gender dysphoria was first applied to children.

15 So many of these children who desisted in
16 these studies didn't even meet the diagnostic criteria
17 for gender dysphoria to begin with. Some studies
18 had sample sizes of as few as ten children, and on
19 and on.

20 And, finally, there's the Journal of Clinical
21 Endocrinology and Metabolism, one source cited in
22 this committee's analysis. The journal recommended
23 the use of hormone blockers for prepubescent children
24 and monitored use of hormone therapies in pubescent
25 adolescents.

1 So the committee's very own cited source
2 contradicts the recommendations that the committee
3 analysis is based on.

4 Unfortunately, I don't have an hour to
5 share all of this misleading information here found
6 in the committee analysis. But we know the political
7 motivations behind this.

8 Please, please, vote against this bill.

9 Thank you.

10 CHAIR FINE: Madam Chair, I have a couple --
11 I've got two quick questions.

12 VICE CHAIR PERSONS-MULICKA: Chair Fine,
13 you're recognized for two questions.

14 CHAIR FINE: Thank you.

15 And I wouldn't do this, but I hear
16 things that have to be said.

17 Do you consider a voluntary mastectomy on a
18 13-year-old to be gender reassignment surgery?
19 Because you said it doesn't happen in Florida. Would
20 you consider that to be gender reassignment surgery,
21 a girl having -- a person having their breasts cut
22 off because they want -- they're a girl and they want
23 to be a boy? Would that be gender reassignment
24 surgery to you?

25 MS. STANWOOD: Some could consider it that

1 way.

2 CHAIR FINE: Okay. So -- can I follow up?

3 So are you aware that there's one doctor,
4 just one, in the state of Florida -- she's very public
5 about it. Her tradename is Dr. Teetus Deletus. I
6 can't remember her real name because I -- how do you
7 get past that -- who has said publicly that in the
8 last year she has done 13 of these surgeries to
9 children and a lot more to adults, but 13 to children.

10 So would you want to amend your statement
11 that says these types of procedures don't happen in
12 Florida? She's in Miami Beach, by the way.

13 Would you want to amend that statement saying
14 these kinds of procedures don't happen in Florida
15 today?

16 VICE CHAIR PERSONS-MULICKA: You're
17 recognized.

18 MS. STANWOOD: Thank you very much,
19 Representative Fine, for that very good question.

20 Sure, I wasn't aware of that. But I do know
21 of the barriers that are really, really high for
22 people to obtain this kind of care. And I know as
23 the parent of a 14-year-old transgender child that as
24 a parent I wouldn't make that choice for my minor
25 child. But also, you know, if my child needed that

1 care to save their life, I would absolutely have that
2 to save their life.

3 CHAIR FINE: Thank you for correcting your
4 statement.

5 MS. STANWOOD: Thank you.

6 VICE CHAIR PERSONS-MULICKA: Thank you for
7 being here. And thank you for answering those
8 questions.

9 Ryan Kennedy, Florida Citizens Alliance,
10 followed by Linda Miklowitz, Florida National
11 Organization for Women.

12 You're recognized.

13 MR. KENNEDY: Thank you, Chair. Thank you,
14 Committee Members.

15 I'm Ryan Kennedy with the Florida Citizens
16 Alliance, a group of over 250,000 supporters across
17 the state of Florida. Two-thirds of them are parents.
18 And we rise and thank the two sponsors for this great
19 bill.

20 We believe that every child in the state of
21 Florida should grow up to have a safe and protected
22 childhood. For this reason, why we believe this,
23 there's been a lot of information thrown out here in
24 this committee by different presenters, and I'll just
25 kind of list out that these treatments are experimental

1 in a lot of cases. They have long-term side effects
2 that have been already listed out. But for this
3 reason, we think that this bill needs to be voted yes
4 on. Because if we really do want to protect children,
5 then we need to make sure that these treatments are
6 delayed so that when someone becomes an adult, 18 or
7 over, they can make these decisions on their own. And
8 after that time period, if they want to go through
9 with it, that's a different scenario. But until this
10 happens, these treatments are experimental and
11 there's lifelong side effects.

12 And all across Europe there are clinics
13 shutting down, including in the U.K. The largest
14 clinic that provided these treatments has shut down
15 for this very reason.

16 So, again, I would want everybody on this
17 committee to vote yes.

18 Thank you.

19 VICE CHAIR PERSONS-MULICKA: Thank you,
20 for being here.

21 Linda Miklowitz, Florida National
22 Organization for Women?

23 Linda has filled out her form, let the record
24 reflect, as an opponent to the bill.

25 Up next, January Littlejohn, followed by

1 Dayza Guthrie [phonetic].

2 January, you're recognized.

3 MS. LITTLEJOHN: Thank you.

4 I'm a mom and a licensed mental health
5 counselor here in Florida. Our daughter became
6 confused about her sex in 2020, shortly after three
7 of her friends also claimed transgender identities.
8 Her emotional pain and dysphoria were real. We did
9 not socially or medically transition her. Instead,
10 we worked with a licensed counselor to help our
11 daughter explore and resolve the root issues that led
12 to her gender dysphoria, including low self-esteem and
13 anxiety. We followed the path of watchful waiting,
14 and our daughter has desisted and no longer is
15 confused over her sex.

16 This is not a ban on health care for children
17 with gender dysphoria as is being falsely reported.
18 This bill is about protecting children from
19 experimental medical harm and ensuring we are putting
20 the best evidence-based treatment forward with the
21 least amount of risk, which is psychotherapy and
22 watchful waiting for what ultimately is a mental
23 health issue.

24 I know many parents in Florida who have
25 successfully walked their children through this

1 confusion with love and truth, and their gender
2 dysphoria was real as well.

3 To the lawmakers that oppose this bill,
4 please stop telling these vulnerable youth that their
5 only option is suicide if this bill passes. That is
6 reckless and irresponsible and goes against the best
7 practices on suicide prevention.

8 Our children are worth protecting and
9 safeguarding. I support this bill to stop the
10 mutilation of any more children.

11 Thank you.

12 VICE CHAIR PERSONS-MULICKA: Thank you for
13 being here.

14 Dayza Guthrie?

15 Let the record reflect that Dayza is an
16 opponent to the bill.

17 Jay Hart, followed by Chris Elston.

18 You are recognized.

19 MR. HART: Thank you.

20 I would like to draw your attention to the
21 definition of gender clinical interventions as defined
22 in this bill under section 5: *Sex reassignment*
23 *surgeries or any other surgical procedures that alter*
24 *primary or secondary sexual characteristics, and*
25 *puberty blocking, hormone, and hormone antagonistic*

1 *therapies.*

2 This bill bans insurance coverage for hormone
3 therapy for menopause, erectile dysfunction, ovarian
4 cysts, endometriosis, PCOS, reducing risk of
5 osteoporosis, hormone therapy for slowing the growth
6 of neuroendocrine tumors, pituitary gland tumors,
7 breast cancer, prostate cancer, testicular cancer,
8 thyroid cancer, adrenal cancer, uterine cancer,
9 ovarian cancer -- the list goes on -- use of birth
10 control as hormone therapy, or at all.

11 All of these are defined under section 456.52
12 as gender clinical interventions as they are all
13 hormone therapies that are not explicitly excluded
14 from the definition.

15 This bill also bans insurance coverage
16 for surgeries for cancer, such as hysterectomies,
17 breast implants for women who have had mastectomies,
18 medically necessary breast reductions for women with
19 large chests that cause chronic pain, and skin
20 conditions. All of these are defined as gender
21 clinical interventions as they are all surgical
22 procedures that alter primary and secondary sexual
23 characteristics that are not explicitly excluded from
24 the definition.

25 This bill has explicitly excluded hormone

1 therapy for estrogen and testosterone deficiency
2 and hypergonadism and, as we saw with the amendment,
3 breast cancer surgeries, which is utterly illogical
4 since the experts supporting this bill have already
5 established how truly dangerous hormone therapy
6 is and how truly lacking the scientific research
7 is. If it really was so, it would not be as widely
8 used as it is today, and it would not be just
9 inaccessible to trans people. But to everyone for
10 their protection.

11 Taxpayer dollars are another concern for
12 insurance coverage of these procedures. The total
13 annual U.S. federal expense is at \$6.5 trillion.
14 \$10 million is spent on hormone therapy annually in
15 the U.S. \$210 billion is spent on cancer care, and
16 for gender-affirming care an astounding \$2 billion is
17 spent, which amounts to 0.03 percent of total
18 taxpayer dollars.

19 The average American pays 20.6 grand a year
20 in taxes, so 0.03 percent of that is \$6.20, a little
21 less than a Starbucks mocha every year, truly an
22 absurdly steep subscription, I know.

23 I am in opposition of this bill as a
24 nonbinary student studying biology because it harms
25 everyone. But, please, by all means vote yes. If

1 you don't want to donate one coffee a year in taxes
2 to fund our lifesaving care, fine. But thanks to
3 this bill banning it, don't expect everyone to donate
4 a hundred coffees a year to fund yours.

5 Thank you.

6 VICE CHAIR PERSONS-MULICKA: Thank you,
7 Jay, for being here.

8 I just want to note for yourself and those
9 watching that the amendment we adopted did address
10 problems with the definition of gender clinical
11 intervention.

12 Thank you.

13 Up next we have Chris Elston, followed
14 by Wendell Beatty.

15 You're recognized.

16 MR. ELSTON: Thank you.

17 Good afternoon. It's a great honor to be
18 here today.

19 My name is Chris Elston. I'm a father of two
20 girls, and for the past two and a half years I've
21 been on a very unique journey traveling all across
22 North America, going to dozens of states and
23 provinces, having conversations like a crazy person
24 out on the street, at universities about what I
25 consider to be the greatest child abuse scandal in

1 the history of modern medicine.

2 Our children are being harmed psychologically
3 and physically because of an ideology that teaches
4 that just because they defy sexist progressive
5 stereotypes that they must have been born in the wrong
6 body. What an abusive thing to say to a child, that
7 they were born wrong. Can you imagine telling your
8 child they were born wrong? What does that even mean?

9 The body-positive message we should be
10 sending is that there is no right way to be a boy or
11 a girl. If a girl wants to climb trees and play in
12 the dirt and throw around a football, wants to be an
13 engineer when she grows up, and hates wearing dresses,
14 well, guess what? She's 100 percent a beautiful girl.

15 We all knew this five years ago. Yet this
16 ideology teaching that our children are trans has
17 captured the entire Western world, and no one can even
18 define what it means to be trans. All it means is
19 that they defy stereotypes.

20 In this day and age, it means they have other
21 mental health comorbidities which are affecting them.
22 Half of these children who are going to these gender
23 clinics are on the autism spectrum. We know from the
24 Tavistock, the biggest gender clinic in the world,
25 that out of more than 1,000 children, 35 percent had

1 moderate to severe autism. These are children who
2 have been abused in many instances. Parents are ten
3 times more likely to have been sex offenders. Kids in
4 foster care are wildly overrepresented. These are our
5 most vulnerable children who aren't fitting in, who
6 are having a tough time, and they're being treated as
7 though gender is the source of all of their troubles.

8 The drug that they are given has been given
9 to pedophiles in the past to chemically castrate them.
10 It's only been approved to treat prostate cancer in
11 men, endometriosis and uterine fibroids in women, but
12 we give it to kids off label.

13 We manipulate parents by telling them that
14 they can have a dead daughter or a live son, as though
15 these kids will kill themselves if we don't medically
16 transition them. Yet there's no evidence to support
17 this.

18 Laura Edwards-Leeper who founded the first
19 gender clinic in Boston in 2007 even wrote in an
20 op-ed in the *Washington Post* last year that's she's
21 not aware of any epidemic of suicides. The only
22 evidence we do have has been done with adults. There
23 are no studies with kids. But with adults the
24 evidence shows that ten years after sex reassignment
25 surgery suicide rates peaked and are 19.1 times

1 higher than their peers after adjusting for other
2 mental health comorbidities.

3 So what are we doing to these kids? This is
4 a pseudoreligious movement that we have to put a
5 stop to. There is no such thing as a transgender
6 child. They are called boys and girls, and they are
7 beautiful just as they are, no drugs or scalpels
8 needed.

9 Thank you.

10 VICE CHAIR PERSONS-MULICKA: Thank you for
11 being here.

12 Wendell Beatty, followed by John Labriola
13 with the Christian Family Coalition.

14 Wendell, you are recognized.

15 MR. BEATTY: Sergeant Wendell Beatty. I'm
16 retired.

17 Chair, thank you. To Representatives Dunkley,
18 Salzman, and Snyder, thank you also for your service
19 to our country.

20 What I present to you is not an opinion. I
21 don't have any statistics to throw at you, just my
22 experience. Today I can say that I am a transgender
23 woman; I have gender dysphoria that I'm working on
24 and that WPATH standards of care do work.

25 At the age of about 8 there was this sense

1 that something is off, something is not right. I
2 related with girls more than boys.

3 About 10, you know, my mom found clothes
4 that I would dress in, and they were women's clothes.
5 When I went back to make my bed and they were gone,
6 I said -- later I saw Mom and Dad talking, and I knew
7 what they were talking about. But they never said
8 anything to me. So at 10 years old I had to figure
9 out for myself what this thing is. It took me a long
10 time and a lot of self-medicating. I'm glad to tell
11 you that I'm sober today and that brought me to be
12 able to face myself and figure out just what was going
13 on, and that was gender dysphoria. It didn't -- it
14 wasn't my imagination. It was real.

15 This thing works. In what little research
16 I've done, I've seen no instances where the WPATH
17 standards of care haven't been followed. My medical
18 professionals use them. Most of what's being ascribed
19 for today would be better served by following those
20 standards for kids like me.

21 This is a picture drawn by my granddaughter.
22 She's 6 years old. I don't know what -- you know,
23 if she will have this issue. It's not genetic, to my
24 knowledge. But what I do hope is that if she comes
25 to a point or any other child in this state that has a

1 question, that they will be able to seek help without
2 prejudice, be it -- in this case we're talking about
3 the medical community.

4 I oppose this bill, and I hope you all will
5 too.

6 Thank you for your time.

7 VICE CHAIR PERSONS-MULICKA: Thank you for
8 being here.

9 John Labriola, followed by Barbara DaVane.

10 John, you're recognized.

11 MR. LABRIOLA: Good afternoon, cosponsors and
12 members of this committee.

13 I'm John Labriola. I represent the Christian
14 Family Coalition, and we rise in strong support of
15 this bill.

16 The fact that we're here even having to have
17 this debate is a sad reflection of how much we've lost
18 our way as a society. The LGBTQ movement that --
19 then known as the gay rights movement -- started 50
20 years ago with the slogan "Consenting Adults Acting in
21 Private." You never hear that anymore, do you?

22 We were told there was no slippery slope;
23 that if we just met their demands, then they would be
24 okay. But once they got their way, it was on to the
25 next frontier and the next one and the next one:

1 gay marriage, adoption, LGBTQ indoctrination in
2 the schools, drag queen story hours, and now allowing
3 monsters to manipulate children into having sexually
4 mutilating -- sexually mutilating themselves in the
5 name of gender ideology.

6 The line must be drawn here. And we thank
7 you for the custody provision that will protect
8 parents who disagree with having their children
9 sexually mutilated. It's very necessary because of
10 people -- of cases like Jeff Younger in Texas who lost
11 custody to his son because his mother -- the child's
12 mother wants to sexually mutilate the child, and also
13 because of states like Minnesota that are passing
14 legislation now to allow one parent to essentially
15 kidnap a child from another parent so they can be
16 sexually mutilated. That's why this provision is so
17 important.

18 And make no mistake, the same people -- the
19 same LGBTQ activists who are up here today telling you
20 that this is all an attack on them and it's a
21 manufactured issue would be up here today, if they
22 were in charge, pushing this committee to pass exactly
23 that kind of disgusting legislation that's being
24 considered in Minnesota. So make no mistake about
25 that.

1 A lot has been said about love and hate.
2 Love is helping a child to accept the body that they
3 were given as a child and not encouraging them to
4 hate the body that they were born into.

5 The cure for gender dysphoria is not a
6 surgeon's knife, genital mutilation, or hating your
7 body. The answer is Jesus. But we also need laws to
8 protect children from these monsters.

9 So, again, would ask you to please support
10 this good bill. And thank you again to the sponsors.
11 If you love children, you will protect them today.

12 Thank you, and God bless you.

13 VICE CHAIR PERSONS-MULICKA: Thank you.

14 Barbara DeVane, Florida NOW.

15 Please let the record reflect that Barbara
16 DeVane has marked her form as an opponent to the
17 bill.

18 Anthony Verdugo with the Christian
19 Family Coalition, followed by Caleb Garcia.

20 You are recognized.

21 MR. VERDUGO: Good afternoon.

22 Thank you, Chair. Thank you, Vice Chair,
23 members of the committee.

24 I'm Anthony Verdugo, Christian Family
25 Coalition. We represent 500,000 voters and supporters

1 in this state, and we urge you to vote yes on HB 1421.

2 I want to thank Representative Fine once
3 again and Dr. Massullo also for his expert witness and
4 testimony.

5 You know, we learn in the medical profession
6 first do no harm, but that applies to government too.
7 And your job as legislators is to protect the most
8 vulnerable among us, the weakest, and those that are
9 being preyed upon by corrupt adults.

10 There are about 60 clinics, according to a
11 hearing that was done by the Florida Board of Medicine,
12 that actually engage in these barbaric practices.
13 The question here is what are we talking about? What
14 are we doing to our children? You know, I heard a
15 legislator in another committee, who is here on this
16 committee also, who said, I stand with the LGBTQ.
17 And that's all she said.

18 Well, that's wrong. That's very wrong. You
19 have to stand with all of your constituents, also
20 those who are non-LGBTQ, and you have to stand with
21 parents. Most of all, you have to stand with children.
22 There's no such thing as gender-affirming care when
23 it comes to this. It's non-affirming, and it's
24 certainly not caring. This is child abuse. This is
25 not health care. Let's get that straight.

1 And children who do engage in this type of
2 medical procedure or allow themselves to because of
3 their parents and doctors who threaten them, they're
4 the ones that end up killing themselves. They're the
5 ones that end up committing suicide, like David Reimer.
6 David Reimer committed suicide at 38 years old. He
7 was subjected to an involuntary sex reassignment
8 surgery by John Money. John Money was the founder of
9 this insanity -- because that's what this is. This is
10 insanity.

11 I don't care if you're a Republican or a
12 Democrat. I'm just going to ask you this question.
13 First of all, when a child goes through the entire
14 procedure and he does everything that you told him to,
15 to those who disagree with this bill, and still commits
16 suicide and takes their own life, what are you going
17 to say then? What are you going to tell that child
18 and those parents after they have followed the gender
19 ideology that you have set forth? What are you going
20 to tell them when they take their own lives? Because
21 that's what happens. What are you going to tell the
22 parents of David Reimer?

23 Support and represent all your constituents.
24 We have to show children that they can be happy in
25 the bodies that they were created with, and they can

1 live fulfilling life.

2 Please vote yes.

3 Thank you.

4 VICE CHAIR PERSONS-MULICKA: Thank you.

5 Caleb Garcia, followed by Armando Pamar.

6 You are recognized.

7 MR. GARCIA: Good afternoon, everybody.

8 So my name is Caleb Hobson Garcia, and I am a
9 transgender man. When I was 11, I climbed into my
10 parents' bed and told them I loved them and for that
11 reason I didn't want to kill myself. I came out to
12 them as a trans man. It took a lot of work for them
13 to understand, but they loved me and wanted to save
14 my life.

15 With the help of experts and doctors, I
16 socially transitioned at 11 and began medically
17 transitioning when I was 12. I'm now 21 and about
18 to graduate from Florida State University with a
19 bachelor of science.

20 Transitioning saved my life. As I stand in
21 front of you, I can speak from personal experience
22 that trans health care as a minor is not harmful. I'm
23 a living testament to the fact that trans health care
24 for minors is a valid and necessary treatment.

25 I've found happiness, support, and success in

1 my life. Those are my longest lasting side effects;
2 happiness, support, and success.

3 I know that I personally cannot sway the way
4 you vote today. You've proven time and time again
5 that after listening for hours to the heart-wrenching
6 testimony of impacted Floridians that you don't care
7 about what we have to say. You don't care about your
8 constituents. Hopefully, you'll prove me wrong.

9 When you all make this vote, I want you to
10 think about who influenced you to vote the way you do
11 and why. Was it the doctors who treat transgender
12 Floridians, the loving parents of transgender kids,
13 the caring teachers, therapists, and coaches of
14 transgender kids? Was it people like me who
15 experienced being a transgender child and now are able
16 to live and thrive as transgender adults? Or were
17 you influenced by doctors who have cherry picked their
18 data and only presented information that supports
19 their own political bias? Was Governor DeSantis on
20 his infinite quest to wage a culture war for his
21 higher political ambitions? Was it the far-right
22 Christofascist billionaires like the Betsy DeVos
23 family who are funding attacks on the trans community
24 across the country to push their religious views on
25 marginalized communities in funding your reelection

1 campaigns?

2 Let's be honest, this bill is not about
3 protecting children. It is just another piece of the
4 nationally coordinated effort to erase trans people
5 from society because we do not fit into your narrow,
6 religiously motivated world view.

7 You've heard from countless experts, and
8 you've heard the real facts. The American Academy of
9 Pediatrics, American Psychological Association, and
10 American Medical Association support gender-affirming
11 care, medically necessary care for transgender
12 children.

13 You have no excuse. You cannot claim
14 ignorance or lack adequate scientific evidence. I
15 hope you think about the lives you are irrevocably
16 harming and disrupting as you try to sleep tonight.

17 Thank you.

18 VICE CHAIR PERSONS-MULICKA: Thank you.

19 Armando Pamar, followed by Nicole Parker,
20 Equality Florida. You are recognized.

21 MR. PAMAR: Madam Chair, my point is very
22 simple. I have over 30 years in psychology at the
23 Florida State Hospital in the adolescent unit, 30
24 years, again, teaching at the school system, high
25 school and university.

1 And what I have seen during the years that
2 I have been dealing with this, the teenage years, is
3 the devastation and confusion after some of these
4 procedures. So this is an irreversible situation.
5 You don't have any solution with these kids we have
6 to deal with. And I do urge you people, please vote
7 yes on the -- not on the amendment -- on this
8 resolution.

9 Thank you.

10 VICE CHAIR PERSONS-MULICKA: Thank you.

11 Nicole Parker, Equality Florida, followed by
12 Quinn Warner Swearingen.

13 You are recognized.

14 MS. PARKER: Thank you.

15 Good afternoon, Chair and committee members.

16 My name is Nicole Parker, and I'm the
17 director of transgender equality for Equality Florida.
18 I stand in opposition to this bill and in support of
19 the rights of parents to determine what medical
20 providers and the health care that is needed for their
21 children.

22 Access to health care is a human right. And
23 as I've sat and listened to many discussions on this
24 bill, it's like the conversation isn't even about
25 human beings accessing health care. Gender-affirming

1 care is essential lifesaving health care, and it looks
2 different for every person. This care has allowed me
3 to live a life that is more fulfilled than I could
4 have ever imagined.

5 The State should not stand in between
6 medical providers, transgender youth, and their
7 parents and families who know what is best for them.
8 Every human being is different and has a unique set
9 of needs and should be able to access the care that
10 is needed for them.

11 We urge you to reject this bill.

12 Thank you.

13 VICE CHAIR PERSONS-MULICKA: Thank you.

14 Quinn Warner Swearingen, followed by Kevin
15 Parker.

16 You are recognized.

17 MR. SWEARINGEN: Thank you, Chair.

18 I'm speaking today for myself. And before
19 I start at the heart of my statement in opposition to
20 this bill, I would like to say that a previous speaker
21 who spoke in support of it was correct when she said
22 suicide is not the only option. It shouldn't be an
23 option considered at all.

24 To any gender nonconforming or transgender
25 child listening who may be affected by this bill, I

1 just need you to know you have a beautiful and loving
2 community that is ready to offer you any help or
3 support that you may need as this happens, and we
4 will try our absolutely hardest to ensure that you
5 get to live the life you deserve.

6 Suicide should never be an option at all,
7 but we know the harsh reality that some may,
8 unfortunately, take their lives as attacks on bodily
9 autonomy continue.

10 Now, to point out what should be obvious and
11 echo the points I know that many of my siblings have
12 brought up here today and on other committees, I know
13 without a doubt we could walk in here with stacks
14 upon stacks upon stacks upon stacks of studies and
15 evidence that would support our case and support the
16 efficacy of gender-affirming care for therapeutic and
17 medical benefits.

18 It's a mountain that would dwarf any sad
19 pile of legitimate research that supports the opposing
20 view. And I know that we can do this because it's
21 been done before in other bodies, with actual
22 wheelbarrows being brought in with -- or boxes of
23 documents being brought into halls just like this.

24 But I know it's not going to matter in the
25 slightest because, frankly, none of you care. The

1 semantic game that this body decided to play today
2 with this committee has made it clear that this is
3 little more than a farce. Even the mention of
4 intellectual honesty in the context of what's
5 happening here is, frankly, laughable. There's
6 absolutely no intellectual honesty in this room at
7 all. It's a room completely devoid of compassion as
8 well.

9 This is nothing more than another sadistic
10 and black-hearted attack on the rights of some of the
11 most marginalized in our society, all for the ego trip
12 and flagrant power grab of the ultra nationalists and
13 fascistic far right that have rotted the party of
14 small government and freedom to its malignant core.

15 It's a rot that feeds on the culture wars
16 that you began, the fear that you may lose the
17 culture wars, the fear that you who proclaim to sit
18 towards the center of the aisle gladly utilize to keep
19 the pitchforks at bay while you pray the people you
20 roll over do not realize how little you care about
21 their freedoms or well-being when we have things like
22 housing shortages, insurance premiums rising, lack of
23 affordable health care, lack of well-paying jobs.
24 And as people are losing their livelihoods and homes,
25 we're here focusing on yet another culture war to

1 distract.

2 It's a fear that destroys all in its path,
3 and it's a fear that only exists because you don't
4 know that the war you started has already been lost
5 and will end up losing.

6 I'd ask which side most of you are on, but I
7 fear that you've already chosen, and there's no use
8 in budging you. But until you've realized that you
9 are fighting a war that you've already lost, know
10 this: You will find out the hard way why you always
11 lose, because while you attempt to use my siblings and
12 my family as a sacrifice to grab political points with
13 your blood-stained hands, we will be here to fight
14 every single battle, every single day, at every single
15 hour, tooth and nail, to the bitter end. Because
16 surrender is not an option when the fight is over our
17 rights to exist.

18 VICE CHAIR PERSONS-MULICKA: Thank you.

19 Kevin Parker, followed by Aurelie Colon
20 Larrauri.

21 You are recognized.

22 MR. PARKER: Thank you.

23 Good afternoon, Committee.

24 I am speaking for myself, first of all.

25 I am in opposition to this bill.

1 The next thing I want to say is that this is
2 about gender-affirming care. This is what this is at
3 the heart of the bill. And on behalf of all my trans
4 brothers and sisters, gender-affirming care is
5 lifesaving care. And I'll say it again:
6 Gender-affirming care is lifesaving care.

7 The American Academy of Pediatrics, the
8 American Psychological Association, and the American
9 Medical Association all believe this. HB 1421 is
10 another attempt at transgender erasure. It is a bad
11 faith effort to put gender-affirming care out of reach
12 for consenting transgender adults, dramatically
13 altering services from health care providers to adults
14 who have received gender-affirming care, and is
15 punishing providers with revocation of their license
16 for helping parents to provide gender-affirming care,
17 aka lifesaving care, for their kids.

18 You are revoking the parental right to make
19 these decisions for their children. So here's my
20 question: You believe in parental rights of what
21 parents? Because from where I stand, it's not for
22 parents of transgender kids.

23 For the people who did not hear me the first
24 two times I said it, gender-affirming care is
25 lifesaving care.

1 Thank you.

2 VICE CHAIR PERSONS-MULICKA: Thank you.

3 Aurelie Colon Larrauri, you're recognized.

4 And for anybody in the audience, if I
5 mispronounce your name, I deeply apologize. And
6 please feel free and please do state your name for the
7 record when you come up.

8 MS. LARRAURI: My name is Aurelie Colon
9 Larrauri. I am the lobbyist for the National Latina
10 Institute for Reproductive Justice, and we are here
11 to oppose this bill.

12 LGBTQ justice is reproductive justice.
13 Sistersong defines reproductive justice as *the human*
14 *right to maintain personal bodily autonomy, have*
15 *children, not have children, and parent the children*
16 *we have in safe and sustainable communities.*

17 Trans folks, including trans youth, should
18 have the human right to maintain personal bodily
19 autonomy. However, the Florida legislature continues
20 to attack trans Floridians, especially trans youth.
21 And this isn't happening just in Florida. A review
22 from the ACLU finds that state lawmakers have
23 introduced at least 85 bills this session to restrict
24 gender-affirming care, up from 43 bills last year and
25 32 in 2021. This is a coordinated effort to take away

1 the bodily autonomy of trans folks.

2 We know that people of all genders need
3 access to comprehensive reproductive health care.
4 That includes abortion and contraception. And they
5 need policies that support parents and families.

6 Trans youth also need access to
7 gender-affirming care to make their own medical
8 decisions about their bodies in the future, including
9 their reproductive features.

10 Please oppose this bill.

11 Thank you.

12 VICE CHAIR PERSONS-MULICKA: Thank you for
13 being here.

14 Up next is Sara Gordon, followed by Jillian
15 McPherson.

16 Sara Gordon? Oh, take your time.

17 You are recognized.

18 MS. GORDON: Hi. My name is Sara Gordon.
19 I live here in Tallahassee.

20 Shame on you for thinking that you get a say
21 in the conversation between these children and their
22 parents and their medical team.

23 VICE CHAIR PERSONS-MULICKA: Thank you.

24 Jillian McPherson. And after Jillian,
25 we'll have Jay Hart.

1 MS. MCPHERSON: Good afternoon.

2 My name is Jillian McPherson, and I'm
3 speaking in opposition to this bill today for myself
4 as a student from Florida State University.

5 It is so absolutely tiring to see attack
6 after attack on basic human rights for those who
7 aren't a white cis gender male.

8 My younger sibling identifies as nonbinary,
9 and they hope to one day get affirming treatment.
10 Now, this dream of theirs is severely threatened, and
11 it hurts me to know that they live in a state which
12 doesn't support their personal identity and ambitions.

13 It is so sad to have to speak about this
14 today, and I want them to get this gender-affirming
15 care because it is not just a phase; it is not just
16 a trend; it is a genuine feeling that LGBTQ members
17 feel, including minors.

18 I can't handle this, and this bill will force
19 detransition on trans youth. Transition care saves
20 lives, and this bill is ignorant to this fact.

21 To add onto this, my friend here who is
22 sitting here in this room today identifies as
23 nonbinary, and they recently received their insurance
24 estimate for their top surgery. Before their
25 insurance coverage, the total cost was \$70,000. After

1 it is now only \$2,000. Because of this bill, their
2 reauthorization may be denied for their surgery.

3 To insinuate that this bill does not affect
4 their choice -- their choice to get gender-affirming
5 care is insanity.

6 In an article written by the American
7 Psychological Association, many authors come to the
8 conclusion that with barriers to gender-affirming
9 care youth will experience a myriad of mental health
10 presenting concerns such as depression, anxiety, and
11 gender dysphoria.

12 Gender-affirming care is affirming, and it
13 is care. Let me repeat myself: Gender-affirming care
14 is affirming, and it is care.

15 Please oppose HB 1421. I truly do not want
16 my own family and friends to be in danger of not
17 receiving their necessary health care. No matter
18 the outcome on this bill today, we will fight
19 back.

20 Thank you.

21 VICE CHAIR PERSONS-MULICKA: Thank you for
22 being here.

23 The record will reflect I called Jay Hart,
24 and Jay reminded me that he already spoke. And
25 thank you again for being here.

1 Up next is Yenisbel Vilorio, State Innovation
2 Exchange Action.

3 You are recognized.

4 MS. VILORIO: Thank you.

5 Hello. My name is Yenisbel Vilorio, and I'm
6 here on behalf of State Innovation Exchange Action to
7 ask that you vote no on HB 1421.

8 This bill is an extreme government overreach
9 across state mandates that undermines parental rights,
10 medical freedom, and limited government. Blanket bans
11 on gender-affirming care deprives families of the
12 medical freedom to choose the appropriate prescribed
13 treatment for their family's needs, medically necessary
14 care that is often lifesaving.

15 This bill and its broad bans also drastically
16 reduce health care for transgender adults, a dangerous
17 precedent for government interference and personal
18 decisionmaking. It bans the use of telehealth for
19 gender-affirming care, which is critical to access
20 given the small number of providers in the state.
21 It also bans qualified nursing professionals from
22 administering gender-affirming care to informed
23 consenting adults.

24 This is a wrong and detrimental barrier to
25 access for even adult transgender Floridians, many of

1 whom already face massive disparities in accessing
2 essential medical care.

3 Free states don't deny parents custody or
4 imprison doctors over widely accepted health care for
5 children that is lifesaving. This country already
6 has a long history of weaponizing state child welfare
7 agencies to the detriment of children and their
8 families, such as by using them to tear Native
9 children from their families to place them in
10 nonNative homes in an attempt to erase Native
11 communities and cultures. And this bill is just
12 another version of that shameful past.

13 The State of Florida is failing our children
14 right now by neglecting them and using them as pawns
15 for political points, from the affordability crisis
16 and childhood poverty, to the school [audio cut out]
17 pipeline, to the failure to address gun violence and
18 mass shootings, to kidnapping and trafficking
19 immigrant children for political stunts, to forcing
20 young people to beg a judge for abortion access and
21 being denied access based on their grades, to
22 Florida's foster system providing dangerous sex
23 traffickers with easy access to vulnerable children,
24 and now banning basic lifesaving gender-affirming
25 care for transgender children.

1 Every Floridian, regardless of race, gender,
2 and class, has a right to health care. As legislators,
3 each of you has some of the best, most affordable
4 health care in the state. Yet the leadership in this
5 legislature continues to deny health care access to
6 Floridians, from the legislature's refusal to expand
7 Medicaid, fully fund the agency for persons with
8 disabilities, Medicaid waiver wait list, to the
9 constant expansion of abortion bans and
10 gender-affirming care bans.

11 Health care is a right. Health care is
12 personal. Health care decisions should be made
13 between a person, their family, their faith, and their
14 doctor, not politicians.

15 This bill is one of many cruel state mandates
16 targeting our children that will put them at risk of
17 harm, and it is your duty as lawmakers to protect
18 Floridians, not hurt them through extreme legislation.

19 I urge you to vote no on this harmful bill.

20 Thank you.

21 VICE CHAIR PERSONS-MULICKA: Thank you for
22 being here.

23 Chernice Robertson, followed by Laura Fellman.

24 You are recognized.

25 MS. ROBERTSON: Thank you.

1 Hi. My name is Chernice Robertson, and I am
2 currently a student at Florida Agricultural and
3 Mechanical University where I currently study
4 sociology.

5 As a cis woman, I fully oppose this bill.
6 You are robbing people, both cis and trans people, of
7 their right to bodily autonomy. This is a
8 reproductive injustice.

9 I could tell you numerous stories of trans
10 youth who have killed themselves because of bills
11 like this and the stigma surrounding that type of
12 care, and not because of the care that they have
13 received. But you have failed to listen to my trans
14 siblings. My heart breaks to see trans people, and
15 especially trans youth, in pain and distress because
16 of bills like this. And the amount of suicides that
17 I have seen as of late is upsetting.

18 My friends should be able to be themselves
19 without fear and shame. So I beg you to please vote
20 no on this bill.

21 Thank you.

22 VICE CHAIR PERSONS-MULICKA: Thank you for
23 being here.

24 Laura Fellman, followed by Lori Pettingill.

25 You are recognized.

1 MS. FELLMAN: Thank you.

2 Speaking on behalf of Florida PTA.

3 Florida PTA speaks with one voice for every
4 child. We stand in opposition to this bill which
5 discriminates against trans individuals. PTA opposes
6 this discrimination based on gender identity and
7 gender expression. Numerous medical organizations
8 have determined that gender-affirming care is
9 necessary and lifesaving. Children and their parents
10 need to be the determinants of their gender identity
11 change efforts. When they are not, these children
12 suffer from anxiety, depression, and suicide.

13 Requiring children to undergo treatment to
14 reverse their gender-affirming care or treatments
15 does harm to children and undermines parents' and
16 children's rights. PTA believes that all children,
17 all trans children, all trans adults should be able
18 to access lifesaving health care and interventions.

19 VICE CHAIR PERSONS-MULICKA: Thank you.

20 Lori Pettingill, you are recognized.

21 MS. PETTINGILL: Thank you very much.

22 I am here in support of HB 1421, and I'm very
23 excited that we're entertaining this bill.

24 On June 3 of last year, Ron DeSantis, our
25 Governor, he was seeking to block transgender youth

1 from irreversible transition-related therapies. He
2 was elected with a large percentage of Floridians,
3 and I think that speaks volumes to the people in this
4 state who want to see this end with our children,
5 the genital mutilation, the mutilation.

6 I have an excellent correspondence that I
7 would like to share with you, because what it
8 addresses is the exclusion of a family member in the
9 communications. And this happened in Miami, University
10 of Miami Health Center, the Tower Hospital.

11 The correspondence goes as this: *Good*
12 *morning.*

13 *I am the mother of a transgender child. Our*
14 *psychologist recommended we reach out to the University*
15 *of Miami for more information about your service for*
16 *trans health for our 16-year-old son. We are*
17 *interested in gender-confirming surgery for his*
18 *transition, female to male, particularly top and*
19 *bottom surgery.*

20 *I just spoke with Natalie who was very*
21 *helpful and answered so many of my questions. I*
22 *understand that for gender-confirming surgery,*
23 *parental consent is required. Do we need both*
24 *parents' consent for all procedures? I am worried*
25 *my son's father will not support the decision to*

1 transition. Is my consent and the two letters from
2 the psychologist enough?

3 Thank you.

4 The reply was: Good morning. Thank you
5 for your email.

6 Please be assured that your consent is
7 adequate and, more importantly, you have contacted
8 the best organization for his medical transition.
9 Our gender-affirming team --

10 VICE CHAIR PERSONS-MULICKA: Ma'am, I'm
11 sorry to interrupt you, but please keep your testimony
12 to your own words and not reading somebody else's
13 testimony.

14 MS. PETTINGILL: Oh, I can't read that they
15 said the father is not needed, or mother? We don't
16 even know what gender these people are. I'm sorry.
17 I didn't understand that.

18 Well, anyways, what it says is that it won't
19 be necessary to have the other parent included in
20 this decision and this service. And to me, I think
21 that is how you break up families, that's how you ruin
22 families, and that's kind of a tool of the devil and
23 a human rights campaign.

24 And please, please, support this bill. It's
25 a great bill.

1 And I'm sorry. I was unaware that I could
2 not read this.

3 VICE CHAIR PERSONS-MULICKA: Thank you for
4 being here. And my apologies for not stating that in
5 the beginning of testimony.

6 So thank you.

7 I have a number of public appearance cards
8 that I will read into the record either waiving in
9 support or opposition to the bill. But that concludes
10 the public appearance cards that I received today
11 requesting to speak.

12 Is there anyone else in the audience who
13 wishes to speak today on this bill before I read the
14 appearance cards into the record?

15 Please come up. Please come up to the
16 podium.

17 I can see you now.

18 Please state your name for the record. And
19 then afterwards we'll have you fill out an appearance
20 card to take up to the Sergeant.

21 Thank you. You are recognized.

22 MS. MAJOR: My name is Ginger Major.

23 On March 5, I gave up custody of my
24 17-year-old child in order to keep them safe from the
25 tyrannical actions of the State. They asked me to

1 speak for them today and to remind every queer child,
2 teen, and adult who hears this you matter, you are
3 loved, and we stand united.

4 They have one question for you: Is America
5 still the land of the free?

6 I have questions too. Why in the state of
7 Florida am I allowed to homeschool my child, deny
8 them vaccinations based on my religious beliefs,
9 indoctrinate them from birth into ideologies that
10 practice a lack of empathy and understanding, consent
11 to a cis gender child getting breast augmentation or
12 reduction surgery at age 16, consent to my minor child
13 getting birth control, but now I am not allowed to
14 make medical decisions with my child regarding their
15 private endocrine treatment by specialized teams of
16 doctors? I'm not allowed to even educate them about
17 how they are not bound to a binary social system that
18 arbitrarily tells them who they have to be and how
19 they're supposed to look.

20 I'm not allowed to ensure that my captive
21 health insurance tied to my employment, that I have no
22 choice in, covers it. I don't want to cover Viagra or
23 penile implants. Are you going to take those
24 out, too, to make it fair for me if we're going to
25 limit genital treatment?

1 I don't want my child or anyone's child to
2 suffer the way that I did, being forced to hide who
3 they are and gaslit that they're mistaken because we
4 refuse to stay in the boxes you demand, that a
5 bunch of grumpy older White people who are angry that
6 the world isn't the way that they want it to be.

7 I assure you that at 17 years old if my
8 child is able to consent to getting married or joining
9 the Armed Forces, they can consent to a breast
10 reduction, whether because their spine is curved from
11 the weight or because they don't like them, and
12 hormones to prevent pregnancy or to align their gender.

13 Life may come with regrets, and that is
14 something we are allowed to risk in our own autonomy.
15 SSRIs and Tylenol could kill your child, and I don't
16 see any of these arguments being made to deny those in
17 standards of care. Life comes with risks.

18 I'm going to be here as much as possible.
19 I'm going to pester you within the legal limits of the
20 law. I'm going to protest you. I'm going to flood
21 you with facts and with the personal stories of every
22 trans person whose death has been caused by the hatred
23 that you and your colleagues espouse. I'm going to
24 make it my mission for you to be as uncomfortable as
25 you make me and how uncomfortable you made my child,

1 so much that they had to leave the state.

2 I may not be able to change your minds today,
3 but I will hold you accountable for the effects of
4 what you seek to do.

5 Thank you.

6 VICE CHAIR PERSONS-MULICKA: Thank you for
7 being here.

8 Is there anyone else from the public who
9 wishes to speak?

10 Please come up to the podium and state your
11 name for the record. And, again, after you speak
12 please fill out an appearance card so we have that
13 information from you.

14 MS. MILLER: Teresa Miller. And I wasn't
15 sure I would make it. I didn't fill out a card, but --

16 VICE CHAIR PERSONS-MULICKA: You're
17 recognized.

18 MS. MILLER: So several years ago -- ten
19 years ago, I got my master's in mental health
20 counseling. And one of the classes I went to was --
21 it had some transgender people, and this one man
22 transitioned as a much older person, and he talked
23 about losing his family and how it was a huge mistake
24 and he couldn't go back and change what he had done.
25 And someone asked him, Did it bring you the happiness

1 you wanted? And he goes, No, but I can't change what
2 I've done.

3 A lot of these suicides are not because
4 they're picked on or bullied. It's that it doesn't
5 bring them the happiness that they expected to
6 see, and they go into depression, and it's horrific.
7 We need to help these kids identify as who God made
8 them and help them, not provide them these tools when
9 they're confused and don't know what to do with their
10 life.

11 So I do wholly support this bill.

12 Thank you, Representative.

13 VICE CHAIR PERSONS-MULICKA: Thank you for
14 being here.

15 Please come up to the podium. And, again,
16 state your name for the record and afterwards please
17 fill out an appearance card.

18 You are recognized.

19 MR. WALKER: Thank you.

20 I hadn't planned to speak today. My name is
21 Jeff Walker, and I've listened to both sides, and
22 what I can -- what I would like to speak about today
23 is my lived experience as the father of a trans kid.
24 I would like to tell you what it was like to go
25 through that journey.

1 Several years ago my daughter came to us, and
2 she believed she was trans. And I'm just a regular
3 guy. Right? I work a lot, and I do a lot of things
4 that people like to do. I like to go on vacation.
5 I like to go out to eat.

6 I have another older child, my son, who's in
7 the National Guard. You know, I'm proud of both
8 of my kids.

9 So what did we do? We went to our trusted
10 pediatrician and said, Look, we don't know what to do
11 here. Can you help us? Because four or five years
12 ago, none of this discussion was really going on.
13 And he referred us to a gender clinic.

14 And I remember the drive. It was a two-hour
15 drive to that first appointment, and we had absolutely
16 no idea what to expect when we walked into that
17 doctor's office. My entire family was gripped in
18 fear because we wanted to support our child. And I'll
19 never forget leaving there with this incredible sense
20 of peace. Because these doctors -- and I can't speak
21 to every trans parent or every trans kid in the world,
22 but I can speak to mine. The doctors in the first
23 five minutes guaranteed us they would not talk about
24 surgery until our child was no longer a minor. And
25 they talked about what the journey looked like, and it

1 was a very methodical process. No one gave my kid a
2 prescription on the first day. In fact, it was
3 several years.

4 But what did they do in this treatment? They
5 talked with my child. They let them know, If you
6 decide to change your mind, it's okay. No one is
7 going to be mad at you.

8 And as we've gone through this journey, they
9 have every step of the way -- even through the
10 pandemic -- been there beside us. No one has
11 pressured my kid to do anything they weren't
12 comfortable with. And we have looked at every single
13 piece of care to ensure it was right for our kid and
14 to make sure that they felt comfortable with it.

15 So, again, I can't speak to everyone, but in
16 our case -- my child is now a sophomore in high school.
17 She is one of the top ten debaters in the state. She
18 is thriving with a group of friends who love and
19 accept her. And when I look at her, all I see is
20 just a happy teenager, and that's all I want for my
21 kids is to be happy in who they are.

22 So if you vote for this, you're voting for
23 people like me to no longer be able to help my kid
24 and go to people I trust as medical professionals,
25 people that, with the exception of this type of

1 medical care, are pointed to as no matter what's
2 going on, you should believe in doctors, unless it has
3 to do with trans rights, because then they're wrong.

4 I don't understand that. How are they right
5 about everything else -- about diabetes, about cancer,
6 about a broken arm, about strep throat, about the
7 flu -- but wrong about this?

8 I implore you to vote no and vote this down
9 so that kids like mine can continue to grow up happy.

10 Thank you.

11 VICE CHAIR PERSONS-MULICKA: Thank you for
12 being here.

13 And please, again, if you spoke to the
14 podium, please do fill out a card so we have your
15 information for our records.

16 Is there anybody else in the audience who
17 wishes to address the committee today?

18 Please come up to the podium and state your
19 name for the record and then fill out an appearance
20 card afterwards.

21 You are recognized.

22 MS. CHARLOTTE STUART-TILLEY: I had no idea
23 I was going to speak. I decided this like ten seconds
24 ago. But what I will say is I'll speak from my
25 personal experience of who I am as a 17-year-old.

1 VICE CHAIR PERSONS-MULICKA: And I don't
2 want to interrupt you, but please share your name
3 with us.

4 MISS CHARLOTTE STUART-TILLEY: Sorry about
5 that. My name is Charlotte Stuart-Tilley. You may
6 have heard my mom, Alana, speak earlier.

7 For a few years I believed that I was
8 nonbinary, and now I'm here to say that I'm not. And
9 I have a lot of people in my life who are transgender
10 who have transitioned and who this has been good for
11 them. This has changed their lives. They've gone
12 from really, really depressed people to happy,
13 successful people.

14 For me that was not the case. I think the
15 issues that -- oftentimes we generalize what teenagers
16 look like or what their needs look like. And for some
17 teenagers this might be coming out of insecurity. For
18 some teenagers this might be a trend. But for the
19 majority of teenagers, this is who they are, and this
20 is best for them.

21 That's about all I have to say.

22 I also feel that this bill focuses a lot on
23 children when, in reality, if you look at the bill
24 language itself, it ends up limiting adult health care
25 as well. And adults are consenting, and adults are

1 able to make their own decisions for their own bodies,
2 and I think that's a fatal flaw within this bill.

3 Thank you.

4 VICE CHAIR PERSONS-MULICKA: Thank you for
5 being here.

6 Are there any other persons who wish to
7 address the committee?

8 Seeing none, I'm going to turn to the
9 appearance records submitted either waiving in support
10 or opposition.

11 The following persons have submitted
12 appearance records waiving in opposition to the bill:

13 David Poole representing AIDS Healthcare
14 Foundation.

15 Jonathan Webber representing SPLC Action
16 Fund.

17 Kara Gross representing American Civil
18 Liberties Union of Florida.

19 Jackson Oberlink representing Florida Rising.

20 Karen Woodall representing Florida Center
21 for Fiscal and Economic Policy.

22 Jamie Harmon representing Florida PTA.

23 Lucy Bravo representing Florida PTA.

24 Sylvia Weber.

25 Annie Filkowski representing the Florida

1 Alliance of Planned Parenthood Affiliates.

2 And that concludes the appearance records
3 that we received waiving in opposition.

4 The following persons have submitted
5 appearance records waiving in support:

6 Aaron DiPietro, Florida Family Policy Council.

7 Jorge Chamizo representing Do No Harm.

8 Teresa Miller representing Embrace Life 911.

9 Is there anybody else in the audience who
10 submitted an appearance card that I missed?

11 Seeing none, that concludes our public
12 comment on the bill.

13 Members, we are now in debate on the bill.

14 Representative Dunkley, you are recognized
15 in debate.

16 REPRESENTATIVE DUNKLEY: Thank you, Chair,
17 for the recognition.

18 Representative Fine and Representative
19 Massullo, I wanted to make my comments regarding this
20 bill. I think my concern for this bill is with the
21 extension of the policy to regulate consenting adults
22 for their care which I, unfortunately, do not
23 support today.

24 And that's my debate.

25 VICE CHAIR PERSONS-MULICKA: Thank you,

1 Representative.

2 Representative Woodson, you're recognized in
3 debate.

4 REPRESENTATIVE WOODSON: Thank you, Madam
5 Chair.

6 Members, this is a very critical issue that
7 we are discussing today, and we need to realize how
8 critical this issue is for the minors and also for
9 their families.

10 It seems that we are going against
11 recommendations made by the Board of Medicine. We are
12 denying parents of their fundamental rights to make
13 such major decisions that impact their children.

14 We often talk about parental choice, but in
15 this case we are doing completely the opposite. This
16 is an issue of parents' rights and medical freedom.
17 We are forcing those minors to detransition, and it
18 is wrong. This is not a joke. This is a
19 life-and-death situation. And we will be seeing more
20 issues arising as a result of our actions today.

21 If parents have consulted with their doctors
22 and their children and determined that accessing this
23 health care is in the best interests of the child, the
24 State should not be overruling parents to take away
25 that health care. We are talking about individuals

1 who are happy with their care and accessing it with
2 the State's required written parent consent, consent
3 for treatment of a minor. That is a decision for the
4 parents and not for us to make.

5 Trans children have rights just like any
6 other children, and we have to make sure we are fair
7 to all children. They deserve to be acknowledged.
8 They deserve to be respected. Every single one of us
9 here knows someone who is either an LGBTQ+ person
10 or is a transgender. Are we saying that we can get
11 whatever care that we want and they can't? We are
12 restricting their care. We are not only making these
13 minors and their families feel uncomfortable, we are
14 infringing upon their rights.

15 Maya Angelou said: *Do the best you can until*
16 *you know better. Then when you know better, you do*
17 *better.*

18 We know better. We know. We have heard from
19 parents, from children how this will impact their
20 lives. It's not how we feel. It's how the parents
21 and the children feel. If they feel that's the best
22 decision for them -- we heard a parent came and
23 testified how this has impacted his life and his
24 daughter's life. We have heard so many other people
25 speak about that. Let's try to do better because we

1 know better.

2 Thank you.

3 VICE CHAIR PERSONS-MULICKA: Members, any
4 additional debate?

5 Representative Snyder, you're recognized in
6 debate.

7 REPRESENTATIVE SNYDER: Thank you, Madam
8 Chair.

9 And thank you, Chair Fine and Dr. Massullo,
10 for bringing this bill forward.

11 I wasn't originally going to talk about this,
12 but when I think about just -- especially here in
13 this committee -- the presentations that we've heard,
14 when we go back -- and I think we cannot disconnect
15 this conversation that we're having today from the
16 conversations we had earlier several weeks ago about
17 the harmful effects that we know that social media is
18 having on our kids.

19 Take this conversation away, there's near
20 universal agreement that what is happening on social
21 media and the hooks and the addictive nature in
22 which those platforms have been created, how that --
23 and when you come into this conversation again
24 continues to target our children. And you can't help
25 but sit on this committee and hear the conversation

1 that's happening today.

2 And to the gentleman who so eloquently spoke
3 about his daughter and their experience, I think it's
4 a -- we must be clear on what this bill talks about.
5 Nothing in this language prevents a parent whose
6 child is experiencing gender dysphoria from going and
7 seeking care from a licensed psychologist or a
8 licensed social worker to be able to talk through
9 those issues and to receive that ability to talk
10 through what that could look like.

11 But when I think about, you know, again as
12 a father of a young daughter, the notion that we know
13 that there are paid promoters and individuals that are
14 making money targeting our children -- and the numbers
15 don't lie. We can see in the last couple of years an
16 exponential jump of our children who have been
17 targeted by this agenda who -- in my deeply held
18 conviction, minors cannot consent to puberty blockers
19 or irreversible surgeries.

20 And so all we're doing in this bill is
21 saying, If you want to explore and seek out resources
22 for the dysphoria that you're experiencing as a minor,
23 feel free to do so. But we've also heard -- and I
24 think it's ironic how selectively we want to choose
25 the stories that we want to listen to. But we've

1 also heard testimonies of minors who are begging and
2 are pleading with us, Please do not allow other
3 children to be led down the same road that my parents
4 and I were.

5 And so, Members, to follow up with that quote
6 on Maya Angelou, you know, when we know better, we
7 do better. And when it comes to this issue, Members,
8 we just don't simply know. We don't know. The
9 science is not settled.

10 And so, in my opinion, there's nothing better
11 we can do than to say until we know -- and I believe
12 we're seeing what the science is truly revealing --
13 let's hold the door, wait until you're 18. At that
14 point you can do to your body whatsoever you choose
15 to do when it comes to gender dysphoria.

16 But in the state of Florida, when it comes
17 to our children, we're going to be stand up for
18 their innocence.

19 And with that, Members, I urge your favorable
20 support.

21 VICE CHAIR PERSONS-MULICKA: Representative
22 Gantt, you're recognized in debate.

23 REPRESENTATIVE GANTT: Thank you, Madam Chair,
24 for recognizing me.

25 I just want to first start off by saying

1 thank you to everyone who shared their personal
2 experience. It takes courage to come up and speak in
3 a public forum and to be vulnerable and share your
4 story. So thank you. And that goes on both sides.

5 I agree with Rep. Snyder's point that we do
6 have to listen to both sides, and when we listen to
7 both sides, we have to be confident in the parents to
8 choose the best decisions for their child.

9 And that's the crux of it all, giving parents
10 who have the most intimate relationships -- or one of
11 the most intimate relationships, a parent and child --
12 the ability to say, No, not yet. Wait until you're an
13 adult. But I will support you in this to seek out
14 providers who are specialists and who received
15 training and education to be able to consult with
16 different people all across the spectrum to inform
17 them so that they can make the best decision.

18 I think that, you know, when we talk about
19 freedom, freedom isn't just what you like or agree
20 with. When my brother did his two tours in Iraq and
21 Afghanistan, respectively, he was a different man.
22 And I said something flippant to him, and he was like,
23 You know what, I didn't do two tours so that you could
24 say all that slick stuff you are saying to me. I did
25 it so that you could have freedom.

1 And he kind of humbled me when he said that
2 because it's true. Our veterans who have fought, who
3 have served, who continue to fight and serve and who
4 have died, they did it so that we could have freedom
5 and boast about this freedom. And that doesn't just
6 encompass freedom that we agree with.

7 So when we are talking about what's in this
8 bill, I offered an amendment that would allow adults
9 to continue to receive treatment -- and I'm not going
10 to go ahead and play that game of semantics. I'm sure
11 it will be followed up -- but gender-affirming care
12 and treatment. They have the ability to make that
13 decision with the specialists who we listen to in any
14 other respects. And we have to honor that and not
15 limit that.

16 As a body we don't just serve the people that
17 we agree with or that look like us or talk like us or
18 have the same experiences as us. We serve everyone in
19 our constituency in our respective districts, and we
20 also serve Floridians in general. And Floridians
21 come in all different flavors and sizes and
22 experiences. And this bill limits the opportunity
23 for them to be their authentic selves, especially when
24 you're talking about medical freedom and access to
25 medical care as adults.

1 So, you know, it's a lot of gaslighting that
2 happens a lot with -- you know, when we talk about
3 parental choice. And this is essentially hindering
4 parental choice and the ability to have parental
5 choice. And you don't have to agree with it, and you
6 don't -- you can disagree with it. You don't have
7 to agree with it. I think I said the same thing
8 twice, but you all get my point.

9 You can not cosign it and still allow that
10 parent to be the person that makes the ultimate
11 decision for their child. And this bill does not
12 allow that. This bill is essentially tantamount to
13 the legislature bullying parents. And bullying is
14 the origin of the villain.

15 And so what are we going to look like --
16 what are we saying to our children who will go into
17 a world that's not just Florida and will have these
18 different experiences with people from all across the
19 United States? Because, conceivably, we want our
20 children to go off to not just schools in Florida,
21 but schools out of the state or take jobs all over
22 the world and boast about what we have to offer here
23 in Florida. How are they going to be able to accept
24 others and their experience if we use these personal
25 justifications for not liking something and

1 restricting the ability for someone to live their
2 authentic experience.

3 I hope -- well, I won't even say I hope. I
4 will be down on this bill today. I urge my colleagues
5 to be down on this bill, for whatever that's worth.

6 And I just want the people who are personally
7 impacted by this bill to know that you are valid.
8 You are valuable. I see you. I hear you. And thank
9 you for using your voice, even if it feels like you
10 are using it in the face of insurmountable opposition.

11 Thank you.

12 VICE CHAIR PERSONS-MULICKA: Representative
13 Amnesty, you're recognized in debate.

14 REPRESENTATIVE AMNESTY: Thank you, Madam
15 Chair.

16 Representative Fine and Representative
17 Massullo, I just want to thank you for this
18 extraordinary bill. It's a common sense policy. The
19 kids of the state of Florida are not guinea pigs to be
20 used for science experiments. So, truly, thank you
21 for standing up and for defending every child in the
22 state of Florida.

23 We must -- I urge my colleagues across the
24 aisle to also vote in favor of this extraordinary bill.

25 Thank you.

1 VICE CHAIR PERSONS-MULICKA: Ranking Member
2 Skidmore, you are recognized in debate.

3 REPRESENTATIVE SKIDMORE: Thank you, Madam
4 Chair.

5 Thank you everyone who came today and stayed
6 here, especially Rep. Casello who is just waiting for
7 his bill to be heard. But thank you for sharing
8 your personal stories, again on both sides.

9 And we just disagree. We both think that
10 we're protecting children. We both think that we're
11 protecting parents. We just disagree on how we do
12 that.

13 We have one detransitioned person here, and
14 she has a compelling story to tell. But over the
15 course of this hearing and the previous hearing, we've
16 heard from dozens of transitioned folks who are living
17 a beautiful life. They made the right decision. They
18 made the best decision for themselves, along with
19 their parents.

20 And what I don't like is taking that right
21 away from people. I don't like getting in between
22 people and their doctors. You know this about me.
23 I'm anti scope of practice. I'm anti getting in
24 between a personal decision that someone is going to
25 make about their health care, whether it's abortion,

1 Madam Chair, whether it's this nontransgender care
2 bill, because we're not calling it that. We're just
3 going to fundamentally disagree on what people's
4 rights are in terms of their health care, in terms of
5 their future, in terms of their self-determination.

6 So I will vote against this bill because
7 I will be consistent in my beliefs. I will vote for
8 every person who's here to be able to make their own
9 decision about their future.

10 And I think that there are maybe some things
11 we could do that we could agree on in terms of
12 transgender youth care. Maybe there are some things
13 that we could come together on and agree on in terms
14 of that. But taking every decision and right away is
15 not where I would have started.

16 So I appreciate everyone who came to tell
17 their story. You were heard. You were listened to.
18 You were actually listened to by both sides of this
19 policy decision, and we are just going to have
20 different opinions on which way to go.

21 I am not going to villainize someone who has
22 a different opinion than me, and I hope you won't
23 either.

24 VICE CHAIR PERSONS-MULICKA: Whip Salzman,
25 you're recognized in debate.

1 REPRESENTATIVE SALZMAN: Thank you, Madam
2 Chair. I'll just be brief.

3 I just wanted to reiterate some things that
4 were said from the podium.

5 And I do appreciate my PTA counterparts.
6 I can tell you that we are the heart and soul of
7 public education, and I am and will continue to be a
8 proud member of the PTA. And I just participated in
9 a PTA carnival last weekend, and I'll be volunteering
10 again this coming weekend at another local PTA.
11 And, like I said, I am a member.

12 But I just wanted to clarify, we meet once a
13 year. You can submit your requests for resolutions,
14 which means that we resolve that we will support
15 certain things.

16 In 2016, we resolved -- let me get to it --
17 that we should support all children, LGBT -- I think
18 we added Q at some point, but we resolved that we love
19 and support all children. Now I would say that we
20 all on this dais agree that we love and support all
21 children. Right?

22 But in 2019 -- this is very important that
23 I make this clear, because it is the only -- there's
24 only two resolutions that the Florida PTA did.
25 In 2019, *Sexual orientation reparative therapies and*

1 youth conversions therapy ban. The Florida PTA and
2 its constituent associations will hold education
3 programs to inform families and youth about the
4 harmful impact of sexual orientation therapies on our
5 LGBTQ youth. Florida PTA and its constituent
6 associations advocate for and support legislation and
7 policies that protect our youth from the harmful
8 effects of therapies directed at changing sexual
9 orientation, period.

10 I was a board member of the Florida PTA for
11 several years. I'm still a part of the PTA. And at
12 some point we switched directions. We partnered with
13 Equality Florida many years ago, who at one time was
14 really only about making sure all children mattered.
15 We love all children equally. Whatever they identify
16 as, we know that they deserve love just as much as
17 any other child, and that's what we supported.

18 But at some point we have gone off the
19 bandwagon. I don't know what's going on with Equality
20 Florida, because it's not about equality anymore.
21 It's about only the minority. And that's not how we
22 create equality.

23 But I just wanted to clarify that, Madam
24 Chair and members of the board -- or members of this
25 committee. The Florida PTA has no resolution that

1 says we support transgender sex changes for children,
2 none whatsoever. And I know my constituents back
3 home would be very happy to hear that.

4 Thank you.

5 VICE CHAIR PERSONS-MULICKA: Members, any
6 additional debate?

7 Additional debate?

8 As we conclude our debate, I also want to
9 say thank you to the members of our public who came
10 to our committee today. Thank you for being patient
11 while you waited for your time to testify, and thank
12 you for showing respect while others testified and
13 while the members of our committee debated today.

14 And with that, Chair Fine, Chair Massullo,
15 you are recognized to close on this bill.

16 REPRESENTATIVE MASSULLO: Thank you, Madam
17 Chair, Members.

18 And I also want to thank everyone from the
19 public that showed up to testify today. And I know
20 Chair Fine feels the exact same way.

21 Even though we disagree -- and I would say
22 for myself, I disagree vehemently with some of the
23 things that were said because I do not see them as
24 being true. But whenever we have a debate, we
25 oftentimes go to extremes. And I think as members of

1 a legislative body, we need to bring ourselves down
2 to what we're actually looking at in this bill.

3 We've said, and you've heard us say, this
4 bill isn't about care, because we do believe that
5 there are legitimate gender-affirming care that many
6 children need today. And when you look at the reasons
7 why they need it, you're even more convinced that it
8 is something that we need to provide.

9 There are many, many comorbidities with
10 these children. There's depression. There's autism.
11 There's anxiety. There's environmental problems.
12 There's problems in their family, all these things.
13 And as Rep. Snyder said so well, there's pressures in
14 our society.

15 Last week I heard Chair Fine talk about the
16 culture war that we are involved in, and it is a war.
17 It's a war for the hearts and minds of the people
18 that make up this country, this free country of
19 America. And we do have freedoms, but those freedoms
20 come with responsibilities. And we don't have a
21 freedom to harm children, and that is what primarily
22 this bill is about.

23 It's not about giving children that may have
24 some confusion about their gender care that might
25 help them affirm their gender. It's about care that

1 has been distorted to the point where it is abuse.
2 It's abuse medically by trying to change a child's
3 physiology, and it's abuse surgically by changing
4 their bodies with circumstances that actually are
5 irreversible.

6 And when we look at the fear of depression,
7 the fear of suicide and, Oh, you're going to be
8 killing kids, just pick up the newspaper or a
9 magazine and see how many of these adults that have
10 been through transition are killing themselves.
11 You've heard testimony that it's 19 times more than
12 those individuals that do not transition, because the
13 true problem isn't addressed.

14 And what is that? There's a void in us as
15 human beings that we so desperately want to fill, and
16 there's many ways that we fill that void. We
17 oftentimes with many of the people up here fill it
18 with our jobs. We fill it with our families. We fill
19 it with the sense that we're doing the right thing.
20 But oftentimes that isn't what we fill it with. We
21 fill it with a distorted view of ourselves. All
22 those things are idols. All those things can be
23 wrong.

24 Our job, Members, is to filter through to
25 the truth. And there is a distortion in right and

1 wrong in today's world. But you can't distort what's
2 true and false. You can't change your sex. There's
3 only two. There's male and there's female. You can
4 act like someone else. You can look like someone
5 else. Your physiology can maybe mirror someone else,
6 but you can't change your sex.

7 So the issues that you're dealing with are
8 psychiatric, psychological. And that's where we need
9 to concentrate care.

10 Do we know better? The studies show we do.
11 And this isn't Miracle on 34th Street. No one is
12 going to bring in mountains of information supporting
13 those facts. But look at what the rest of the world
14 is doing. Look at what our country is doing. This
15 is child abuse, and it needs to stop.

16 And for those adults, we're not compromising
17 the care they can get. We're just making sure that
18 they're informed of the consequences of that care
19 when they decide to have it.

20 I don't think insurance should pay for it.
21 We certainly do a lot with insurance not paying
22 for things in this body.

23 So what are we harming, except protecting the
24 children from that?

25 CHAIR FINE: Thank you.

1 Thank you, Dr. Massullo. And I couldn't
2 have a better partner to present this bill with. You
3 all should know that he was on the other side of the
4 country this weekend and took a red-eye flight back
5 just so he could be here. I don't think he thought
6 I could handle the bill myself. But, no, I couldn't
7 have a better friend and better partner to do this
8 with.

9 But I also want to thank you, Vice Chair, how
10 you've comported the meeting. It's been extraordinary.

11 And I not only want to thank the public, but
12 my colleagues. I'm actually quite proud of how we've
13 been able to have what is unquestionably a very
14 emotional subject, and I'm very proud of everyone
15 and how you've all comported yourself today.

16 So we were accused of -- Chair Massullo
17 and I -- of why we ran this bill. And I want to talk
18 about that for a couple of minutes.

19 So we were told it's some sort of religious
20 motivation; I'm some sort of Christofascist. I hate
21 to disappoint that I'm Jewish, so I don't qualify on
22 that one. But there's some sort of national
23 conspiracy, that we're sort of part of some national
24 effort to run this bill, along with billionaires
25 around the country.

1 I decided I wanted to run this bill on my
2 own. No one asked me to, no one in a national
3 organization, no other group. It was when I read an
4 article about Dr. Teetus Deletus. That was what led
5 me to do this.

6 And when I read that -- the way that she ran
7 her business, that the way that she attracted her
8 customers was by making videos on TikTok to appeal to
9 teenage girls, talking about how great this was,
10 advocating, marketing, marketing this surgery,
11 marketing it.

12 We heard it doesn't happen. She said it
13 happened 13 times in a year. And I watched these
14 videos. I actually had to borrow my son's TikTok.
15 Fortunately, he took it off afterwards. I don't use
16 it.

17 And when we in this committee asked her to
18 come to explain why this was so great, why this is so
19 good, why she is so proud of what it is that she does
20 every day, she refused to come. Why are you willing
21 to target kids but not talk to adults? That's
22 what drove me to run this bill.

23 We've learned some interesting things in this
24 presentation, actually. One of the things that we've
25 learned is this sort of charade, the sham of national

1 organizations. I'm actually very grateful for the PTA
2 discussion, because it illustrated a lot of this
3 that we use, these weaponizations: The AMA likes
4 this. The Pediatric Association likes this. The
5 PTA likes this.

6 I would posit the theory, no matter your
7 politics, my guess is that parents in this state are
8 probably fairly representative of voters in this
9 state, and you can see how voters in this state voted
10 in the last election. It wasn't with the way we were
11 told the PTA made up their mind in the last 24 hours.

12 But not only that, we've heard the AMA and
13 the pediatrics folks, and they're driven by this
14 group, a group called WPATH, which as you peel back
15 the onion, it is not a scientific group; it's an
16 advocacy group. I actually found a group of 2,000
17 medical professionals, 2,000. I didn't look to see
18 if you were on the list. Actually, no, I don't even
19 think they were general medical professionals. I
20 think they had to be, like, psychologists and things
21 like that who actually worked in this, who disagreed
22 with their, quote/unquote, "recommendations," their
23 recommendations -- they're on version 8 -- which
24 says there's no age too young to take these drugs
25 and there's no age too young to get these surgeries.

1 People say we're getting in the way of
2 parental rights, and you're damn right we are. There
3 is no parental right to do whatever you want. I can't
4 sell my kid into slavery. I can't say I don't want
5 to work; go work in the fields, don't go to school.
6 I can't abuse my kid. I can't marry him off at
7 8 years old.

8 We put guardrails. That's the role of
9 society is to say there are certain acceptable things
10 that parents can do. And in our view, in the
11 majority view, this ain't one of them.

12 It is not medical care to cut off perfectly
13 good body parts. And it is not medical care to give
14 someone drugs that will make them sterile or affect
15 their brain or affect their bone density. That
16 is not medical care.

17 I ask you this. Would our medical societies
18 approve experimental drugs that killed 1 or 2 or
19 3 or 5 percent? They would go, hey, it works for
20 97 percent, but 3 percent die. They don't. They
21 don't. And what we can see over and over and over
22 again, there are a lot of people who reject this.
23 Get it right before you want to do it to our kids.

24 We were told we were taking this care
25 away not only from adults, but from children. This

1 bill doesn't affect an adult's ability to get this.
2 It affects having other people pay for it. But if
3 they want to get these sorts of things, they can do
4 it. But it protects them, because it says they have
5 to have informed consent. The doctor has to make
6 sure they understand what they're doing. But they
7 can still get it. They're adults. They can make
8 their own decisions.

9 And, by the way, when I was asked to run this
10 bill -- we talked about every decision -- there were
11 people -- I wasn't asked. When I filed it and people
12 started talking to me, there were folks who said,
13 Why aren't you going to say a 13-year-old can't go to
14 a psychologist about this? They shouldn't be able
15 to talk about this confusion with a doctor. They
16 shouldn't be able to wear clothes different than what
17 they are.

18 I was asked by people to add that to the
19 bill. And I intentionally chose not to. Why?
20 Because you can wear clothes different than what you
21 are for a year -- and maybe you'll do it until you're
22 18 -- and then you can go do this. But if you change
23 your mind, you haven't done anything you can't undo.
24 Once you have top surgery or, as we heard the example,
25 bottom surgery -- think about that for a minute --

1 can't undo it.

2 You want to go to a psychologist -- and I
3 intentionally made the decision not to say you can't
4 do that. Why? Because you can go to that
5 psychologist, and there's nothing that you'll say
6 in that room, or meet with that doctor, that has
7 irreversible consequences for the rest of your life.
8 If you go through this and you still want to do
9 it, when you're 18, have at it. You're an adult.

10 But there's a lot of talk here about suicide,
11 a lot of talk about suicide: Oh, my gosh, if we don't
12 support this, suicide will go up. Suicide will go up.
13 And I want to expand out for a minute. At the same
14 time we are telling children that all of this is good
15 and all of this is normal and all of this is fine,
16 if you look at all of the statistics, suicide among
17 our children is going up, not transgender children,
18 not certain kinds of children, all children,
19 skyrocketing, particularly amongst our little girls.

20 How's this working out for us? It doesn't
21 seem like what we've been doing is putting us in the
22 right direction.

23 Someone said in public comment that we'll be
24 popping champagne after this bill passes. I take no
25 joy in running this bill. I take no joy that we're

1 in the situation that we're in today. I don't hate
2 the people who do this. I mourn for them. I hurt
3 for them. I hurt that children are so upset in their
4 lives that they think this is the answer.

5 I was one of those children once. Never
6 was tempted to do this, but I understand what it's
7 like to hurt like that. Nineteen visits to the
8 hospital in two years will do that to you.

9 I don't hate these people. But I will close
10 by saying this: We were told by one of our public
11 testifiers that we will come to regret this vote
12 today. On that they are right, because I regret that
13 we didn't do this five years ago.

14 And with that, I ask for your favorable
15 support.

16 VICE CHAIR PERSONS-MULICKA: Chairs Fine
17 and Massullo having closed on the bill, Sabrina,
18 please call the role on CS for House Bill 1421 and
19 announce the vote.

20 THE CLERK: Representative Amnesty?

21 REPRESENTATIVE AMNESTY: Yes.

22 THE CLERK: Anderson?

23 REPRESENTATIVE ANDERSON: Yes.

24 THE CLERK: Baker?

25 REPRESENTATIVE BAKER: Yes.

1 THE CLERK: Clemons?

2 REPRESENTATIVE CLEMONS: Yes.

3 THE CLERK: Cross?

4 REPRESENTATIVE CROSS: No.

5 THE CLERK: Dunkley?

6 REPRESENTATIVE DUNKLEY: No.

7 THE CLERK: Edmonds?

8 REPRESENTATIVE EDMONDS: No.

9 THE CLERK: Gantt?

10 REPRESENTATIVE GANTT: No.

11 THE CLERK: Grant?

12 REPRESENTATIVE GRANT: Yes.

13 THE CLERK: Koster?

14 REPRESENTATIVE KOSTER: Yes.

15 THE CLERK: Persons-Mulicka?

16 REPRESENTATIVE PERSONS-MULICKA: Yes.

17 THE CLERK: Plankon?

18 REPRESENTATIVE PLANKON: Yes.

19 THE CLERK: Rizo?

20 REPRESENTATIVE RIZO: Yes.

21 THE CLERK: Salzman?

22 REPRESENTATIVE SALZMAN: Yes.

23 THE CLERK: Skidmore?

24 REPRESENTATIVE SKIDMORE: No.

25 THE CLERK: Snyder?

1 REPRESENTATIVE SNYDER: Yes.

2 THE CLERK: Trabulsy?

3 REPRESENTATIVE TRABULSY: Yes.

4 THE CLERK: Woodson?

5 REPRESENTATIVE WOODSON: No.

6 THE CLERK: Yarkosky?

7 REPRESENTATIVE YARKOSKY: Yes.

8 THE CLERK: Chair Fine?

9 CHAIR FINE: Yes.

10 And Massullo.

11 THE CLERK: Sorry. Representative Massullo?

12 REPRESENTATIVE MASSULLO: Yes.

13 THE CLERK: 15 yeas and 6 nays, Madam Chair.

14 VICE CHAIR PERSONS-MULICKA: Show the bill

15 reported favorably as amended.

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CERTIFICATE OF REPORTER

STATE OF IOWA)

COUNTY OF WARREN)

I, Terri L. Martin, Certified Shorthand Reporter, certify that I was authorized to and did stenographically transcribe the foregoing audio recording to the best of my ability and that the transcript is a complete record of my stenographic notes.

Dated this 27th of August, 2023.

/s/ Terri L. Martin
Terri L. Martin, CSR, RPR, CRR

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TRANSCRIPTION OF AUDIO RECORDING

FLORIDA SENATE

SENATE GENERAL SESSION - FLORIDA CHANNEL

Monday, April 3, 2023

Stenographically Transcribed Audio Recording By:
Terri L. Martin, Certified Shorthand Reporter

Med Def_002462

1 Whereupon, the following proceedings were
2 transcribed from an audio recording:

3 PRESIDENT PASSIDOMO: Before we read the
4 next bill, the sergeant has reopened the gallery,
5 and we have visitors in the gallery. I'm sorry that
6 we had to clear the gallery during a previous debate.
7 And I stand firm in that we are a body of decorum and
8 civility, and if anyone in the gallery shouts out,
9 makes a loud comment, we're going to clear the gallery
10 again for the rest of the day.

11 So for those of you who are in the gallery,
12 please be respectful of others who wish to actually
13 hear the proceedings. And if you do want to shout
14 or make a comment, go out in the rotunda or go out
15 in the courtyard.

16 Read the next bill.

17 THE SECRETARY: Committee substitute for
18 Senate Bill 254, a bill to be entitled "An Act
19 Relating to Treatment for Sex Reassignment."

20 PRESIDENT PASSIDOMO: The senator of the
21 4th District, Senator Yarborough, is recognized
22 to explain the bill.

23 SENATOR YARBOROUGH: Thank you, Madam
24 President. Good afternoon.

25 Good afternoon, Senators.

1 Parents have the right and a responsibility
2 to raise their children as they see fit, and
3 government intervention should be a last resort.

4 I filed this legislation because I believe as
5 lawmakers we do have to draw the line when drastic,
6 life-altering gender dysphoria therapies and
7 surgeries are being prescribed for young children.
8 Our laws should set appropriate boundaries that
9 respect the rights and responsibilities of parents
10 while protecting children from the serious
11 health, safety, and welfare risks.

12 I also believe our laws should firmly
13 respect that both parents have a right to be involved
14 in the upbringing of a child. One parent should not
15 be able to unilaterally attempt to change the sex of
16 their child. With the exception of extreme
17 circumstances, custody arrangements typically honor
18 the rights of both parents to be involved in major
19 decisions and events in a child's life. If one parent
20 is tempting to authorize drastic, life-altering sex
21 reassignment therapies and surgeries, then, by all
22 means, the other parent should have the ability to
23 have a court review the custody agreement.

24 This bill has three goals:

25 The first goal is to protect Florida's

1 children from being subjected to irreversible and
2 life-altering sex reassignment prescriptions and
3 procedures. The bill amends Florida's child custody
4 statutes to protect the rights of parents and ensure
5 a pathway for a parent to petition the Court if the
6 other parent attempts to subject their child to a
7 sex reassignment prescription or procedure.

8 The bill prohibits Florida health care
9 practitioners from providing these treatments for
10 children, but makes an exception for children who
11 were already receiving prescription treatments
12 when this bill becomes law.

13 The bill requires that the continuation of
14 prescription treatment for such children must be
15 administered by a medical doctor or osteopathic
16 physician and must be consistent with emergency rules
17 adopted by the Board of Medicine and the Board of
18 Osteopathic Medicine.

19 The bill creates a third-degree felony for
20 health care practitioners who willfully or actively
21 participate in violating the prohibition against
22 providing these treatments to a child.

23 The bill amends existing law relating to
24 authority for the Department of Health to issue an
25 emergency order suspending the license of a

1 practitioner who is arrested for violating certain
2 crimes.

3 The bill adds the crime of providing these
4 prescriptions or procedures to a child to that list.

5 And the bill provides that any hospital,
6 ambulatory surgical center, or physician's office
7 registered for the provision of office surgery must
8 provide a signed attestation to AHCA or DOH that they
9 do not offer or provide sex reassignment treatments
10 for children, except for those who were already
11 being treated before this bill becomes law, and also
12 do not refer such parents to other providers for the
13 treatments.

14 The second goal is to provide protections
15 for adults. If an adult decides to seek treatment
16 with sex reassignment prescriptions or procedures,
17 the bill ensures that only licensed medical doctors
18 and osteopathic physicians lawfully provide such
19 treatment.

20 The physician providing the treatment must
21 take certain measures to inform the patient of the
22 nature and risks of the treatment while physically
23 in the same room as the patient, using forms approved
24 by the Department of Health. The patient must provide
25 voluntary, written informed consent before treatment

1 can commence.

2 The bill also provides that a health care
3 practitioner other than a physician who provides
4 these treatments or a physician who provides the
5 treatments without obtaining voluntary informed
6 consent commits a first-degree misdemeanor.

7 Third, the bill creates a prohibition
8 against the expenditure of state funds for these
9 treatments by a governmental entity or organizations
10 contracted by the State to manage the provision of
11 Medicaid services or to manage the state's mental
12 health and substance abuse providers.

13 Senators, this bill is very important to me
14 as a parent. This bill is even more important to the
15 children that are led down the path and told that
16 the only option for curing mental health issues
17 is gender-affirming treatments and surgeries which
18 cause permanent disfigurement and may eliminate the
19 ability to have children by subjecting their bodies
20 to devastating long-term damage.

21 I want to tell you a story about a courageous
22 young woman named Chloe. Chloe is currently an
23 18-year-old female who has detransitioned. She has
24 shared her story in several public forums, including
25 here at the Capitol.

1 She began to struggle with her gender as
2 a child. This led her at the tender age of 12 to
3 tell her parents she wanted to be their son. Chloe
4 felt like a misfit. She began to cut her hair, wear
5 boys' clothes, lowered her voice and choose a new
6 name.

7 The family lived in California. Her parents
8 knew very little about what their daughter was
9 experiencing. Like all parents, they wanted to help
10 their child and took her to a therapist. Chloe and
11 her parents hoped that in therapy her feelings would
12 be resolved, but that is not what happened. The
13 therapist suggested the only approach was to affirm
14 her new gender identity. No proper psychological
15 examination was done. The doctors told her parents
16 that Chloe knew what she wanted and it was life as a
17 boy or death. There were no other options. The
18 doctors said, Would you rather have a dead daughter
19 or a living son?

20 Here's some sentiments Chloe has discussed
21 previously. She says: *It was hard to watch what was*
22 *happening to my own body. The hormones put my body*
23 *in artificial menopause. I experienced hot flashes*
24 *and itching all over my body. After going off of*
25 *them, I have continuing joint pain and shooting pains*

1 up my back, more painful and more disruptive. I have
2 other lasting changes to my body, larger shoulders
3 and more defined features than other females.
4 Sometimes I still see a boy when I look in the
5 mirror, and it makes me panic. It is hard to look at
6 what has become of my body.

7 Chloe continues with: All of this was a
8 huge failure on the part of my medical practitioners.
9 My parents did sign off on it, but it was under
10 false pretense that my life depended on it. As a
11 13-year-old kid, I did not know exactly what I needed.
12 The doctors failed to address the comorbidities I had
13 at the time. I am on the autism spectrum. The
14 therapists and the doctors failed to rule out or
15 address that I was previously diagnosed with ADHD.
16 About a year afterward, one of my surgeons said I had
17 autism and should have been screened for the diagnosis
18 by the gender specialist. This was not done.

19 She goes on to say: I'm only 18. My life
20 is just beginning. I want to have children, but it
21 may never be possible. All of this was a huge
22 failure. My mom and dad were told lies. Nothing
23 could prepare me for this experience.

24 Senators, every single one of us was an
25 adolescent at one point in our lives.

1 Adolescents are impulsive. We know this. We can all
2 look back to decisions we made during that time that
3 we would perhaps not make with more life experience,
4 more reflection, or more understanding of the
5 implications as adults.

6 Chloe and her parents needed the medical
7 team to recommend hitting the pause button. Chloe
8 needed intensive psychotherapy and counseling to
9 explore exactly what was happening with her emotions,
10 feelings, outlook for her future. Instead, she was
11 immediately placed in the gender dysphoria
12 pre-established fast track for puberty blockers,
13 damaging hormone treatments, and devastating surgeries.

14 The State of California failed her, and we
15 have a responsibility to all the children in Florida
16 not to allow this to happen in our state. A decision
17 of this magnitude absolutely cannot be made by a
18 child in mental distress. This bill will allow
19 children to be children.

20 Madam President, Members, that is the bill.

21 PRESIDENT PASSIDOMO: Thank you.

22 Before we take up amendments, Senator Pizzo
23 has been waiting patiently for his recognition.

24 SENATOR PIZZO: Thank you, Madam President.

25 Joining us today is Mayor Larisa Svechin

1 who's standing right now in the West Gallery. Mayor
2 Svechin came to the United States I believe when she
3 was 6 years old with her two other sisters and
4 parents. She's a Jewish immigrant from the former
5 USSR and a true manifestation of the American dream.
6 She's also the mayor of the city I live in, and
7 so all politics being local, it becomes very local.

8 Thank you very much, and welcome to the
9 Florida Senate.

10 PRESIDENT PASSIDOMO: Welcome to the Florida
11 Senate.

12 Are there any other introductions while we're
13 introducing?

14 Okay. We're back on CS for SB 254. Are
15 there amendments?

16 THE SECRETARY: On the desk, Madam President.

17 PRESIDENT PASSIDOMO: Read the first
18 amendment.

19 THE SECRETARY: Amendment barcode 218794
20 by Senator Yarborough, delete lines 59 to 68 and
21 insert amendment.

22 PRESIDENT PASSIDOMO: You're recognized to
23 explain the amendment.

24 SENATOR YARBOROUGH: Thank you, Madam
25 President.

1 Senators, I believe it's important that our
2 laws respect the rights of both parents to be involved
3 in their child's upbringing. This amendment removes
4 the bill's custody language relating to court
5 jurisdiction over child custody determinations and
6 instead provides the following:

7 No. 1, in addition to other conditions in
8 current law that result in a court in Florida having
9 temporary emergency jurisdiction if a child is present
10 in this state, the amendment authorizes such
11 jurisdiction if it is necessary in an emergency to
12 protect a child who has been subjected to or is
13 threatened with being subjected to sex reassignment
14 treatments.

15 And No. 2 amends current law relating to
16 authorization for a petitioner to file an
17 application with the court for a warrant to take
18 physical custody of a child if the child is likely
19 to imminently suffer serious physical harm or
20 removal from the state. The amendment provides that
21 serious physical harm includes, but is not limited to,
22 being subjected to sex reassignment treatments.

23 That's the amendment, Madam President.

24 PRESIDENT PASSIDOMO: Are there any questions
25 on the amendment?

1 Senator Polsky.

2 SENATOR POLSKY: Thank you, Madam President.

3 I did not get to see this bill in any
4 committees, so can you kind of walk me through this
5 process of how someone in another state can be
6 affected by the Florida courts?

7 PRESIDENT PASSIDOMO: You're recognized.

8 SENATOR YARBOROUGH: Thank you, Madam
9 President.

10 Thank you, Senator Polsky, for the question.

11 So if you had the situation, Senator, where
12 you have a custody arrangement and you have one parent
13 of a child who's here in Florida and then you have
14 another parent in a different state that may allow
15 these kinds of treatments and procedures moving
16 forward, then the Florida parent would have the
17 opportunity to approach the Court and file a petition
18 to say they're concerned and they would like the
19 Court to consider a modification to that custody
20 order.

21 It in no way gives the parent in Florida the
22 right or ability to kidnap a child, to hold a child
23 in violation of an approved custody order. They
24 cannot do anything outside of the Court saying that
25 the change has been granted so that there could be,

1 you know, some consideration given in that custody
2 arrangement.

3 And so it basically gives that Florida
4 parent the opportunity to go to the Court, but it does
5 not mandate that the Court has to act in a certain
6 way; just that that is considered when they look at
7 it.

8 PRESIDENT PASSIDOMO: Senator Polsky.

9 SENATOR POLSKY: Thank you, Madam President.

10 So we have a lot of New Yorkers who live
11 in -- snowbirds that have a home in New York and have
12 a home in Florida. If New York allows it, Florida
13 doesn't, why does Florida law trump New York law?
14 No pun intended.

15 PRESIDENT PASSIDOMO: Senator Yarborough.

16 SENATOR POLSKY: Especially today.

17 PRESIDENT PASSIDOMO: It took so long, I just
18 got that.

19 Senator Yarborough.

20 SENATOR YARBOROUGH: Thank you, Madam
21 President.

22 Thank you, Senator Polsky.

23 And no pun intended, just, again, go back to
24 the situation that I've described to you. Because
25 we're taking this very seriously is the short answer,

1 Senator. We want to make sure that we protect
2 children in Florida. It doesn't matter which other
3 state it is out there. We're saying that in Florida
4 this is the law of our land, and we believe it is
5 very important. If you have a child that at
6 different times is present in our state under whatever
7 custody arrangement that that may be that governs
8 that arrangement, then that parent who's in Florida
9 would have the opportunity to approach a Florida
10 court, and the Florida court could consider this and
11 take action if it deems that that is best.

12 PRESIDENT PASSIDOMO: Senator Polsky.

13 SENATOR POLSKY: Thank you, Madam President.

14 I didn't practice in this area of law, so
15 forgive my ignorance. If the New York judge, as an
16 example, says this is okay because, you know, New
17 York allows these kind of procedures, and the Florida
18 judge says it's not okay, who decides? How do they
19 win in this particular situation?

20 PRESIDENT PASSIDOMO: Senator Yarborough.

21 SENATOR YARBOROUGH: Thank you, Madam
22 President.

23 Just as an element of background, so Florida,
24 along with 48 other states, has what's called the
25 Uniform Child Custody Arrangement, and in 2002, that

1 was something that was adopted to basically provide
2 respect between the states. There are 49 states
3 total who do it. And this is important because it was
4 designed to create uniformity among states if there
5 were dueling child custody statutes.

6 The act recognizes unique circumstances
7 under which a state, other than the home state, may
8 also establish jurisdiction. Under Florida's current
9 temporary emergency jurisdiction statute, it provides
10 the authority for a court in our state to take
11 temporary emergency jurisdiction in order to protect
12 a child even when it is not the home state and does
13 not have significant connection jurisdiction.

14 So, again, Senator Polsky, very valid
15 question, but in Florida we are saying this is the
16 law, and if that is a concern to the parent to where
17 they approach the Court and say this is a concern
18 to them, then that would be something the Court
19 can consider.

20 As one other point to mention, California has
21 actually adopted within the past year the opposite of
22 what we have and says that if there's a parent in
23 California that wishes for their child to have the
24 treatments, then they have the advantage in their
25 state and can cause that order to be -- that custody

1 arrangement to be modified and basically subject the
2 child to that in California.

3 We are offering protection for our children
4 in Florida in saying that will not be the case here.

5 PRESIDENT PASSIDOMO: Senator Polsky.

6 SENATOR POLSKY: Sorry.

7 PRESIDENT PASSIDOMO: Well, you're done.

8 Right?

9 SENATOR POLSKY: I think so.

10 PRESIDENT PASSIDOMO: Senator Book.

11 SENATOR BOOK: Thank you, Madam President.

12 And thank you to the sponsor. I have seen
13 this bill a few times, so I just want to clarify a
14 couple of things.

15 Is it true that the Department of Health has
16 made it so that minors cannot get this type of care
17 in our state currently?

18 PRESIDENT PASSIDOMO: Senator Yarborough.

19 SENATOR YARBOROUGH: Thank you to Leader
20 Book.

21 Thank you, Madam President.

22 So there were rules passed by the Board of
23 Medicine and the Board of Osteopathic Medicine,
24 Senator, that are now in effect as of March 16 for
25 the Board of Medicine and March 28 for the Board of

1 Osteopathic Medicine that have said that it will
2 no longer be allowed for minors in Florida unless
3 they were already on those treatments, and then they
4 could continue, which we also contemplate some of
5 that in our bill that's before you today.

6 PRESIDENT PASSIDOMO: Senator Book.

7 SENATOR BOOK: Are any of these legal
8 accommodations made for any other types of medical
9 procedures or any other medications?

10 PRESIDENT PASSIDOMO: Senator Yarborough.

11 Senator Yarborough.

12 SENATOR YARBOROUGH: Thank you, Madam
13 President.

14 Leader Book, I don't know that that's
15 germane to our amendment, probably on the regular
16 bill, but not on the amendment.

17 PRESIDENT PASSIDOMO: Senator Book.

18 SENATOR BOOK: Thank you.

19 I would argue that, for example, if I lived
20 in Florida and my spouse from whom I was divorced
21 lived in another state felt some kind of way about
22 blood transfusions and that was different than my
23 view and didn't want our child to have a blood
24 transfusion, that is semi-contemplated here. These
25 are custody issues dealing with medical procedures

1 and custody and asking the Court to engage on behalf
2 of one side over the other. And so I would suggest
3 that there is a place where you can have some of
4 those conversations --

5 PRESIDENT PASSIDOMO: Senator Pizzo --

6 SENATOR BOOK: Uh-oh. Then we're in real
7 trouble.

8 PRESIDENT PASSIDOMO: So ask a question,
9 please.

10 SENATOR BOOK: So is there any other
11 medical procedure where custody could potentially
12 play a role?

13 PRESIDENT PASSIDOMO: Senator Yarborough.

14 SENATOR YARBOROUGH: Thank you, Madam
15 President.

16 Thank you, Leader Book, for the clarification.

17 Not to my knowledge.

18 PRESIDENT PASSIDOMO: Senator Pizzo, going
19 to what Senator Book just said, ask some questions.

20 SENATOR PIZZO: Certainly not.

21 Senator Yarborough, if a mother in New
22 York wants to get an abortion for her 16-year-old
23 daughter and the father is in Florida with the bill
24 that just passed, can they petition the Court and
25 say that the mother is condoning the termination of

1 her pregnancy which is unlawful in Florida? I mean,
2 we're talking about life, not a puberty blocker, not
3 a surgery, or anything like that. We're talking about
4 what you just voted on about termination of pregnancy.
5 Can they petition the Court for that?

6 PRESIDENT PASSIDOMO: Senator Yarborough.

7 SENATOR YARBOROUGH: Thank you.

8 Senator, that's not contemplated in this
9 amendment.

10 PRESIDENT PASSIDOMO: Senator Pizzo.

11 SENATOR PIZZO: Thank you.

12 Senator Yarborough, this is sort of a
13 rhetorical question, I think. But if you were
14 weighing the severity of a decision, in your belief
15 in carrying this bill in this body with the
16 collection of bills that we've had, would you consider
17 an abortion far more severe than a sexual reassignment
18 surgery?

19 PRESIDENT PASSIDOMO: Senator Yarborough.

20 SENATOR YARBOROUGH: Thank you, Madam
21 President. Through the president to Senator Pizzo.

22 Again, Senator Pizzo, this relates to sex
23 reassignment surgeries and procedures. Abortion is
24 not contemplated in the amendment or the bill this
25 morning.

1 PRESIDENT PASSIDOMO: Senator Pizzo.

2 SENATOR PIZZO: Thank you, Madam President.

3 Are you comfortable giving me an answer,
4 though, as to whether or not termination of her
5 pregnancy is more severe or of greater significance
6 than hormones?

7 PRESIDENT PASSIDOMO: Senator Yarborough.

8 SENATOR YARBOROUGH: Thank you, Madam
9 President.

10 Yes, I'm happy to give you an answer, but
11 not while we're discussing this amendment or bill
12 because it's not germane to the bill.

13 PRESIDENT PASSIDOMO: Senator Pizzo, one
14 more shot.

15 SENATOR PIZZO: Okay. Thank you.

16 I'm just trying to see with what latitude a
17 parent who is not -- likely not the custodial parent,
18 but how the noncustodial parent -- how far and how
19 reaching they get to lay a claim to delay anything
20 in another state. And to your point about the
21 agreement between 48 states, I get it.

22 So here's my question. This only applies
23 to anything classified as sexual reassignment, but
24 would not apply to a 15-year-old whose mother is
25 okay with her getting an abortion in New York.

1 Correct?

2 PRESIDENT PASSIDOMO: Senator Yarborough.

3 SENATOR YARBOROUGH: I think a two-part
4 answer to your question, Senator. I heard kind
5 of two questions in there.

6 So, one, this only applies to the sex
7 reassignment prescriptions and procedures. The
8 amendment nor the bill speak to abortion.

9 And then also you mentioned the noncustodial
10 parent. We're talking about a custody arrangement
11 where both parents would have custody of the child.
12 At some point the child must be present in our state
13 in order for that parent to then -- you know the
14 legalese better than I do -- but have standing for
15 them to petition the Court so that there can be a
16 modification, yes, sir.

17 PRESIDENT PASSIDOMO: Any other questions on
18 the amendment?

19 Is there any debate on the amendment?

20 Senator Yarborough, you're recognized to
21 close on the amendment.

22 SENATOR YARBOROUGH: Thank you. Thank you,
23 Madam President.

24 And I ask for your favorable support of
25 the amendment.

1 Thank you.

2 PRESIDENT PASSIDOMO: All those in favor of
3 the amendment, say yea.

4 Opposed, say nay.

5 The amendment is adopted.

6 Read the next amendment.

7 THE SECRETARY: Amendment barcode 442004
8 by Senator Berman, delete lines 62 to 301 and insert
9 amendment.

10 PRESIDENT PASSIDOMO: Senator Berman, you're
11 recognized.

12 SENATOR BERMAN: Thank you, Madam President.

13 This amendment removes from the restrictions
14 puberty blockers and hormones. The use of puberty
15 blockers and hormones are categorically different from
16 surgical interventions, and they should not be lumped
17 together in a broad band like this bill proposes.
18 Puberty blockers and hormone therapies are
19 frequently used to help minors outside the scope of
20 transition. They're used to address conditions like
21 precocious puberty or to delay puberty so that a
22 child has more time to develop and grow.

23 These sort of applications have existed for
24 years. And especially in the case of puberty
25 blockers, this is about giving young people and their

1 families more time to learn about these therapies
2 and make well-informed decisions.

3 And that is the amendment, Madam President.

4 PRESIDENT PASSIDOMO: Are there any questions
5 on the amendment?

6 Is there any debate on the amendment?

7 Senator Burton, you're recognized.

8 SENATOR BURTON: Thank you, Madam President.

9 Unfortunately, there is no long-term study
10 to demonstrate the safety or efficacy of puberty
11 blockers, cross-sex hormones, or surgeries for
12 transgender youth. As we know, the Florida Board of
13 Medicine and Board of Osteopathic Medicine have spent
14 the past eight months extensively reviewing research,
15 hearing from medical experts, and listening to the
16 public on this very issue and deemed sex reassignment
17 treatment for minors to be harmful and has since
18 banned the treatment for minors.

19 The use of puberty blockers and other
20 prescriptions is deemed experimental and can cause
21 irreversible damage to our children.

22 For these reasons I would ask us to vote
23 down this amendment.

24 PRESIDENT PASSIDOMO: Is there debate?

25 Senator Yarborough.

1 SENATOR YARBOROUGH: Thank you, Madam
2 President.

3 Thank you, Senator Berman, for this amendment
4 for our consideration.

5 Senators, I can't think of a more compelling
6 reason for this legislation that we have in front of
7 us than the fact that youth sex reassignment
8 treatment, including prescriptions, is experimental,
9 as Senator Burton has pointed out, and can cause
10 irreversible damage to our children.

11 And for these reasons I ask that you vote the
12 amendment down.

13 Thank you.

14 PRESIDENT PASSIDOMO: Senator Berman, you're
15 recognized for close on your amendment.

16 SENATOR BERMAN: Thank you, Madam President.

17 I know with my daughter we discussed using
18 puberty blockers over 20 years ago. So if they were
19 so harmful, I'm sure there would be a lot of
20 literature out about that. And I think puberty
21 blockers are still used to this day on children, so
22 I don't that there is a problem with using them.

23 And I ask you to support this amendment.

24 PRESIDENT PASSIDOMO: All those in favor
25 of the amendment, say yea.

1 Opposed, say nay.

2 The amendment is not adopted.

3 Read the next amendment.

4 THE SECRETARY: Amendment barcode 712462
5 by Senator Torres, delete lines 69 through 83.

6 PRESIDENT PASSIDOMO: I'll show the
7 amendment temporarily postponed.

8 Read the next amendment.

9 THE SECRETARY: Amendment barcode 756102
10 by Senator Yarborough, delete line 78 and insert
11 amendment.

12 PRESIDENT PASSIDOMO: Senator Yarborough,
13 you're recognized.

14 SENATOR YARBOROUGH: Thank you, Madam
15 President.

16 This amendment adds public post-secondary
17 educational institutions to the list of entities
18 prohibited under the bill from expending state funds
19 for sex reassignment treatments.

20 As I mentioned in the previous amendment,
21 AHCA spent months considering whether these services
22 should be deemed medically necessary and ultimately
23 determined the treatments are experimental.
24 Therefore, I do not believe that taxpayer dollars
25 should be spent on sex reassignment treatments at our

1 public post-secondary institutions. If an adult wants
2 to pursue treatment under the supervision of their
3 physician, then they are still permitted to do so
4 with private insurance or private funds.

5 And that's the amendment, Madam President.

6 PRESIDENT PASSIDOMO: Are there any questions
7 on the amendment?

8 Senator Jones, you're recognized.

9 SENATOR JONES: Thank you so much, Madam
10 President.

11 Senator Yarborough, I just want to get
12 clarity, because I know there was a request by
13 the Governor's budget office, and I know the University
14 of South Florida, University of Florida, Florida
15 State, the University of Central Florida -- I think
16 this was kind of intertwined with their services
17 through the trans care team.

18 Does that also include receiving counseling
19 services when we're talking about treatment?

20 PRESIDENT PASSIDOMO: Senator Yarborough,
21 you're recognized.

22 You're recognized.

23 SENATOR YARBOROUGH: Thank you. Through
24 the president to Senator Jones.

25 No.

1 PRESIDENT PASSIDOMO: Senator Jones.

2 SENATOR JONES: Thank you so much, Madam
3 President.

4 And, Senator Yarborough, I just want to make
5 sure that we clarify -- because we're not talking
6 about a medical procedure with these individuals.
7 I just want to make sure, just for clarity, that --
8 based on the language and how it reads right now, I
9 just want to make sure that we're not taking students
10 who might be receiving counseling services -- that
11 we're not taking that opportunity away from them
12 within the universities.

13 PRESIDENT PASSIDOMO: Is there a question
14 mark at the end of that?

15 SENATOR JONES: Question mark.

16 PRESIDENT PASSIDOMO: You are recognized.

17 SENATOR YARBOROUGH: Thank you, Madam
18 President.

19 I just doubled-checked. The answer is still
20 no, Mr. Jones.

21 PRESIDENT PASSIDOMO: Are there any other
22 questions on the amendment?

23 Is there any debate on the amendment?

24 Senator Yarborough, you're recognized to
25 close.

1 SENATOR YARBOROUGH: Waive close, Madam
2 President.

3 PRESIDENT PASSIDOMO: All those in favor
4 of the amendment, say yea.

5 Opposed, say nay.

6 The amendment is adopted.

7 Read the next amendment.

8 THE SECRETARY: Amendment barcode 299002
9 by Senator Jones, between lines 175 and 176 insert
10 amendment.

11 PRESIDENT PASSIDOMO: Senator Jones, you're
12 recognized to explain the amendment.

13 SENATOR JONES: Thank you so much, Madam
14 President.

15 Members, I presented this amendment in
16 committee. And this basic amendment here with the
17 current language offers minimal access to health
18 care for trans youth at risk for suicide. This
19 amendment just adds a suicide prevention provision
20 mirrored after language that was originally adopted
21 by Republicans in West Virginia.

22 Under this amendment, that term would not
23 include treatment provided to a minor who had entered
24 puberty if these conditions are met: The minor has
25 been diagnosed with severe gender dysphoria by at

1 least two medical or mental health practitioners with
2 certain qualifications; the diagnosing practitioners
3 express in writing that treatment with sex
4 reassignment prescriptions or procedures is medically
5 necessary to treat the minor and limit self-harm or
6 the possibility of self-harm; the minor, the minor's
7 parents, other persons charged to make decisions
8 about the minor's care, and the minor's primary
9 physician agree in writing with that treatment; and
10 the use of the sex reassignment prescriptions or
11 procedures is limited to the lowest dosage necessary
12 to treat the minor's psychiatric condition and not
13 for the purpose of sex reassignment.

14 And that is the amendment, Madam President.

15 PRESIDENT PASSIDOMO: Are there any questions
16 on the amendment?

17 Is there any debate on the amendment?

18 Senator Calatayud, you're recognized in
19 debate.

20 SENATOR CALATAYUD: Thank you, Madam
21 President.

22 I feel quite strongly that this amendment
23 undermines the intent of this bill, which is to
24 protect children from experimental sex reassignment
25 procedures and prescriptions. Sex reassignment

1 prescriptions on children are experimental and can
2 cause irreversible damage. There is zero long-term
3 studies to demonstrate physical safety or mental
4 hygiene efficacy of puberty blockers, cross-sex
5 hormones for youth that identify as transgender.

6 This amendment that sex reassignment
7 prescriptions or procedures are medically necessary
8 to treat the minor or limit self-harm or the
9 possibility of self-harm, limited to the lowest
10 dosage necessary to treat minor psychiatric conditions
11 and not for the purpose of sex reassignment -- we need
12 to treat the child's psychiatric condition and not
13 with experimental exposure to hormone blockers or
14 cross-sex hormones.

15 To be clear, the children of Florida deserve
16 effective and high-quality treatment for the
17 psychiatric condition of body dysphoria and all
18 comorbidities: depression, anxiety, low self-esteem,
19 self-hatred. None of that will be found at the
20 lowest dosage of Lupron, estrogen, or testosterone.

21 We are making massive commitments to mental
22 health and primarily historic investments in mental
23 health access for children. Today when we were
24 discussing the budget, our chairs of Health and
25 Education spent a great deal of time describing rate

1 increases for children's mental health care, huge
2 increases on school-based mental health funding, an
3 enormous increase on our behavioral intervention
4 service and support structures. Some of that was in
5 Senate Bill 150.

6 I believe very strongly that children that
7 identify as transgender deserve life-preserving and
8 effective mental health care. I will fight and
9 advocate for that care for each precious child.

10 I support the right of fully informed adults
11 who identify as transgender to pursue sex reassignment
12 prescriptions or procedures.

13 Similarly, I believe it is the responsibility
14 of this body to protect children from life-altering
15 and irreversible choices of which they cannot consent.

16 Thank you, Madam President.

17 PRESIDENT PASSIDOMO: Is there any other
18 debate on the amendment?

19 Senator Pizzo.

20 SENATOR PIZZO: Briefly, Madam President.

21 And I have not seen this bill either, so what
22 I'm learning today from a physician's perspective
23 is that per se the position of one side of the
24 aisle is that anyone that is transgender is
25 suffering from a mental health condition, not that

1 it's something that someone innately feels, either
2 nurture or nature, but that everyone who's part of
3 the trans community is mentally disturbed.

4 That's what I'm hearing.

5 It's a good amendment.

6 PRESIDENT PASSIDOMO: Any other debate?

7 Senator Yarborough.

8 SENATOR YARBOROUGH: Thank you, Madam
9 President.

10 Senators, I believe we have a duty to
11 protect children from experimental medical treatments
12 and ask that you would vote this amendment down.

13 Thank you.

14 PRESIDENT PASSIDOMO: Senator Jones, you're
15 recognized first on your amendment.

16 SENATOR JONES: Thank you so much, Madam
17 President.

18 And, Members, again, this is the amendment.
19 It was passed, the same deal that was posed in
20 West Virginia, Republican-led legislature. Their
21 majority leader who brought forth the amendment
22 actually agreed that gender dysphoria is real, it
23 exists, and bringing this type of treatment to
24 individuals who really desperately need it should
25 be left with them and their parents.

1 And that's all the amendment is saying. So
2 hopefully we could vote up on this amendment.

3 Thank you, Madam President.

4 PRESIDENT PASSIDOMO: All those in favor of
5 the amendment, say yea.

6 Opposed, say nay.

7 The amendment is not adopted.

8 Read the next amendment.

9 THE SECRETARY: Amendment barcode 654418
10 by Senator Yarborough, delete lines 184 through 235
11 and insert amendment.

12 PRESIDENT PASSIDOMO: Senator Yarborough,
13 you're recognized to explain the amendment.

14 SENATOR YARBOROUGH: Thank you, Madam
15 President.

16 This amendment directs the Board of Medicine
17 and Board of Osteopathic Medicine, rather than the
18 Department of Health, to adopt emergency rules to
19 implement section 5 of the bill.

20 The amendment also requires that within 60
21 days the boards must adopt emergency rules pertaining
22 to the standards of practice under which minors may
23 continue to be treated with a prescription provided
24 by a physician if such treatments were commenced
25 before and are still active on the bill's effective

1 date.

2 That's the amendment.

3 PRESIDENT PASSIDOMO: Any questions on the
4 amendment?

5 Senator Polsky.

6 SENATOR POLSKY: Thank you, Madam Chair.

7 In listening a little bit to some of the
8 committee on this, I think there was some
9 back-and-forth about what we think the Department of
10 Health might do with their interpretation.

11 So how do we know that someone who is
12 currently undergoing treatment will be able to
13 continue that under the Department of Health's rules?

14 PRESIDENT PASSIDOMO: Senator Yarborough.

15 SENATOR YARBOROUGH: Thank you, Madam
16 President.

17 Through the president to Senator Polsky and
18 the Senate, very good question, Senator Polsky.

19 So the amendment would seek to change the
20 rulemaking authority over to the Board of Medicine
21 and the Board of Osteopathic Medicine rather than
22 to the Department of Health. And then our boards are
23 made up of medical professionals and others who
24 serve, so it would be a bigger body that would have
25 an opportunity to take a bite at the apple and talk

1 through what is the best way to proceed with regard
2 to continued use of the treatments by minors if they
3 were on them before the effective date of the bill.

4 PRESIDENT PASSIDOMO: Senator Polsky.

5 SENATOR POLSKY: Thank you.

6 So to clarify, the Board of Medicine and
7 Board of Osteopathic Medicine will make the
8 decision, not the Florida Department of Health?

9 PRESIDENT PASSIDOMO: Senator Yarborough.

10 SENATOR YARBOROUGH: If the amendment passes,
11 then yes, ma'am.

12 PRESIDENT PASSIDOMO: Senator Polsky, you're
13 recognized.

14 SENATOR POLSKY: Thank you.

15 I do think that's an improvement. However,
16 haven't there been some recent appointments to the
17 Board of Medicine who have made it their point of
18 view that they don't believe in gender-affirming care
19 at all?

20 PRESIDENT PASSIDOMO: Senator Yarborough.

21 SENATOR YARBOROUGH: Thank you, Madam
22 President.

23 We don't speak to that in the substance of
24 the amendment, Senator Polsky. I have the makeup of
25 the board as far as how it's structured and what

1 occupations the members must hold, but I haven't
2 heard that same information that you've just
3 mentioned.

4 PRESIDENT PASSIDOMO: Any other questions on
5 the amendment?

6 Senator Book, you're recognized.

7 SENATOR BOOK: Thank you.

8 You piqued my interest. To the sponsor, who
9 are those individuals and what are their occupations?

10 PRESIDENT PASSIDOMO: Senator Yarborough.

11 SENATOR YARBOROUGH: Thank you.

12 Through the president to Leader Book.

13 And it is a little lengthy, Leader Book.

14 I'm happy to read it if you would like. Page 6 of
15 our bill analysis does an excellent job talking about
16 the composition of both the Board of Medicine and
17 the Board of Osteopathic Medicine, so I'll defer.
18 If you'd like me to read, I certainly can, but it's
19 encapsulated -- I was going to read straight from
20 page 6 of our analysis that was prepared by our very
21 good and professional staff, but happy to read it,
22 whatever you'd like.

23 PRESIDENT PASSIDOMO: Senator Book.

24 SENATOR BOOK: Well, you have a
25 beautiful voice. We can read it.

1 Thank you.

2 PRESIDENT PASSIDOMO: Senator Yarborough.

3 SENATOR YARBOROUGH: If you insist.

4 Thank you.

5 *The Board of Medicine is the state's*
6 *regulatory board for licensed medical doctors, also*
7 *known as allopathic physicians. The BOM is composed*
8 *of 15 members appointed by the Governor and confirmed*
9 *by the Senate for four-year terms who serve until*
10 *their successors are appointed. Twelve members of the*
11 *BOM must be licensed physicians in good standing who*
12 *are state residents and who have been engaged in the*
13 *active practice or teaching of medicine for at least*
14 *four years immediately preceding their appointment.*
15 *One of the physicians must be on the full-time faculty*
16 *of a medical school in Florida. One physician must*
17 *be in private practice and a full-time staff member*
18 *of a statutory teaching hospital in Florida. One*
19 *physician must be a graduate of a foreign medical*
20 *school. One member must be a health care risk*
21 *manager. One member must be age 60 or older. The*
22 *remaining three members must be residents of Florida*
23 *who are not and never have been licensed health care*
24 *practitioners.*

25 That's the Board of Medicine.

1 And then briefly about the Board of
2 Osteopathic Medicine, that is the state's regulatory
3 board for osteopathic physicians. *The BOOM is*
4 *composed of seven members appointed by the Governor*
5 *and confirmed by the Senate. Five members of the*
6 *board must be licensed osteopathic physicians in good*
7 *standing who are Florida residents and who have been*
8 *engaged in the practice of osteopathic medicine for*
9 *at least four years immediately prior to their*
10 *appointment. At least one member must be 60 or older,*
11 *and the two members must be citizens of the state who*
12 *were not and have never been licensed health care*
13 *practitioners.*

14 PRESIDENT PASSIDOMO: Any other questions
15 on the amendment?

16 Is there debate on the amendment?

17 Senator Yarborough, you're recognized to
18 close on your amendment.

19 SENATOR YARBOROUGH: Waive close, Madam
20 President.

21 PRESIDENT PASSIDOMO: All those in favor of
22 the amendment, say yea.

23 Opposed, say nay.

24 The amendment is adopted.

25 Read the next amendment.

1 THE SECRETARY: Amendment barcode 616390
2 by Senator Davis, delete lines 193 to 253 and insert
3 amendment.

4 PRESIDENT PASSIDOMO: Senator Davis, you're
5 recognized to explain the amendment.

6 SENATOR DAVIS: Thank you, Madam President.

7 The amendment removes the limitation on care
8 for transgender Floridians only being provided by
9 certain licensed physicians and allows registered
10 nurses, RNs, and advanced practice rehabilitative
11 nurses to administer care. It also removes the
12 definition of physician in the bill.

13 And that is the amendment.

14 PRESIDENT PASSIDOMO: Are there any questions
15 on the amendment?

16 Is there any debate on the amendment?

17 Senator Burton.

18 SENATOR BURTON: Thank you, Madam President.

19 Senator Davis, I would suggest that since the
20 treatment that we're discussing today is potentially
21 life-altering and permanent, that it is favored best
22 administered and the care is best delivered by a
23 licensed physician in Florida.

24 Therefore, Members, I'd ask you to vote no
25 on this amendment.

1 PRESIDENT PASSIDOMO: Any other debate?
2 Senator Yarborough.

3 SENATOR YARBOROUGH: Thank you, Madam
4 President.

5 And thank you, Senator Davis.

6 Always great to consider what is brought
7 forward, especially from a friendly colleague from
8 Jacksonville, from the same area. But it is an
9 unfriendly amendment, so I would ask that we vote
10 this down.

11 Thank you.

12 PRESIDENT PASSIDOMO: Senator Davis, you're
13 recognized to close on the amendment.

14 SENATOR DAVIS: Thank you, Madam President.

15 Florida is not free if we are restricting
16 access to widely supported health care. The
17 provisions at issue ban numerous qualified health
18 care professionals like advanced practice registered
19 nurses from administering what is often lifesaving
20 care.

21 This amendment would simply retain
22 transgender adults access to many of those qualified
23 health care professionals who are not licensed
24 physicians for their health care.

25 One major provider of gender-affirming care

1 is in Florida. It's called -- the organization is
2 called Spektrum. And Spektrum has multiple locations
3 in Central Florida, and they opened in 1998. Spektrum
4 today uses nurses clinical treatment model, and the
5 care is provided solely by autonomous nurse
6 practitioners. There are more than 3,800 patients.
7 The vast majority of them are adults who rely on
8 the care provided by their nurse practitioner at
9 Spektrum today. They risk being immediately displaced
10 by this proposed legislation.

11 So we have highly trained nurses who are
12 critical components of our state's health care
13 infrastructure for transgender Floridians and
14 professionals that estimate those nurses provide 80
15 percent of the gender-affirming care in this state
16 today, either directly or in conjunction with a
17 licensed physician.

18 So if we are trying to ensure that this is
19 happening, all I'm asking is that we don't penalize
20 our transgender adults; we allow them access to
21 professionals other than physicians.

22 And that is the amendment.

23 PRESIDENT PASSIDOMO: All those in favor
24 of the amendment, say yea.

25 Opposed, say nay.

1 The amendment is not adopted.

2 Read the next amendment.

3 THE SECRETARY: Amendment barcode 818468 by
4 Senator Polsky, delete line 201 and insert amendment.

5 PRESIDENT PASSIDOMO: Senator Polsky, you're
6 recognized to explain the amendment.

7 SENATOR POLSKY: Thank you, Madam President.

8 Medical freedom and access to health care is
9 an issue this legislature has discussed at length.
10 This bill drastically reduces health care for
11 transgender adults, a dangerous precedent about
12 government interference in personal decisionmaking.

13 The provisions at issue effectively ban
14 telehealth for what is often lifesaving care, and
15 this amendment would reverse that.

16 The transgender community already faces
17 significant barriers and disparities in accessing
18 health care. The State should not be making that
19 worse. We are talking about health care for informed,
20 consenting adults. The process for transitioning can
21 be unique for every individual. Some transgender
22 people only engage in social transition, which is
23 about clothing, hairstyle, the name one uses, and
24 may not seek medical care for their transition at all.
25 But some do seek medical care in an ongoing process

1 of many years. These are not snap decisions. And for
2 those who have been accessing care through telehealth,
3 there is no compelling reason to now force them back
4 to a doctor's office.

5 When it comes to prescriptions or medical
6 advice and guidance, the exact same information can
7 be delivered through telehealth as in person. Of
8 course, surgery is not. Transgender adults can thrive
9 when they have access to care.

10 And that is the amendment.

11 PRESIDENT PASSIDOMO: Are there any questions
12 on the amendment?

13 Is there any debate on the amendment?

14 Senator Yarborough, on the amendment --
15 wait. There's debate? Oh, sorry.

16 Senator Calatayud, you're recognized.

17 SENATOR CALATAYUD: Thank you, Madam
18 President.

19 Currently in the language of this bill we
20 prohibit telehealth, but that is simply for new
21 procedures or new prescriptions. It is not for the
22 continuation of individuals that identify as
23 transgender to receive their current services. That
24 is not what this bill does.

25 So this raises the quality in which

1 individuals who are pursuing additional or a change
2 or an increase in their prescriptions to have an
3 in-person conversation with a doctor on exactly how
4 that would affect them and to be fully and completely
5 informed on the consent of that.

6 And that standard is important because each
7 of these changes is significant into that person's
8 health.

9 Thank you, Madam President.

10 PRESIDENT PASSIDOMO: Is there any other
11 debate?

12 Senator Yarborough.

13 SENATOR YARBOROUGH: Thank you, Madam
14 President.

15 Senator Calatayud has made some very
16 good points. And for these reasons I would ask
17 that we vote the amendment down as it is unfriendly.

18 Thank you.

19 PRESIDENT PASSIDOMO: Senator Polsky,
20 you're recognized to close on the amendment.

21 SENATOR POLSKY: Thank you.

22 In response to Senator Calatayud's point,
23 it's saying that telehealth isn't a valid doctor's
24 visit. And that is just not accurate, and that's
25 not what this body has legislated in the past. I

1 don't think that's right.

2 We're both from urban areas where we might
3 be able to find care, but there's a lot of us in
4 Florida who would never be able to get to some of
5 these regular appointments. It's very challenging.
6 We've talked about kind of the doctor desert that we
7 have that we're only increasing by bills like this
8 and the bill that we passed before.

9 These provisions on adult care in this bill
10 are nothing more than targeting regulation of
11 gender-affirming care providers with the sole purpose
12 of making it harder for transgender adults to access
13 lifesaving care. Maintaining access to telehealth
14 can help avoid this undue hardship.

15 And I ask you to vote up on this important
16 amendment.

17 PRESIDENT PASSIDOMO: All those in favor
18 of the amendment, say yea.

19 Opposed, say nay.

20 The amendment is not adopted.

21 Read the next amendment.

22 THE SECRETARY: Amendment barcode 450510
23 by Senator Yarborough, between lines 307 and 308
24 insert amendment.

25 PRESIDENT PASSIDOMO: Senator Yarborough,

1 you're recognized to explain the amendment.

2 SENATOR YARBOROUGH: Thank you, Madam
3 President.

4 This amendment authorizes a person to bring
5 a medical negligence action under Chapter 766 to
6 recover damages for personal injuries or death as a
7 result of the provision of a prohibited sex
8 reassignment prescription or procedure to a person
9 younger than 18 years of age.

10 The action may be commenced within 20 years
11 after the cessation or completion of the sex
12 reassignment prescription or procedure. If the action
13 is successful, any award for punitive damages is
14 exempt from the existing statutory limits on punitive
15 damages which generally limit awards for punitive
16 damages to the greater of three times the amount of
17 the award for compensatory damages or \$500,000.

18 The amendment does not allow a person to
19 bring a lawsuit based on lawful conduct occurring
20 before the effective date of the bill or lawful
21 conduct that began before the effective date of the
22 bill and lawfully continued after the effective date
23 of the bill.

24 That's the amendment.

25 PRESIDENT PASSIDOMO: Are there any questions

1 on the amendment?

2 Senator Polsky.

3 SENATOR POLSKY: Thank you, Madam President.

4 I did read the amendment, but I didn't
5 understand. Who would one be suing?

6 PRESIDENT PASSIDOMO: Senator Yarborough.

7 SENATOR YARBOROUGH: Thank you, Madam
8 President.

9 For clarification, did you say who would
10 want to be or who would they be?

11 PRESIDENT PASSIDOMO: Senator Polsky.

12 Senator Yarborough.

13 SENATOR YARBOROUGH: Thank you. Thank
14 you, Madam President.

15 It would be towards the medical provider,
16 even though -- and I can sense where you're going,
17 Senator Polsky -- it would already be illegal to
18 do this on minors under our bill, and there could
19 already be license suspension if someone did this,
20 in addition to the third-degree felony. But this is
21 another mechanism that I believe is important for us
22 to say we are taking it very seriously in Florida;
23 that if you are found to have done this, then this
24 option would be available to an individual once they
25 passed the age of majority. If they then cease to

1 use those treatments, then they have 20 years then to
2 bring an action if they would choose to do so.

3 PRESIDENT PASSIDOMO: Senator Polsky.

4 SENATOR POLSKY: Thank you.

5 I'm sorry. I just want to be very clear.
6 So this is only for care that's given to a minor,
7 then up to 20 years later decides it was a mistake --
8 first of all, giving the care is illegal, to
9 begin with. So now there's a civil action on top
10 of it if they change their mind? I'm confused.

11 PRESIDENT PASSIDOMO: Senator Yarborough.

12 SENATOR YARBOROUGH: Thank you. Thank
13 you, Madam President. Through the president to
14 Senator Polsky.

15 So it would say that if there was a minor
16 who started the -- after the effective date of
17 our bill, because it's not retroactive. So after
18 the effective date of our bill, you are correct in
19 that if treatments were started, then they get to the
20 age of, let's just use 25 as an example, and then
21 they stop, then they would have a 20-year window to
22 then file an action toward the health care provider
23 if they chose to do so.

24 PRESIDENT PASSIDOMO: Senator Polsky.

25 SENATOR POLSKY: And the action is based on

1 the fact that they were given treatment when they
2 were a minor, not when they were an adult. Is that
3 correct?

4 PRESIDENT PASSIDOMO: Senator Yarborough.

5 SENATOR YARBOROUGH: That's correct, Senator.

6 PRESIDENT PASSIDOMO: Senator Polsky.

7 SENATOR POLSKY: Thank you.

8 So this is just the civil side of -- and
9 there's no criminal issue under this bill, and
10 this is just the civil side that they can sue after
11 because they changed their mind. Is that correct?

12 PRESIDENT PASSIDOMO: Senator Yarborough.

13 SENATOR YARBOROUGH: Thank you, Madam
14 President.

15 That's correct, Senator.

16 PRESIDENT PASSIDOMO: Any other questions
17 on the amendment?

18 Senator Yarborough -- or any debate on
19 the amendment?

20 Oh, I'm sorry. All right. You're recognized.

21 SENATOR DAVIS: Thank you, Madam President.

22 Just for clarity, going on what Senator
23 Polsky was asking, so in your opening I know you
24 were talking about Chloe, I think her name was. And
25 so would this be a Chloe situation? She had the

1 puberty blockers, and then I think she's feeling
2 like, you know, I've gotten older and maybe that
3 wasn't something I wanted to do?

4 I'm just trying to clarify the meaning of
5 that.

6 PRESIDENT PASSIDOMO: Senator Yarborough.

7 SENATOR YARBOROUGH: Thank you, Madam
8 President.

9 It would not because that started before
10 the effective date of when this bill would become
11 law. So it won't go retroactive. That has happened
12 in the past with Chloe. This is moving forward, from
13 the day this bill becomes law forward.

14 PRESIDENT PASSIDOMO: Senator Davis.

15 SENATOR DAVIS: Thank you, Madam President.

16 But is that the situation? Yes, I know
17 we're moving forward, but you described it -- is that
18 the type of situation that we're talking about here?

19 PRESIDENT PASSIDOMO: Senator Yarborough.

20 SENATOR YARBOROUGH: Thank you, Madam
21 President.

22 I'll do my best to thread the needle, Senator
23 Davis. It's akin to that, but also to Senator
24 Polsky's question, there would have already been a
25 couple of violations that take place because the

1 bill outright says it's prohibited for minors once
2 the bill becomes law for the treatments and the
3 procedures unless they were already having -- unless
4 they were already taking those or on those before the
5 effective date. And we have some exceptions that
6 are in the base bill that we can discuss. But it
7 would be akin to that situation, but not for anyone
8 who started that before the effective date of the
9 bill because we didn't have any law prohibiting
10 that before this bill would become law.

11 PRESIDENT PASSIDOMO: Okay. Any other
12 questions on the amendment?

13 Any debate on the amendment?

14 Senator Yarborough, you're recognized to
15 close on your amendment.

16 SENATOR YARBOROUGH: Waive close, Madam
17 President.

18 PRESIDENT PASSIDOMO: All those in favor of
19 the amendment, say yea.

20 Opposed, say nay.

21 The amendment is adopted.

22 Let's go back to amendment barcode 712462.

23 Read the amendment.

24 THE SECRETARY: Amendment barcode 712462
25 by Senator Torres, delete lines 69 through 83.

1 PRESIDENT PASSIDOMO: Senator Pizzo is
2 going to stand in for Senator Torres.

3 You are recognized to explain the amendment.

4 SENATOR PIZZO: Thank you, Madam President.

5 This amendment erodes the home rule
6 preemption to allow cities, counties, and local
7 districts to offer their employees health insurance
8 benefits. That could include coverage for any
9 number of things.

10 That is the amendment.

11 PRESIDENT PASSIDOMO: Are there any questions
12 on the amendment?

13 Is there any debate on the amendment?

14 Senator Yarborough.

15 SENATOR YARBOROUGH: Thank you, Madam
16 President.

17 Thank you, Senator Pizzo. And I note
18 Senator Torres had filed this amendment.

19 Last summer the Agency for Health Care
20 Administration spent months extensively reviewing
21 medical research and listening to medical experts and
22 the public on this very issue to determine whether
23 the Medicaid program should continue covering
24 treatment for individuals.

25 On June 2, 2022, AHCA published a report

1 finding that, quote: *Due to a lack of high quality*
2 *evidence, services provided for the treatment of*
3 *gender dysphoria do not conform to generally*
4 *accepted professional medical standards and are*
5 *experimental and investigational*, close quote.

6 Therefore, such services were deemed not
7 medically necessary, and the agency determined that
8 Florida Medicaid should not cover them.

9 The state-funding prohibition in the bill
10 conforms to AHCA's findings that sex reassignment
11 treatments are not medically necessary. And,
12 therefore, I do not believe that Florida should
13 use taxpayer dollars for any sex reassignment
14 prescriptions or procedures.

15 So I would ask that we vote down the
16 amendment.

17 Thank you.

18 PRESIDENT PASSIDOMO: Senator Pizzo, you're
19 recognized to close on the Torres amendment.

20 SENATOR PIZZO: Thank you, Madam President.

21 And I wish somebody did ask me a question
22 about this amendment, and I -- it's kind of cool to
23 observe how everyone is assigned to other members
24 across the aisle to respond to different things on
25 the bill. It's kind of cool.

1 But let me go fast-forward. Cities can go
2 ahead and reimburse employees for their health
3 insurance costs, which is a way to bypass it. And I
4 wish somebody had asked me what's the nexus between
5 state taxpayer funding and a city that chooses to
6 have a health care plan, because I know some cities
7 that would be okay without any state funding or the
8 power of the purse and where that nexus is drawn.

9 So if I have a small city of a couple
10 thousand people that want to offer health insurance
11 to their employees that allow for these things, that
12 are really okay with -- listen, I have a lot of cities
13 that would like just to keep the taxes they generate
14 and not send anything up because they get so little
15 back.

16 So I really wish somebody would ask me a
17 question and engage on it and not just sort of claim
18 it's unfriendly and create a treatise. So what we're
19 saying is not to preempt cities and counties who
20 locally wish to allow this to happen. If this was
21 really something that we thought we were on solid
22 footing, there would be an amendment in this bill,
23 something along the lines of *any admitted*
24 *insurance company doing business in the state of*
25 *Florida shall not allow and cover these procedures.*

1 But that's nowhere in the bill because it's not
2 constitutional.

3 That's my amendment.

4 PRESIDENT PASSIDOMO: All those in favor
5 of the amendment, say yea.

6 Opposed, say nay.

7 The amendment is not adopted.

8 Okay. We are now back on the bill.

9 Are there any questions on the bill?

10 Senator Polsky, you're recognized.

11 SENATOR POLSKY: Thank you, Madam President.

12 Senator Yarborough, you talked about Chloe
13 a little bit. Did you get a chance to speak to any
14 other transgender youth who successfully transitioned?

15 PRESIDENT PASSIDOMO: Senator Yarborough.

16 SENATOR YARBOROUGH: Thank you, Madam
17 President.

18 There have been a number of communications
19 especially since the time of our Health Policy
20 meeting last month related to this topic with
21 individuals you had mentioned.

22 PRESIDENT PASSIDOMO: Senator Polsky.

23 SENATOR POLSKY: Thank you, Madam President.

24 Is there any reason why you didn't talk
25 about some success stories in your opening?

1 PRESIDENT PASSIDOMO: Senator Yarborough.

2 SENATOR YARBOROUGH: Thank you, Madam
3 President.

4 The purpose of our bill is to prevent these
5 procedures and treatments from happening on minors in
6 our state moving forward, Senator Polsky. There were
7 actually many more like Chloe that I had done some
8 research on, but for time's sake and for purposes of
9 the example, I thought Chloe's story would fit well
10 with the bill that's before us today for your
11 consideration.

12 PRESIDENT PASSIDOMO: Senator Polsky.

13 SENATOR POLSKY: Thank you, Madam President.

14 Moving on in the bill, with respect to
15 adults, either through the section that prevents
16 Medicare or state health insurance plans from paying
17 for any of these services for adults, is there any
18 prohibition on paying for a breast augmentation or
19 a breast reduction?

20 PRESIDENT PASSIDOMO: Senator Yarborough.

21 SENATOR YARBOROUGH: Thank you, Madam
22 President.

23 No.

24 PRESIDENT PASSIDOMO: Senator Polsky.

25 SENATOR POLSKY: Thank you, Madam President.

1 And that's not life-altering, changing one's
2 body you can't get back from?

3 PRESIDENT PASSIDOMO: Senator Yarborough.

4 SENATOR YARBOROUGH: It's not contemplated
5 in our bill and wouldn't be prohibited in answer to
6 that in your preceding question, Senator.

7 PRESIDENT PASSIDOMO: Senator Polsky.

8 SENATOR POLSKY: Thank you.

9 Is that not discrimination against --
10 based on, you know, one who chooses to -- who has
11 gender dysphoria, a disability?

12 PRESIDENT PASSIDOMO: Senator Yarborough.

13 SENATOR YARBOROUGH: Thank you, Madam
14 President.

15 I think I understand your question, Senator
16 Polsky. What we are contemplating in this bill, the
17 section that you mentioned as far as the use of
18 state funds, in lines 71 through 83 of the bill say
19 that no state funds shall be used to provide for sex
20 reassignment prescription or procedure.

21 PRESIDENT PASSIDOMO: Senator Polsky.

22 SENATOR POLSKY: Thank you, Madam President.

23 Isn't that picking and choosing which
24 procedures we choose to allow and ones we don't?

25 PRESIDENT PASSIDOMO: Senator Yarborough.

1 SENATOR YARBOROUGH: Thank you, Madam
2 President.

3 Through the president to Senator Polsky.

4 If you're asking whether I believe that it's
5 okay for doctors to physically and emotionally
6 castrate youth in Florida, then my answer is a
7 resounding no.

8 PRESIDENT PASSIDOMO: Senator Polsky.

9 SENATOR POLSKY: Thank you, though that's not
10 what I asked.

11 This is about adults who are under the state
12 plan, for example. We're dictating what that
13 insurance company can cover and not cover. So why
14 are we picking and choosing what the adults can
15 receive? Because there are other procedures that are
16 life-altering, disfiguring, and you can never come
17 back from.

18 PRESIDENT PASSIDOMO: Senator Yarborough.

19 SENATOR YARBOROUGH: Thank you, Madam
20 President.

21 Thank you, Senator Polsky.

22 So the prohibition would be on the use of
23 state funds, but if an adult chooses to use private
24 funds or private insurance, if that product allows
25 for them, then they're certainly free to do so.

1 PRESIDENT PASSIDOMO: Senator Polsky.

2 SENATOR POLSKY: Thank you.

3 But as a state employee as we pay into the
4 program, we're not allowed to discriminate, are we?

5 PRESIDENT PASSIDOMO: Senator Yarborough.

6 SENATOR YARBOROUGH: Thank you, Madam
7 President.

8 Can you further develop the question,
9 Senator Polsky?

10 PRESIDENT PASSIDOMO: Senator Polsky.

11 SENATOR POLSKY: Thank you, Madam
12 President.

13 Is it a violation of the Affordable Care Act
14 sex discrimination provision to pick and choose
15 which procedures that the state plan can cover?

16 PRESIDENT PASSIDOMO: Senator Yarborough.

17 SENATOR YARBOROUGH: Thank you, Madam
18 President.

19 Through the president to Senator Polsky.

20 The state group plan as we have today
21 doesn't offer every possible option that one might
22 wish to consider. So there's a menu that's there,
23 but it doesn't offer every single thing you can think
24 of today as it is.

25 PRESIDENT PASSIDOMO: Senator Polsky.

1 SENATOR POLSKY: Thank you, Madam President.

2 Are we allowed for minors to receive
3 hormonal treatments such as growth hormones, puberty
4 blockers if someone is in -- forgive me. I forgot
5 the word -- when a youth is in advanced puberty when
6 they shouldn't be?

7 PRESIDENT PASSIDOMO: Senator Yarborough.

8 SENATOR POLSKY: Precocious puberty.

9 Thank you.

10 PRESIDENT PASSIDOMO: Senator Yarborough.

11 SENATOR YARBOROUGH: Thank you, Madam
12 President.

13 I would turn your attention, Senator Polsky
14 and Senators, to starting on page 5 of the bill
15 and then moving to page 6 where we define sex
16 reassignment prescriptions or procedures. We do
17 start -- this is a more appropriate place, page
18 6 -- I'm sorry -- starting on line 151 and following:
19 *The term does not include treatment provided by a*
20 *physician who in his or her good faith clinical*
21 *judgment performs procedures upon or provides*
22 *therapies to a minor born with a medically verifiable*
23 *genetic disorder of sexual development, including*
24 *any of the following...*

25 And then you see: *A, external biological sex*

1 *characteristics that are unresolvably ambiguous; or,*
2 *B, a disorder of sexual development in which the*
3 *physician has determined through genetic or*
4 *biochemical testing that the patient does not have a*
5 *normal sex chromosome structure, sex steroid hormone*
6 *production, or sex steroid hormone action for a male*
7 *or female, as applicable.*

8 So we do have some exceptions in here that
9 do not make it absolute, that it can occur. If there
10 are needs based on the good faith clinical judgment
11 of the medical provider, then these exceptions are
12 for those individual minors.

13 PRESIDENT PASSIDOMO: Senator Polsky.

14 SENATOR POLSKY: Thank you, Madam President.

15 There are a lot of people who take growth
16 hormones that has nothing to do with sex steroid
17 hormone production. They just want to be taller.
18 Is that allowed?

19 PRESIDENT PASSIDOMO: Senator Yarborough.

20 Senator Yarborough.

21 SENATOR YARBOROUGH: Thank you, Madam
22 President.

23 Those wouldn't be under the category of
24 sex reassignment treatment, Senator.

25 PRESIDENT PASSIDOMO: Senator Polsky.

1 SENATOR POLSKY: You're not concerned that
2 the provisions here are so vague that a doctor would
3 be concerned about -- I mean, this is what pediatric
4 endocrinologists do. This is their bread and butter.

5 PRESIDENT PASSIDOMO: Senator Yarborough.

6 SENATOR YARBOROUGH: Thank you, Madam
7 President.

8 The short answer would be no, Senator,
9 because then picking up on lines 164 and following,
10 we also say that if there are prescriptions or
11 procedures to treat an infection, injury, disease,
12 or disorder that has been caused or exacerbated by the
13 performance of a prescription or procedure, regardless
14 of whether such was performed in accordance with
15 state or federal law. And we also say prescriptions
16 or procedures provided to the patient for the
17 treatment of a physical disorder, physical injury,
18 or physical illness that would, if certified by a
19 physician licensed under Florida statutes, place the
20 individual in imminent danger of death or impairment
21 of a major bodily function without the prescription or
22 procedure.

23 So I'm comfortable with this language as
24 we have in front of us with these exceptions, that it
25 would fit to prohibit the sex reassignment procedures

1 and prescriptions. But we do have these exceptions
2 in there to where if there's some other ambiguous
3 issue or there's some other concern, on the good
4 faith clinical judgment of the health care provider,
5 if they deem it necessary and it fits within what we
6 prescribe in the bill, then that would not be a
7 violation of what we have here.

8 PRESIDENT PASSIDOMO: Senator Polsky.

9 SENATOR POLSKY: Thank you, Madam President.

10 But I think those things sound like, you
11 know, if something went wrong with a prior type of sex
12 reassignment surgery or some physical deformity of a
13 sexual nature. But there are so many people who take
14 hormones purely for vanity, to be taller, as I
15 said. What about a minor who wants to have breast
16 augmentation? Is that allowed?

17 PRESIDENT PASSIDOMO: Senator Yarborough.

18 SENATOR YARBOROUGH: Thank you, Madam
19 President.

20 Again, Senator Polsky, we're talking about
21 items that would relate to sex reassignment
22 prescriptions and procedures. And with regard to
23 some of the effects on the therapies for children,
24 even according to the American Association of Clinical
25 Endocrinologists' clinical practice guidelines, males

1 seeking to transition to female with estrogen have a
2 very high risk of developing side effects involving
3 dangerous blood clots. Males transitioning to female
4 also have a moderate risk of developing the following
5 adverse outcomes: tumors, breast cancer, coronary
6 artery disease, cerebrovascular disease, gallstones,
7 elevated triglycerides.

8 And then according also to the AACE clinical
9 guidelines, females seeking to transition to males
10 with testosterone have a very high risk of
11 experiencing a dangerously high concentration of red
12 cells which can lead to life-threatening blood clots
13 and a moderate risk of the following adverse
14 reactions: severe liver dysfunction, coronary artery
15 disease, again cerebrovascular disease, hypertension,
16 or breast or uterine cancer.

17 So, again, long answer to your question,
18 but we do have the exceptions in there. And if in
19 the good faith clinical judgment of the medical
20 provider the minor needs those treatments, then they
21 would still be able to receive those as long as it
22 doesn't run afoul of the provisions in our bill.

23 PRESIDENT PASSIDOMO: Senator Polsky.

24 SENATOR POLSKY: Thank you.

25 So to clarify, I'm going to give a male

1 and a female example. A minor male, with the consent
2 of the parent and the doctor, can receive growth
3 hormones to make themselves taller. And there are,
4 I'm sure, just as many dangers to that as the ones
5 you just listed, because they are hormones, after all,
6 being artificially injected. They are allowed to get
7 that, but you can't have the hormones for gender
8 dysphoria. Is that correct?

9 PRESIDENT PASSIDOMO: Senator Yarborough.

10 SENATOR YARBOROUGH: Thank you, Madam
11 President.

12 So, again, Senator, going back to the bill,
13 going to lines 136 and following: *Sex reassignment*
14 *prescriptions or procedures means:*

15 *No. 1, the prescription or administration of*
16 *puberty blockers for the purpose of attempting to*
17 *stop or delay normal puberty in order to affirm a*
18 *person's perception of his or her sex if that*
19 *perception is inconsistent with the person's sex as*
20 *identified in subsection (8), right above that.*

21 And then: *No. 2, the prescription or*
22 *administration of hormones or hormone antagonists to*
23 *affirm a person's perception of his or her sex if*
24 *that perception is inconsistent with the person's*
25 *sex as defined in subsection (8).*

1 So what you're asking about is not for the
2 purpose -- I don't -- I'm not trying to say what your
3 intent is, but it doesn't sound like it's for the
4 purpose of sex reassignment. It sounds like it's
5 another issue outside of the scope of what we're
6 talking about.

7 PRESIDENT PASSIDOMO: Senator Polsky.

8 SENATOR POLSKY: That's correct, Senator.
9 But if there's dangers to taking hormones and we
10 don't think the parents are capable of making these
11 decisions for their minors, why are we singling out
12 these kinds of hormone treatments and not other
13 hormone treatments that a boy might get to be taller?
14 I'm sure it's equally dangerous.

15 PRESIDENT PASSIDOMO: Senator Yarborough.

16 SENATOR YARBOROUGH: Thank you, Madam
17 President.

18 Through the president to Senator Polsky.

19 Because these are experimental, and we
20 believe there is an incredibly high risk for many
21 of the reasons that I just stated, whether it's males
22 seeking to go to female or female to male, and we need
23 to take it seriously and make sure that our children
24 in Florida are not subjected to those treatments in
25 pursuit of a sex reassignment choice.

1 PRESIDENT PASSIDOMO: Senator Polsky.

2 SENATOR POLSKY: Thank you, Madam President.

3 Because you are talking about that it's
4 experimental or dangerous, why do you believe every
5 single medical organization in this state and
6 nationally believes that these minors should get the
7 treatment if it is called for and that it is safe?

8 PRESIDENT PASSIDOMO: Senator Yarborough.

9 SENATOR YARBOROUGH: Thank you, Madam
10 President.

11 So we've looked at a lot of medical research
12 on this, Senator Polsky. This is one of the main
13 reasons that we need to ban these treatments for
14 children, because the research is all over the place.
15 You might have a list of every -- you said every
16 organization across the country and in Florida,
17 but I disagree with that.

18 The bill is consistent with what the Florida
19 Board of Medicine and the Florida Board of Osteopathic
20 Medicine -- what their rules have said after they
21 looked at a lot of research and held public hearings
22 on this issue.

23 And, additionally, as reported in the
24 *New York Times* in October of 2022, England's National
25 Health Service proposed restricting use of the drugs

1 for gender dysphoric youth to research settings.

2 Sweden and Finland have also placed limits
3 on the treatment, concerned not just with the risk of
4 puberty blockers, but the steep rise in young patients'
5 psychiatric issues that many exhibit, and the extent
6 to which their mental health should be assessed before
7 treatment.

8 Further, for example, there are people with
9 gender dysphoria. If they're taking hormone
10 replacements as part of gender therapy, they could
11 face a substantially increased risk of serious
12 cardiac events, including stroke, heart attack, and
13 pulmonary embolism. That, Senator, was according
14 to a recent study that was just presented at the
15 American College of Cardiology's annual scientific
16 sessions.

17 So I respectfully reject the notion that
18 every organization out there is saying these are
19 okay, because the research is inconclusive, and we
20 still deem it to be experimental. We're trying to
21 protect children.

22 PRESIDENT PASSIDOMO: Senator Polsky.

23 SENATOR POLSKY: Thank you.

24 Since the Florida Board of Medicine and the
25 Florida Department of Health are filled with political

1 appointees and we know which direction we're going in,
2 can you tell me if this is in fact what the American
3 Academy of Pediatrics has said: *There is strong*
4 *consensus among the most prominent medical*
5 *organizations worldwide that evidence-based*
6 *gender-affirming care for transgender children,*
7 *adolescents, is medically necessary and appropriate.*
8 *It can even be lifesaving. The decision of whether*
9 *and when to start gender-affirming treatment, which*
10 *does not necessarily lead to hormone therapy or*
11 *surgery, is personal and involves careful*
12 *consideration by each patient and their family.*

13 Does the American Academy of Pediatrics say
14 that?

15 PRESIDENT PASSIDOMO: Senator Yarborough.

16 SENATOR YARBOROUGH: Thank you, Madam
17 President.

18 Through the president to Senator Polsky.

19 I have not read that, Senator Polsky, so I
20 will have to take your word today that they have said
21 that, but I would have to go back and research to
22 confirm after today.

23 PRESIDENT PASSIDOMO: Senator Polsky.

24 SENATOR POLSKY: Thank you.

25 Moving on to constitutionality discussion.

1 There is a concern that this violates due process for
2 the parents and equal protection of minors.

3 What is your position on that?

4 PRESIDENT PASSIDOMO: Senator Yarborough.

5 SENATOR YARBOROUGH: Thank you, Madam
6 President.

7 I disagree.

8 PRESIDENT PASSIDOMO: Senator Polsky.

9 SENATOR POLSKY: Thank you.

10 Why?

11 PRESIDENT PASSIDOMO: Senator Yarborough.

12 SENATOR YARBOROUGH: Thank you, Madam
13 President.

14 Are you speaking specifically to the custody
15 piece, Senator Polsky, or are you just talking about
16 the whole bill overall?

17 Just for clarification, Madam President.

18 PRESIDENT PASSIDOMO: Senator Polsky.

19 SENATOR POLSKY: Thank you.

20 I'm speaking to the decision-making process
21 by the parents and the ability of minors to receive
22 access to health care.

23 PRESIDENT PASSIDOMO: Senator Yarborough.

24 SENATOR YARBOROUGH: Thank you, Madam
25 President.

1 So, Senator Polsky, I do not believe it's
2 unconstitutional. If I did, I wouldn't have filed the
3 bill that's before you today. We have an obligation
4 as lawmakers and gatekeepers for the state of Florida
5 and as a legislature to protect our citizens and
6 protect our children. And I do not think it is right
7 for us to allow procedures that are currently not
8 governed under Florida law to proliferate throughout
9 our state and continue.

10 And we need to make sure that we're doing
11 whatever we can to protect children from experimental
12 and investigational procedures. There is not a good
13 body of evidence that suggests that the long-term
14 impacts from these treatments and procedures are
15 healthy for young people, are good, are something that
16 we should allow to continue in our state, which is why
17 I filed the bill which is before you today for your
18 consideration.

19 PRESIDENT PASSIDOMO: Senator Polsky.

20 SENATOR POLSKY: Thank you, Madam President.

21 You keep saying "experimental and dangerous."
22 Isn't Tylenol potentially dangerous? Doesn't -- every
23 vaccine has side effects, every medication. We all
24 see, you know, in every commercial the, you know,
25 dozens of problems that could come with any kind

1 of medication, especially for minors.

2 Isn't that true with any kind of medical
3 care?

4 PRESIDENT PASSIDOMO: Senator Yarborough.

5 SENATOR YARBOROUGH: Thank you, Madam
6 President.

7 Through the president to Senator Polsky.

8 Any number of medications could come with a
9 number of risks which are out there, whether it's an
10 ad you see on television or the back of the bottle
11 when you read it or prescription when you get it
12 from the pharmacy. I won't disagree with you,
13 Senator, that there are a lot of dangers out are
14 there with medications, and we have to be careful
15 with regard to administration of those to youth.

16 PRESIDENT PASSIDOMO: Senator Polsky.

17 SENATOR POLSKY: Thank you, Madam President.

18 We know that this is going to be challenged
19 in court, as it should be. How do we pay for the
20 legal challenges?

21 PRESIDENT PASSIDOMO: Senator Yarborough.

22 SENATOR YARBOROUGH: Thank you, Madam
23 President.

24 I can't predict the future on whether it
25 would be challenged, Senator Polsky, so I will

1 disagree with you on that. I don't know that for
2 sure. But if so, then we will defend the law that
3 we passed.

4 PRESIDENT PASSIDOMO: Senator Polsky.

5 SENATOR POLSKY: Thank you.

6 What happens if a minor who moves to this
7 state is kind of in the middle of transition, needs
8 more care?

9 PRESIDENT PASSIDOMO: Senator Yarborough.

10 SENATOR YARBOROUGH: Thank you, Madam
11 President.

12 They, under our bill, would not be able
13 to receive those treatments and procedures in Florida.

14 Yes. Thank you.

15 And so with regard to the Board of Medicine's
16 rules and Board of Osteopathic Medicine's rules that
17 they would contemplate, they would be the bodies
18 charged with adopting the rules first on an
19 emergency basis, and then after that for regular --
20 normal time after that to decide what any cessation
21 would be for minors who would have been on the
22 treatments before the effective date and then allow
23 them to continue for whatever period of time after
24 that.

25 PRESIDENT PASSIDOMO: Senator Polsky.

1 SENATOR POLSKY: Thank you, Madam President.

2 There was some talk in the House about
3 reversing some of this transition that some people
4 might have undergone. Is that something that's
5 being contemplated? And can you explain that?

6 PRESIDENT PASSIDOMO: Senator Yarborough.

7 SENATOR YARBOROUGH: Thank you, Madam
8 President.

9 We do not have those actual words in our
10 bill, Senator Polsky. What we do allow, as I was
11 just speaking about, is the Boards of Medicine will
12 be able to contemplate time periods and what the best
13 method of practice will be for minors to discontinue
14 use of those treatments if that's what the boards
15 decide. But, again, we have exceptions in the bill
16 that we were talking about a few moments ago in
17 answer to your question.

18 But as of the effective date of the bill,
19 unless a minor was taking the treatments or had had a
20 procedure before that date, they will not be able to
21 moving forward after the effective date of the bill.

22 PRESIDENT PASSIDOMO: Senator Polsky.

23 SENATOR POLSKY: Just to clarify, it is
24 possible that the Board of Medicine will say that --
25 if someone is in the middle of transition, that

1 the Board of Medicine will say you must stop this
2 medication after whatever, July 1, or whatever
3 date they come up with?

4 PRESIDENT PASSIDOMO: Senator Yarborough.

5 SENATOR YARBOROUGH: Thank you, Madam
6 President.

7 We do not prescribe a certain date in our
8 bill, Senator. The Board of Medicine and the Board of
9 Osteopathic Medicine would have to consider the input
10 and consider what they do in their deliberations and
11 make a decision. We're leaving the decision to them.

12 PRESIDENT PASSIDOMO: Senator Polsky.

13 SENATOR POLSKY: So it is possible that
14 someone could be halfway through their treatment and,
15 if they wanted to stay in the state of Florida,
16 would not be able to finish it and they would be
17 in this limbo state?

18 PRESIDENT PASSIDOMO: Senator Yarborough.

19 SENATOR YARBOROUGH: Thank you, Madam
20 President.

21 The answer is the same, Senator. The Boards
22 of Medicine and Osteopathic Medicine would decide
23 if there's to be a date and how the procedure would
24 work or how the practice would work moving forward for
25 discontinuation of any treatments for minors.

1 PRESIDENT PASSIDOMO: Senator Polsky.

2 SENATOR POLSKY: Last question.

3 If as the legislature and we want to take
4 care of children and keep them safe, why don't we say
5 that anyone who is under transition now could finish
6 it until they reach, you know, 18? Because,
7 otherwise, we could be leaving children in the
8 middle of this state that are half this, half that.
9 And they don't get to finish it because our Board of
10 Medicine is political and doesn't go in that direction
11 of protecting these children? How can we leave it
12 up to them?

13 PRESIDENT PASSIDOMO: Senator Yarborough.

14 SENATOR YARBOROUGH: Thank you, Madam
15 President.

16 We are aiming to protect children in Florida,
17 Senator Polsky. And I understand the concern that
18 you've raised, but we believe -- I believe because of
19 the amendment that I presented earlier, that we should
20 let the boards look at that and receive public input
21 in the same way that they did last year before they
22 adopted the rules that are now in effect as of last
23 month that say the treatments shall not continue.

24 But if you recall, also in those rules they
25 did say that minors who were taking those

1 prescriptions before the effective date of their
2 rule could continue to do so.

3 So regardless of the composition of the
4 board, I think that signals that they are open to
5 considering something past the date of that being
6 effective. And I hear you loud and clear, but we're
7 leaving it to the boards to make the decision as to
8 what's best for discontinuation of the treatments.

9 PRESIDENT PASSIDOMO: Senator Book.

10 SENATOR BOOK: Thank you, Madam President.

11 I just have a follow-up on Senator Polsky's
12 questions. And I, you know, have just been reading
13 the Florida common law book, but would that not be
14 tortious interference?

15 PRESIDENT PASSIDOMO: Senator Yarborough.

16 SENATOR YARBOROUGH: Thank you, Madam
17 President.

18 I do not believe so, Senator Book. I don't
19 have the definition of that in front of me, but I do
20 not believe so.

21 PRESIDENT PASSIDOMO: Senator Book.

22 SENATOR BOOK: I don't know if we want to
23 phone a friend, but I think it would be a contract
24 to perform medical services that would be interfered
25 with. So I think perhaps.

1 But I just have something that I need some
2 help with you squaring for me, Senator Yarborough.
3 And that is in 2021, we passed the Parents' Bill of
4 Rights. And I know that, you know, people really
5 believe -- and I believe the direct quote from the
6 bill was -- *the fundamental right of parents to*
7 *direct the upbringing, education, and care of minor*
8 *children.*

9 Does this not fly in the face of that policy?

10 PRESIDENT PASSIDOMO: Senator Yarborough.

11 SENATOR YARBOROUGH: Thank you, Madam
12 President.

13 Thank you, Leader Book, for the question.

14 So parents do have a right and a
15 responsibility to raise their children as they deem
16 appropriate, and government intervention should be a
17 last resort. Again, as policymakers, seeing that
18 these are experimental and investigational after
19 the research was done by the boards, by the
20 Department of Health, and then after AHCA has adopted
21 a policy and all of that, we need to take this very
22 seriously.

23 So I fully understand your question, but we
24 also have a responsibility as policymakers to ensure
25 that we're protecting the children of our state. I

1 know that means a lot to you. It means a lot to me
2 as well as a parent. This is too important not to
3 take action on, Senator.

4 PRESIDENT PASSIDOMO: Senator Book.

5 SENATOR BOOK: But are we not stepping in
6 the way of the parents who we have heard from in
7 committee who have children who are transitioning?
8 Are we not standing in the way of their rights to
9 exercise their parental rights, beliefs, desires for
10 their children?

11 PRESIDENT PASSIDOMO: Senator Yarborough.

12 SENATOR YARBOROUGH: Thank you, Madam
13 President.

14 Two things, Senator. We heard from both
15 sides in committee. I was in those committee
16 meetings, and we had parents come up and say, Thank
17 you so much for filing the bill for consideration
18 so that we could hopefully adopt this into law.

19 And, again, in response to what one of our
20 colleagues had asked -- and I know you're not
21 suggesting this, but we are talking about very serious,
22 life-altering medical procedures on children that,
23 again, going back to go Chloe's story -- and there
24 are many others. I mentioned her because it's the
25 one I'm most familiar with, but there are others

1 through quick internet searches that will show --
2 and through testimony that has been given in other
3 states when these bills have come up -- that they
4 have long-term, drastic, life-altering impacts to
5 youth. They may never be able -- in Chloe's case,
6 she said one reason she wanted to stop was because
7 she learned that breastfeeding was a way that a new
8 mom can bond with her child. But she realized, I'm
9 not going to be able to do that. And she still has
10 issues from her surgery that cause her physical and
11 emotional pain every single day because of what she's
12 gone through.

13 I do not think it's okay for us to allow
14 that on children, sometimes very, very young children,
15 in Florida.

16 PRESIDENT PASSIDOMO: Senator Book.

17 SENATOR BOOK: And I know that we know these
18 figures because I know that they're being reported to
19 the Department of Health. How many children or
20 minors in the state have received top surgery?
21 Because you're talking about Chloe, that's what that
22 would be, a top surgery. How many minors in the
23 state of Florida have received top surgery?

24 PRESIDENT PASSIDOMO: Senator Yarborough.

25 SENATOR YARBOROUGH: Thank you, Madam

1 President.

2 So a two-part answer to the question. I
3 don't know if that's the only thing that she's
4 received, Senator Book, and she -- I don't know if
5 that was in Florida.

6 But to the other part of your question,
7 what we do know is under Medicaid there have only
8 been a small number. We don't know what has happened
9 in the private market out there. I believe in
10 committee it was less than 50 total. That was adults
11 and children. For children it was only 12, if I'm not
12 mistaken, so it's a very small number. But that's
13 just what we know because of Medicaid and it being
14 reported. We have no way to assess what's happened
15 in the private market.

16 PRESIDENT PASSIDOMO: Senator Book.

17 SENATOR BOOK: This bill can't necessarily
18 stop what's happening in the private market, to
19 Senator's Polsky's point and question. Correct?

20 PRESIDENT PASSIDOMO: Senator Yarborough.

21 SENATOR YARBOROUGH: After the effective
22 date of the bill, it would be illegal for any
23 physician to perform surgeries on minors unless they
24 meet the -- unless the minor in the good faith
25 clinical judgment of the medical provider meets

1 the criteria for an exception. Then they would be in
2 violation of even prescribing something to a minor
3 after the effective date of the bill.

4 PRESIDENT PASSIDOMO: Any other questions?
5 Senator Davis.

6 SENATOR DAVIS: Thank you, Madam President.

7 And thank you, Senator, for indulging us.
8 You've answered a lot of questions as I was listening.

9 So do you have any concerns about -- once
10 this legislation is turned into law about the potential
11 ramifications that it will have on young people?
12 We know that they talk about suicidal thoughts. They
13 talk about suicide attempts. And so my question to
14 you is are you concerned about any of those potential
15 ramifications once this legislation becomes law?

16 PRESIDENT PASSIDOMO: Senator Yarborough.

17 SENATOR YARBOROUGH: Thank you, Madam
18 President.

19 Through the president to Senator Davis.
20 Thank you, Senator Davis, for your thoughtful
21 questions.

22 I believe we will see positive impacts from
23 this, Senator Davis. We've tried to balance this
24 with regard to the exceptions that we put in. If
25 there are minors who are receiving the treatments

1 before the effective date, we have said that there
2 are exceptions for those to continue.

3 And, again, going back to some of the other
4 discussion, the medical research is all over the
5 place on this. I think it's very wise for us to use
6 caution as we proceed and hopefully prevent more of
7 these stories that we've heard that are very tragic
8 to hear about from occurring in the future. So
9 there are definitely, in my opinion, more positives
10 that would outweigh.

11 PRESIDENT PASSIDOMO: Senator Davis.

12 SENATOR DAVIS: Thank you, Madam President.

13 Along the lines -- and you could have
14 answered this in a roundabout way with another
15 colleague. As far as the custody is concerned, does
16 your bill permit the judge's ruling or a judge's order
17 to be challenged by a court here in the state of
18 Florida?

19 PRESIDENT PASSIDOMO: Senator Yarborough.

20 SENATOR YARBOROUGH: Thank you, Madam
21 President.

22 Senator, could you clarify? Because the
23 Court would be the one to decide if there was to be
24 a change with regard to custody. So are you saying
25 could that be challenged by another court? I just

1 want to make sure I understand the question, because
2 the Court would have to decide. There's no mandate
3 in our bill that says they have to, No. 1, do what
4 the petitioner is asking them to do, but they're the
5 ones who have to decide before you could have the
6 warrant to take physical custody of the child. The
7 parent or petitioner on their own can't do that
8 outside of the court ruling on the matter.

9 I don't know if that answered -- sorry.

10 PRESIDENT PASSIDOMO: Senator Davis.

11 SENATOR DAVIS: Thank you, Madam President.

12 And you did.

13 Through the bill, on page 8 and some other
14 places, the language talks about health care
15 professional. And we just ran some amendments to
16 talk about physician versus allowing someone else to
17 provide the needed care. The health care professional
18 in this bill is referring to who?

19 And specifically the first citing of it I
20 think is on page 8. Several times it's mentioning
21 any health care practitioner. And so it uses that
22 word. I don't know if it's interchangeable with
23 physician or it's referring to physician. But could
24 you identify who the health care practitioner is?

25 PRESIDENT PASSIDOMO: Senator Yarborough.

1 SENATOR YARBOROUGH: Thank you, Madam
2 President.

3 Through the president to Senator Davis.

4 We do mention physician, Senator Davis, you
5 are correct. When you begin to pick up after line
6 211, which is section (3) on that page: *For the*
7 *purposes of this section, the term 'physician' is*
8 *defined as a physician licensed under 458 and 459,*
9 which that's the allopathic and osteopathic
10 physicians.

11 And then we mention any health care
12 practitioner because we are saying that physician
13 would be covered there too, but if you had a different
14 health care practitioner who willfully or actively
15 participated in the violation of the section,
16 section 1, which is related to the minors, that's
17 the penalty. And then a violation of the other
18 sections relates to not getting the informed consent
19 by adults, then there would be a penalty for them
20 also.

21 But the physician is the only one who can do
22 this or administer or get the consent, especially for
23 the adults. They're the only ones who can do that.
24 So anyone other than that, especially if it related
25 to the minors, any of them would be in violation of

1 the law at that point.

2 PRESIDENT PASSIDOMO: Senator Davis.

3 SENATOR DAVIS: Last question, Madam
4 President, I promise.

5 So, Senator, you mentioned a lot about
6 rulemaking authority as you were talking to my
7 colleagues, rulemaking authority, and we're going to
8 turn this over to DOH for rulemaking authority.
9 So my question to you is a possible idea of a
10 timeline. And the reason I ask that is because I
11 know different -- other agencies are years behind
12 in rulemaking authority, particularly elections and
13 some of the things we've put in play with SB 90 and
14 SB 524. They're still dealing with rulemaking
15 authority years later.

16 Is there some kind of an idea of a timeline
17 here when we're talking about rulemaking authority?

18 PRESIDENT PASSIDOMO: Senator Yarborough.

19 SENATOR YARBOROUGH: Thank you, Madam
20 President.

21 Thank you, Senator Davis. Very good
22 question.

23 So just turning back to the rule by the
24 Florida Board of Medicine -- and the rule is identical
25 for the Board of Osteopathic Medicine -- the rules

1 were adopted November 14 of 2022, and then the Board
2 of Medicine rule became effective last month on
3 March 16, so roughly four months later. And then the
4 Board of Osteopathic Medicine rule became effective
5 last week on March 28.

6 And so I bring that up to say -- and, again,
7 the rules say: *Minors being treated with*
8 *puberty-blocking hormone or hormone antagonist*
9 *therapies prior to the effective date of this rule may*
10 *continue such therapies.* That's what they said in
11 their rules.

12 So I'm not saying it would be exactly four
13 months, but I'm just pointing out that they have
14 shown an openness to being sensitive to those issues.
15 And even though we don't prescribe a timeline that,
16 you know -- I'll be honest, originally I was thinking
17 we may put a December 31 date in the bill. We're not
18 going with that. We've left it open to the boards.
19 But we thought it would be best for them to evaluate
20 it, get the input, look at more medical-related
21 information, any more studies that may be out there,
22 and then make the best determination, especially with
23 the makeup of the boards that we have, versus us
24 going in and saying, Okay, well, by X date, it must
25 be done. We're going to leave that up to them.

1 PRESIDENT PASSIDOMO: Any other questions?
2 Senator Pizzo.

3 SENATOR PIZZO: Thank you, Madam President.
4 Senator Yarborough, how many sexual
5 reassignment surgeries have occurred in Florida on
6 boys?

7 PRESIDENT PASSIDOMO: Senator Yarborough.

8 SENATOR YARBOROUGH: Thank you, Madam
9 President.

10 Through the president to Senator Pizzo.

11 As I answered Leader Book's question a few
12 minutes ago, we have some information related to
13 Medicaid, but we don't know how many would have
14 happened on boys or girls in the private market. So
15 I don't have a specific number. We don't have a
16 way to ascertain that.

17 PRESIDENT PASSIDOMO: Senator Pizzo.

18 SENATOR PIZZO: Thank you, Madam President.

19 How do you get a general number? How did
20 you arrive at this being an issue without having
21 specifics or any data?

22 PRESIDENT PASSIDOMO: Senator Yarborough.

23 SENATOR YARBOROUGH: Thank you, Madam
24 President.

25 We know it's a concern, Senator Pizzo, for

1 these types of things to take place which, again,
2 is what fueled me to file this bill, because of it
3 being so important. And, again, we note numbers that
4 have been covered under Medicaid because those are
5 reported. But, again, we don't know -- or I don't
6 know how we would be able to know how many could have
7 happened in the private market out there because it's
8 not something that we have numbers on or that is
9 tracked for what we're doing.

10 PRESIDENT PASSIDOMO: Senator Pizzo.

11 SENATOR PIZZO: Thank you, Madam President.

12 And there is a term that I just sort of want
13 to be clear. When you said unresolved ambiguities in
14 the bill, does that mean that -- line 157: *External*
15 *biological sex characteristics that are unresolvably*
16 *ambiguous*, what does that mean?

17 PRESIDENT PASSIDOMO: Senator Yarborough.

18 Senator Yarborough.

19 SENATOR YARBOROUGH: Thank you, Senator
20 Pizzo.

21 I believe the term would refer to a
22 hermaphrodite type of individual.

23 PRESIDENT PASSIDOMO: Senator Pizzo.

24 SENATOR PIZZO: Thank you, Madam President.

25 What's that?

1 PRESIDENT PASSIDOMO: Senator Yarborough.

2 SENATOR YARBOROUGH: Thank you, Madam
3 President.

4 As we've identified in the bill, Senator,
5 *External biological sex characteristics that are*
6 *unresolvably ambiguous or if there's an individual*
7 *that has a disorder of sexual development in which*
8 *the physician has determined through genetic or*
9 *biochemical testing that the patient does not have a*
10 *normal sex chromosome structure, sex steroid hormone*
11 *production, or sex steroid hormone action for a male*
12 *or female, as applicable.*

13 So in the good faith clinical judgment of a
14 health care provider, who would be much more able to
15 assess something like that than would I, then if they
16 make that determination, then this would not apply to
17 that individual, to that minor.

18 PRESIDENT PASSIDOMO: Senator Pizzo.

19 SENATOR PIZZO: Thank you, Madam President.

20 And the reason why I ask is I'm trying to
21 decipher here, and I've been asked by a number of
22 people, if you have a situation where you might have
23 a minor who gets breast augmentation, would that be
24 classified as affirming and not reassigning to you?

25 PRESIDENT PASSIDOMO: Senator Yarborough.

1 SENATOR YARBOROUGH: Thank you.

2 That's not contemplated under this bill,
3 Senator.

4 PRESIDENT PASSIDOMO: Senator Pizzo.

5 SENATOR PIZZO: Thank you, Madam President.

6 If there is a surgical procedure on a minor
7 that implants something into their body, I'm just
8 asking you, is that reassignment? Is it affirmation?
9 What is that?

10 Because, listen, here's the reason why I ask.
11 We have teenagers in my district who get rhinoplasty,
12 who get breast implants. I think there's even a bill
13 floating around here from one of our senators about
14 butt implants. So I'm just asking, where does that
15 fall?

16 PRESIDENT PASSIDOMO: Senator Yarborough.

17 SENATOR YARBOROUGH: Thank you, Madam
18 President.

19 I don't know about that last one you
20 mentioned, Senator Pizzo, but I'll do my best to
21 answer the first part of what you asked.

22 If it is for the purposes of sex
23 reassignment, then it would be covered under our bill.
24 But if it is not, then the example you provided would
25 not apply.

1 PRESIDENT PASSIDOMO: Senator Pizzo.

2 SENATOR PIZZO: Thank you, Madam President.

3 So if I have a son and a daughter, it's your
4 position that there's nothing wrong with going and
5 having surgery to the 16-year-old girl, just not
6 the 16-year-old boy for the same procedure?

7 PRESIDENT PASSIDOMO: Senator Yarborough.

8 SENATOR YARBOROUGH: Thank you, Madam
9 President.

10 What I'm saying, Senator, just as I did in
11 the answer to the last question, if it is for the
12 purpose of sex reassignment, the provisions of the
13 bill would apply. If it is not, then the bill would
14 not apply.

15 PRESIDENT PASSIDOMO: Senator Pizzo.

16 SENATOR PIZZO: Thank you, Madam President.

17 And we find ourselves -- I do, at least --
18 asking in earnest and in good faith -- asking the
19 bill sponsor in the Senate Chamber is the breast
20 implant of a 16-year-old girl reassignment surgery
21 or not?

22 PRESIDENT PASSIDOMO: Senator Yarborough.

23 SENATOR YARBOROUGH: Thank you, Madam
24 President.

25 Senator, my answer is the same. If it is

1 for the purpose of sex reassignment, which we define
2 in our bill, then it would -- the provisions of the
3 bill would apply. If it is not for that purpose,
4 then the bill would not apply.

5 PRESIDENT PASSIDOMO: Senator Pizzo.

6 SENATOR PIZZO: Thank you, Madam President.
7 Can you define for me reassignment?

8 PRESIDENT PASSIDOMO: Senator Yarborough.

9 SENATOR YARBOROUGH: Thank you, Madam
10 President.

11 I'll turn your attention, Senator, to line
12 136 of the bill at the bottom of page 5, (9)(a):
13 *Sex-reassignment prescriptions or procedures*
14 *means:*

15 *No. 1, the prescription or administration of*
16 *puberty blockers for the purpose of attempting to*
17 *stop or delay normal puberty in order to affirm a*
18 *person's perception of his or her sex if that*
19 *perception is inconsistent with the person's sex*
20 *as defined in subsection (8).*

21 *No. 2, the prescription or administration of*
22 *hormones or hormone antagonists to affirm a person's*
23 *perception of his or her sex if that perception is*
24 *inconsistent with the person's sex as defined in*
25 *subsection (8).*

1 No. 3, any medical procedure, including
2 a surgical procedure, to affirm a person's perception
3 of his or her sex if that perception is inconsistent
4 with the person's sex as defined in subsection
5 (8).

6 And then section (b) below that starting
7 on line 151 speaks to the exceptions that we
8 talked about.

9 PRESIDENT PASSIDOMO: Senator Pizzo.

10 SENATOR PIZZO: Thank you, Madam President.

11 So we got there. It is subsection (3) that
12 I'm talking about. And I was just wondering if it's
13 in conflict with subsection (a) under line 157.
14 So since it's not, here we are in section 3. And
15 I just want to be clear that we're saying a 14-,
16 15-year-old young woman can get breast implants,
17 butt implants, tattoos all over her face of
18 makeup, and that is not reassignment. Correct?

19 PRESIDENT PASSIDOMO: Senator
20 Yarborough.

21 SENATOR PIZZO: Because she believed --

22 PRESIDENT PASSIDOMO: Oops. Re-ask the
23 question. Would you like to add to your question?

24 SENATOR PIZZO: Because that young woman
25 considers herself to be a woman and is going just

1 to reaffirm her femininity and what she believes
2 it to be, so by getting a breast implant, maybe a
3 butt lift -- is that the correct term? I apologize
4 for that. I just know -- it's not? It's not.
5 Brazilian butt lift -- I'm sorry -- we have to --

6 PRESIDENT PASSIDOMO: Just ask Senator
7 Yarborough the question, please.

8 SENATOR PIZZO: So I just want to be --
9 because I know that men get pec implants sometimes,
10 so that's what I'm asking.

11 PRESIDENT PASSIDOMO: Senator Pizzo.

12 SENATOR PIZZO: I'm being serious.

13 PRESIDENT PASSIDOMO: No, you're not.

14 Ask the question, please. We've been here
15 all day.

16 Senator, I think he asked -- would you like
17 to repeat the actual question to Senator Yarborough?

18 SENATOR PIZZO: Yes. I'll ask it this way.

19 A 14- or 15-year-old young woman with her
20 parents' consent under this bill is still permitted
21 to go get breast implants, a butt lift, tattoo
22 permanent makeup on their face, as long as they have
23 the consent of -- a young boy would be able to
24 get a penile implant as long as they had the parents'
25 consent under your bill. Correct?

1 PRESIDENT PASSIDOMO: Senator Yarborough.

2 SENATOR YARBOROUGH: Thank you, Madam
3 President.

4 We are talking about if it's for the purposes
5 of sex reassignment, Senator Pizzo, so that is what
6 is contemplated in our bill. And if it aligns with
7 the definitions that we have put in here, then it
8 would not be allowed. But if it does not, then it
9 wouldn't be contemplated under our bill.

10 PRESIDENT PASSIDOMO: Senator Pizzo.

11 SENATOR PIZZO: Thank you.

12 Senator Yarborough, you're familiar, I would
13 assume, with when we have bills that have any kind
14 of component that has criminal prosecution, criminal
15 penalties, criminal charges in it that it always
16 seems to have an October 1 effective date, never
17 July 1, because we want to be able to promulgate rules
18 and allow for law enforcement agencies to get up to
19 speed on it.

20 This adds a third-degree felony charge.
21 And the reason why I mentioned the Brazilian butt
22 lift before is because that actually has its own sort
23 of penalties associated with that, with performing
24 that operation.

25 Why is this effective upon becoming law and

1 not October 1 to give law enforcement agencies --
2 like we do with the overwhelming majority of every
3 other bill with a criminal penalty.

4 PRESIDENT PASSIDOMO: Senator Yarborough.

5 SENATOR YARBOROUGH: Thank you, Madam
6 President.

7 The short answer through the president
8 to Senator Pizzo and the Senate.

9 The short answer is because I believe we
10 should take it that seriously, Senator.

11 PRESIDENT PASSIDOMO: Senator Pizzo.

12 SENATOR PIZZO: Last couple, Madam President.

13 I'm gleaning from your presentation and
14 the answers to your questions that these are
15 considerations for especially those under 18 that
16 are making life-altering decisions. And really in
17 concert with other bills, would you agree that this
18 is the one bill where even if parents give consent
19 and are on board, the State is saying that there's
20 such a compelling interest that we have to override
21 the parent and child relationship to protect the
22 child?

23 PRESIDENT PASSIDOMO: Senator Yarborough.

24 SENATOR YARBOROUGH: Thank you, Madam
25 President.

1 Through the president to Senator Pizzo.

2 What I would just say, Senator, just speaking
3 to this bill, because that's what's before us today,
4 that our laws should set appropriate boundaries that
5 respect rights and responsibilities of parents while
6 protecting children from serious health, safety,
7 and welfare risks.

8 And we have procedures that are identified as
9 experimental and potentially life-altering and
10 dangerous, as you pointed out. That rises to the
11 occasion to where I believe that had I not filed
12 this bill, particularly when parents have expressed
13 concern based on things we continue to see happening
14 in Florida, happening in other places around our
15 country -- that if I did not file this bill or if it
16 had been filed by somebody else joining in support
17 of the bill, then I would not be doing my job
18 effectively as a lawmaker, which is why I filed it
19 for your consideration.

20 PRESIDENT PASSIDOMO: Senator Pizzo.

21 SENATOR PIZZO: Thank you, Madam President.

22 And Senator Jones and I were actually just
23 chatting about this before. I'm going to ask you
24 this. I know you said you've heard from some parents
25 on different sides, on different issues,

1 whatever. Has any -- because you had also mentioned
2 before -- I wrote it down -- to help or protect
3 those children that are in mental distress.

4 Have you had any parents come to you since
5 you filed the bill that said, I'm in mental distress?
6 Or is the assumption that parents are also in mental
7 distress because the State is making this decision or
8 prohibition for them?

9 I guess what I'm asking is did any parents
10 come to you and say, Thank you because I'm dealing
11 with this at home right now, and I don't know how
12 to deal with it, so it is just easier for you guys to
13 go ahead and criminalize it so I can tell my kid
14 I can't do it for them?

15 PRESIDENT PASSIDOMO: Senator Yarborough.

16 SENATOR YARBOROUGH: Thank you, Madam
17 President.

18 Thank you, Senator, for the question.

19 I'll do my best to unpack that, especially
20 the last part. We heard testimony in our committee,
21 Senator Pizzo, from parents. We have one woman who
22 came up last week and said, Thank you for running the
23 bill. We had other testimony of those who said they
24 didn't like the bill. So we've received input from
25 many different individuals on this topic.

1 You were very specific in the question that
2 you just asked, and I can't say I heard those exact
3 words that you just said mentioned by any member of
4 the public or in any private conversations I've had
5 with individuals.

6 PRESIDENT PASSIDOMO: Senator Pizzo.

7 SENATOR PIZZO: Thank you.

8 Have you ever heard from a parent of a child
9 who wants sexual reassignment surgery?

10 PRESIDENT PASSIDOMO: Senator Yarborough.

11 SENATOR YARBOROUGH: Thank you, Madam
12 President.

13 Yes, sir.

14 PRESIDENT PASSIDOMO: Senator Pizzo.

15 SENATOR PIZZO: Thank you, Madam President.

16 That were proponents of the bill?

17 PRESIDENT PASSIDOMO: Senator Yarborough.

18 SENATOR YARBOROUGH: Thank you, Madam
19 President.

20 I'm not sure what the disposition might have
21 been, Senator. I'm trying to recall the conversations
22 that I've had with those who said they would like that
23 for either themselves or perhaps a minor. I'm not sure
24 what their disposition on the bill would be because
25 some of that was prior to the filing of the bill.

1 PRESIDENT PASSIDOMO: Senator Pizzo.

2 SENATOR PIZZO: Thank you.

3 And I went over other laws and other
4 provisions, whatever, and the way that I read your
5 bill, a third-degree felony would attach to a medical
6 provider who were to engage in sexual reassignment --
7 let's say do a breast implant on a boy, and yet you're
8 familiar, I'm sure, that Florida law has no criminal
9 penalty for tattooing the face of a kid if they're
10 found out to be a minor. I mean, it could even be
11 makeup.

12 Does that seem inconsistent?

13 PRESIDENT PASSIDOMO: Senator Yarborough.

14 SENATOR YARBOROUGH: Thank you, Madam
15 President.

16 You speak of the mention we make on lines
17 227 and following about the felony and then also a
18 misdemeanor if we don't get the informed consent for
19 adults, Senator. But specifically with regard to the
20 procedures for minors, yes, there would be a felony
21 penalty there.

22 And then moving over to -- picking up on line
23 247 and following, then you could have a license
24 suspension. And then also now we have the cause of
25 action that is put in, too, to essentially send a

1 warning signal that this won't be tolerated in
2 Florida for minors unless you meet one of the
3 exceptions, because it would be the position that we
4 do not believe these procedures are good for minors
5 and that they are harmful, with potential
6 life-altering, drastic long-term effects.

7 PRESIDENT PASSIDOMO: Senator Pizzo.

8 SENATOR PIZZO: Yeah, I don't dispute your
9 rationale and your reasoning on that particular
10 issue, that a penalty should attach for something
11 that is found medically to be inherently dangerous.
12 I'm not disputing that.

13 I'm just talking, and asking you
14 specifically, a tattoo artist can tattoo, you know,
15 eyeliner, eyebrows, lipstick, rouge all over a boy's
16 face, and that's not sexual reassignment surgery, but
17 it's a permanent procedure. An implant could be
18 removed.

19 Doesn't it seem inconsistent that for putting
20 200 cc's on either side of someone's chest that could
21 be removed -- doesn't it seem inconsistent that
22 permanent tattooing of a face comes with a possible
23 license suspension for the tattoo artist as opposed
24 to the medical professional who is putting something
25 in that could be temporary in nature?

1 PRESIDENT PASSIDOMO: Senator Yarborough.

2 SENATOR YARBOROUGH: Thank you, Madam
3 President.

4 Our bill contemplates the sex reassignment
5 procedures and treatments. Senator Pizzo, we don't
6 contemplate tattoos in our bill, but we are saying
7 that this is not good for minors and we don't want it
8 to continue in Florida, unless they need one of the
9 exceptions.

10 PRESIDENT PASSIDOMO: Last question?

11 SENATOR PIZZO: Maybe not.

12 Here's my question. Tattoo artists are not
13 M.D.s, so, obviously, the bill speaks not only to the
14 criminal penalty associated with sexual reassignment,
15 but to doctors who have the threat of both the
16 criminal penalty, obviously, and a licensure concern.
17 I can tattoo a young man's face, and there's no
18 criminal penalty attached to that, and that's
19 permanent.

20 All my question is very simply -- and you
21 could say, You know what? We'll bring that back next
22 session. That's a good amendment to think about.
23 I'm just asking you in good faith doesn't it seem
24 rather inconsistent that we have a criminal penalty
25 for something that can be removed but nothing for

1 something that can't be, which is permanent? Because
2 it speaks to the long-term mental, emotional, and
3 physical side effects of allowing and engaging and
4 all of the stuff that I've heard through committee
5 clips and here today. I'm asking you for something
6 that's entirely permanent, that the whole world can
7 see and it's very difficult to hide, doesn't it seem
8 to you to be inconsistent to have a criminal penalty
9 for something that's temporary versus something that's
10 permanent? That's my question.

11 PRESIDENT PASSIDOMO: Senator Yarborough.

12 SENATOR YARBOROUGH: Thank you, Madam
13 President.

14 Thank you, Senator Pizzo.

15 If we contemplated tattoos in our bill,
16 Senator Pizzo, I could probably give you a better
17 answer. But what we're talking about is
18 life-altering, drastic surgeries on minors that can
19 leave them permanently scarred for the rest of their
20 lives. It's experimental. It's investigational.
21 We're making a strong statement that we're not going
22 to allow that on kids in Florida.

23 PRESIDENT PASSIDOMO: Senator Pizzo.

24 SENATOR PIZZO: Senator Yarborough, are you
25 aware that in 19 counties in Florida corporal

1 punishment of your children is still lawful?

2 PRESIDENT PASSIDOMO: Senator Yarborough.

3 SENATOR YARBOROUGH: Thank you, Madam
4 President.

5 Can I ask the relevance of the question to
6 the bill, Senator Pizzo?

7 PRESIDENT PASSIDOMO: Senator Pizzo.

8 SENATOR PIZZO: Thank you. Thank you,
9 Madam President.

10 Senator Yarborough, I asked the question,
11 and the relevance, the nexus, the connective tissue
12 between the two are those things that are about the
13 parent and child relationship and any state compelling
14 interest that would override those. Your bill is
15 chockful of those where it becomes the parent. It
16 makes determinations. It puts guardrails into the
17 medical profession. It doesn't allow the exercise of
18 one's feelings, personal beliefs, emotions, religion,
19 et cetera.

20 So my question is because of all of those
21 long-term effects that can occur, because this is a
22 legislature predicated entirely upon parents' rights,
23 my question for you is -- and long-term effects.
24 My question for you is are you aware that schools
25 in 19 counties in Florida can smack a child lawfully?

1 PRESIDENT PASSIDOMO: Senator Yarborough.

2 SENATOR YARBOROUGH: Thank you, Madam
3 President.

4 Senator, what I would say is we have a
5 balance on a lot of things, and this rises to the
6 occasion that we need to take action. We have free
7 speech, but you can't go and shout "fire" in a movie
8 theatre or say "bomb" on an airplane without there
9 being some impact from that, because you are putting
10 the lives of many other people in danger if you
11 choose to use that speech and say whatever you felt
12 like doing.

13 Teachers in the classrooms, they can't just
14 walk in and say anything they might want to say.
15 There's curriculum, and there are other guidelines
16 they have to follow. We are failing, I believe, as
17 lawmakers if we do not take this step to protect
18 children in Florida and say we're not going to let
19 anyone do harmful medical procedures and treatments
20 on our kids in Florida that can have drastic,
21 life-altering, lifelong impacts on those kids.

22 And we have stories to show of the mental,
23 emotional, and physical struggles that they have
24 and continue to have after they've gone through it.
25 I'm not saying that's all of them, but we have many

1 stories of those who continue to experience that.

2 That is not acceptable.

3 There is a balance with what you're saying,
4 Senator. You're saying about parents' rights, about
5 what we do with education and some of these other
6 things that are not contemplated in this bill, but we
7 have some bills related that will come through soon,
8 and that's a balance.

9 I believe government intervention should be
10 a last resort, but the same parents that have come to
11 me -- I said this in committee. A lot of the same
12 parents who have come to me and said, We would like
13 more of these standards to be looked at in our
14 classroom and education are the same parents that are
15 coming and saying, Please do something about this so
16 that this doesn't continue in Florida.

17 So there's a balance.

18 PRESIDENT PASSIDOMO: Senator Pizzo.

19 SENATOR PIZZO: Thank you, Madam President.

20 And one of your Republican colleagues said
21 there was no way in heck I'd get you to talk about
22 the First Amendment, so I won a small wager. So I
23 get to ask you this question because you mentioned it.

24 Do you know what -- if I have an ascetic
25 Jewish kid who shaves his head but has ringlets and

1 has to wear a specific form of clothing, if I have an
2 Amish child who must do the same and live a particular
3 way, do you know at what age in Florida you can
4 emancipate yourself from your parents?

5 PRESIDENT PASSIDOMO: Senator Yarborough.

6 SENATOR YARBOROUGH: Thank you, Madam
7 President.

8 Our bill contemplates sex reassignment
9 surgeries and procedures, Senator Pizzo. I'm not
10 sure how that would relate to what our bill is.

11 PRESIDENT PASSIDOMO: Senator Pizzo.

12 SENATOR PIZZO: Here's how I think it would
13 relate, and this is the question I have for you. If
14 I get emancipated at 16, I don't have parents anymore.
15 Can I make my own decisions even though I'm under 18?

16 PRESIDENT PASSIDOMO: Senator Yarborough.

17 SENATOR YARBOROUGH: Thank you, Madam
18 President.

19 Senator, I'm still trying to understand how
20 that relates to our bill about sex reassignment
21 procedures.

22 PRESIDENT PASSIDOMO: Senator Pizzo.

23 SENATOR PIZZO: If a 16-year-old successfully
24 emancipates themselves from their parents and at 17
25 decides to get sexual reassignment surgery, whose

1 permission do they need under your bill?

2 PRESIDENT PASSIDOMO: Senator Yarborough.

3 SENATOR YARBOROUGH: Thank you, Madam
4 President.

5 The procedures are prohibited under our bill
6 if it becomes law for anyone under the age of 18,
7 so they wouldn't be able to get it. If a doctor
8 provides it to them, then there's issue for that
9 health care provider.

10 PRESIDENT PASSIDOMO: Senator Pizzo, are
11 you done yet, or is that just one more?

12 SENATOR PIZZO: I'm done yet, Madam President.
13 I'm done yet.

14 PRESIDENT PASSIDOMO: Does anybody else have
15 any questions?

16 Okay. Pursuant to rule 4.19, the bill is
17 placed on the calendar of bills on third reading.

18 * * *

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CERTIFICATE OF REPORTER

STATE OF IOWA)

COUNTY OF WARREN)

I, Terri L. Martin, Certified Shorthand Reporter, certify that I was authorized to and did stenographically transcribe the foregoing audio recording to the best of my ability and that the transcript is a complete record of my stenographic notes.

Dated this 25th of August, 2023.

/s/ Terri L. Martin

Terri L. Martin, CSR, RPR, CRR

1

TRANSCRIPTION OF AUDIO RECORDING

FLORIDA SENATE
SENATE GENERAL SESSION - FLORIDA CHANNEL

APRIL 4, 2023

Stenographically Transcribed Audio Recording By:
Terri L. Martin, Certified Shorthand Reporter

Med Def_002002

1 Whereupon, the following proceedings were
2 transcribed from an audio recording:

3 PRESIDENT PASSIDOMO: We will now continue
4 the order of business.

5 Are there reports of committees?

6 THE SECRETARY: None on the desk, Madam
7 President.

8 PRESIDENT PASSIDOMO: Are there motions
9 relating to committee preference?

10 THE SECRETARY: None on the desk, Madam
11 President.

12 PRESIDENT PASSIDOMO: Are there messages
13 from the Governor and other executive
14 communications?

15 THE SECRETARY: None on the desk, Madam
16 President.

17 PRESIDENT PASSIDOMO: Are there messages
18 from the House of Representatives?

19 THE SECRETARY: None on the desk, Madam
20 President.

21 PRESIDENT PASSIDOMO: Are there matters
22 on reconsideration?

23 THE SECRETARY: None on the desk, Madam
24 President.

25 PRESIDENT PASSIDOMO: Pick up the bills

1 on third reading.

2 Read the first bill.

3 THE SECRETARY: The committee substitute
4 for Senate Bill 254, a bill to be entitled "An
5 Act Relating to Treatments for Sex Reassignment."

6 PRESIDENT PASSIDOMO: The Senator of the
7 4th District, Senator Yarborough, is recognized
8 to explain the bill.

9 SENATOR YARBOROUGH: Thank you, Madam
10 President. Good afternoon to you.

11 Good afternoon, Senators. This is the
12 bill related to treatments for sex reassignment
13 that we discussed yesterday.

14 PRESIDENT PASSIDOMO: Are there any
15 amendments?

16 THE SECRETARY: None on the desk, Madam
17 President.

18 PRESIDENT PASSIDOMO: Is there debate on the
19 bill?

20 Senator Polsky, you are recognized.

21 SENATOR POLSKY: Thank you, Madam President.

22 Best practices medical care for transgender
23 youth is supported by every leading medical
24 association, including the American Medical
25 Association, American Academy of Pediatrics, American

1 Psychiatric Association, the Endocrine Society, and
2 the American Academy of Child and Adolescent
3 Psychiatry.

4 In 2022, more than 220 bills
5 disproportionately targeting LGBTQ youth were
6 introduced in state legislatures through strict access
7 to school sports, healthcare, books and inclusive
8 curriculum, and the bathroom. None of these bills are
9 based in facts or medical expertise or supported by
10 medical professionals who treat LGBTQ youth.

11 Evidence is growing about the harm of these
12 bills and other efforts to target trans youth. 85
13 percent of transgender and nonbinary youth and 66
14 percent of all LGBTQ youth say that recent debates
15 about state laws restricting the rights of transgender
16 people have negatively impacted their mental health.
17 52 percent of trans and nonbinary youth seriously
18 considered suicide in the past year, and one in five
19 attempted suicide. 36 percent of LGBTQ youth reported
20 being physically threatened or harmed due to their
21 sexual orientation or gender identity.

22 If we really cared about making children's
23 lives safer through this bill, we would regulate the
24 use of gender reassignment here, not ban it.

25 There are so many people who take drugs off

1 label, but that's not why we're doing this. I know
2 that we read through a bunch of the side effects, but
3 there are so many drugs that do that.

4 Honestly, this is persecution, plain and
5 simple. But it is safe, and it's just that's what
6 you all are hiding behind to believe that this is the
7 right thing to do for our kids.

8 Just like the Don't Say Gay bill, it's mean.
9 It's hurtful. And it goes beyond the black-and-white
10 words on the page. If this was about safety, why do
11 we care about pronouns or drag shows? We're talking
12 sexual orientation in school. That has nothing to do
13 with safety, physical safety or physical wellness.

14 If this is just about safety and health, we
15 would expand Medicaid. We would make sure that
16 everyone had access to mental health if we truly
17 cared, if that's what the bill was about. But just
18 like the 220 bills across state legislatures targeting
19 LGBTQ youth, this is another one.

20 And for the sake of our youth, I hope that
21 everyone does not support this bill.

22 Thank you.

23 PRESIDENT PASSIDOMO: Okay. Any other debate?

24 Senator Stewart.

25 SENATOR STEWART: Thank you, Madam President.

1 Gender-affirming care is often critical
2 health care for the well-being of transgender youth
3 or any young person who is struggling to understand
4 their gender identity or understand their sense of
5 self. Young people shouldn't be barred from
6 gender-affirming care, and they shouldn't suffer the
7 burdens of being forced into a gender identity that a
8 government decided for them.

9 While the majority of this bill focuses on
10 children, there are also provisions that negatively
11 affect adults, such as the ban on telehealth for
12 adults receiving transgender health care and the
13 weaponizing of Florida's courts to disrupt the custody
14 agreements between parents if a child is receiving
15 gender-affirming care.

16 This bill is very concerning to me and its
17 effect on our young people, as well as the adults,
18 and I'm not going to be able to support it today.

19 Thank you very much for the time.

20 PRESIDENT PASSIDOMO: Senator Berman.

21 SENATOR BERMAN: Thank you, Madam President.

22 You know, we talked a little -- I'm going to
23 talk a little bit about children, but I'm also really
24 concerned that this bill hurts transgender adults in
25 our state. It bans telehealth for transgender adults.

1 It bans qualified nurse professionals from
2 administering health care to transgender adults,
3 which is something that's been going on for years.
4 So why are we changing it now? And it bans local
5 governments from authorizing health care to adult
6 transgender employees. So this is not only a bill
7 that hurts our transgender youth, but it is wrong for
8 our transgender adults also.

9 And I will say free states don't ban health
10 care. This state should not be stepping in to
11 override parents' decisions about health care for
12 their children. The bill strips Florida parents of
13 the right to follow the evidence-based advice of
14 health care providers to provide the best care for
15 their transgender child.

16 As you've heard, leading national
17 organizations support gender -- including the American
18 Academy of Pediatrics, the American Psychological
19 Association, and the American Medical Association
20 support gender-affirming care for transgender
21 children.

22 And this bill also, in addition to hurting
23 children, could lead to the imprisonment of health
24 care providers for providing widely accepted,
25 medically necessary, and potentially lifesaving care.

1 This bill is wrong in the way it attacks
2 transgender adults, wrong in the way it attacks
3 parents' rights to raise their children, and wrong in
4 that it puts medical professionals at risk. And
5 I urge all of you to vote against it.

6 PRESIDENT PASSIDOMO: Further debate?

7 Senator Davis.

8 SENATOR DAVIS: Thank you, Madam President.

9 This bill has been hard to watch. It's
10 been hard to ask questions on. But this legislature
11 is taking a stance continually to vilify people who
12 have done nothing wrong. They're not asking anything
13 from us. They're only be asking to be allowed to be
14 themselves. And in committee the words I said was
15 they're asking for us to just simply love them as they
16 are.

17 Every single person in this room has had the
18 luxury to not think about their gender identity.
19 Almost everyone here has had the luxury to not think
20 about their sexual orientation because you were
21 born in that way that society accepts. And that's
22 kind of the point. We're born with our identity
23 already engrained, and we have gender-affirming care,
24 and we don't have to think about it.

25 But the things like Viagra, breast

1 augmentation, hair transplants, and other treatments
2 already exist for people. But for those of us who are
3 not transgender, it's just called health care.

4 If the debate was truly just about restricting
5 genital surgeries to adults, that would be a different
6 conversation, but that's not why we're here. It's
7 gender-affirming care as the concept. The rates of
8 mental illness are so much higher in our LGBTQ youth
9 because people like us stand in rooms like this and
10 tell them that they are unnatural and they're
11 unlovable, that they are not allowed to live their
12 lives in the way they view it fit. That is what
13 causes 58 percent of our LGBTQ youth to be depressed.
14 That's what causes near 40 percent of our trans youth
15 to attempt suicide. And we know for a fact that
16 gender-affirming treatments reduce their likelihood
17 of suicide by 73 percent.

18 And yet we sit here as a legislature, and we
19 hear bills like this, and we hear people tell us how
20 unworthy they feel when we are discussing bills like
21 this. And so I want to address everyone in this room.
22 When I say someone is living a lifestyle that doesn't
23 align with yours, it does not mean that they're wrong.
24 And what we say here has the potential to be turned
25 into dangerous, harmful rhetoric for people that are

1 listening.

2 And, again, I know I won't change anyone's
3 mind in this room, but I know that there are people
4 who are watching us and listening to every word we say,
5 and all I want to say to them is we hear you, we
6 see you, and we love you.

7 But with this bill being damaging rhetoric,
8 as I feel it is, I will not be able to support it.
9 And, again, I ask my colleagues to really think
10 about and contemplate what we're doing here. This is
11 a measure to continually vilify people who are simply
12 different and living different than we are.

13 PRESIDENT PASSIDOMO: Any other debate?

14 Senator Thompson.

15 SENATOR THOMPSON: Thank you, Madam
16 President.

17 Senators, I am one of two children born to my
18 parents. I'm the oldest. I had a younger brother,
19 and I remember when he was nursing and he would be
20 given a bottle, he would reach for the bottle with
21 his left hand. And when he began to feed himself,
22 he would grip the spoon in his left hand. And I
23 remember my family being very concerned -- I was the
24 big sister -- and they wrapped his left hand in cloth
25 to try to force him to use his right hand. And when

1 he went to school, he would hold his pencil in his
2 left hand, and he was disciplined for using the wrong
3 hand.

4 When he grew up, he decided that he wanted
5 to enter the trades, and he became a plumber, using
6 his left hand. And he built a thriving business. He
7 earned more than his big sister, who was a teacher,
8 and he did this with his left hand.

9 And throughout his life, in so many stages
10 of growing up, there were people who wanted him to
11 conform. There was no one else in the family who
12 used their left hand. In the school most of the
13 students used their right hand, so they wanted him to
14 conform.

15 And the point that I want to make today,
16 Senators, is that we are not all wired the same. And
17 I do not believe that my brother woke up one day and
18 decided that he would be left-handed. It was
19 biological. He came here left-handed, and no matter
20 how many people, how many institutions wanted him to
21 conform and wanted him to change, he was left-handed.

22 And he died young a number of years ago.
23 He was 49 years old. And for 49 years, my brother was
24 left-handed. And he did not function well in school
25 when people tried to make his right hand his dominant

1 hand because he was left-handed.

2 And what we're talking about here this
3 afternoon are children, children whose gender identity
4 or expression doesn't correspond with the sex they
5 were assigned at birth. I looked at my birth
6 certificate recently, and on the birth certificate
7 under "Race" was the word "colored." Someone
8 assigned that category to me when I was born. And
9 maybe that's who I was then, but that's not who I
10 believe I am, and that's not who I am today. But
11 people want to classify you and put you in the box
12 where they believe that you belong.

13 So we're talking about children whose gender
14 identity or expression doesn't correspond with the
15 sex they were assigned at birth. And these are
16 children who go through a lot of anguish trying to be
17 what other people want them to be. But at a point
18 they begin to adopt different pronouns and perhaps
19 they seek hormone therapy. Maybe they seek surgery.
20 And perhaps they are cross-dressing. And all of
21 these things subject them to rejection. Rejection,
22 discrimination, dehumanization, that's what these
23 young people go through.

24 I shared in committee when this bill came up
25 that I represent the community where the Pulse

1 nightclub was located in Orlando. And after 49 people
2 were killed there I went to vigils; I went to marches.
3 And one of the vigils that I attended was in a church,
4 and there was a young Black woman there, and she was
5 in tears. And I went to talk with her to see if I
6 could comfort her, and I asked her what the major
7 issue was. And she said, of course, she was mourning
8 her friends who were killed at the Pulse nightclub,
9 and she felt guilt that she was alive.

10 But she said more than anything else she was
11 crying because it felt so good to be allowed in the
12 church. And when I asked her what that meant, she
13 said when she finally told people who she was, when
14 she came out, she was expelled from her church, the
15 place where you would expect to find acceptance and
16 love and tolerance. She was expelled from church.
17 And so she was crying because she felt a connection
18 with the deity that created her in the image of the
19 one who makes us, and she felt grateful to be in
20 church. And she told me not only was she expelled
21 from church, her parents put her out of the home
22 because she told them who she really was.

23 And we've got to stop throwing our children
24 away. We've got to begin to embrace our children and
25 to understand that we're not all wired the same.

1 My brother was left-handed and remained
2 left-handed throughout his life. And what we're
3 doing here today has far-reaching consequences. When
4 you can reject people and you start with words, you
5 then begin to reject them in so many other ways.

6 Some of you may remember a young man named
7 Matthew Shepard who was at a gathering of people, and
8 he was visiting and socializing. And because of his
9 mannerisms and his approach, he was kidnapped, taken
10 from the location where he was, and he was nailed to
11 a post, wrapped to the post and beaten savagely.
12 Matthew Shepard. And a person on a bicycle came by
13 and saw Matthew Shepard and thought he was a
14 scarecrow, but the image moved, and he realized it was
15 a human being. And he took Matthew Shepard to the
16 hospital, but Matthew Shepard died. And today
17 Matthew Shepard's family has the Matthew Shepard
18 Foundation to teach love and tolerance and acceptance.

19 And you may remember a man named James Byrd
20 who was walking home one evening, and two people
21 passed him in a truck and decided that they would put
22 chains around him. And they tied the chains to a
23 pickup truck, and they drug James Byrd down the road,
24 and he died.

25 And today the United States of America has

1 the Shepard-Byrd hate crimes bill because it starts
2 with words; it starts with exclusion; it starts with
3 rejection, and it ends up with genocide. People act
4 on the messages that they hear in our society.

5 So I can't support this. I've said many
6 times that, in the words of Frederick Douglass, I will
7 work with anybody to do right and with nobody to do
8 wrong. And so I will not cosign on this today. I
9 will not cosign on vilifying young people who are
10 trying just to be who they are, vilifying parents when
11 they want to seek gender-affirming care, vilifying
12 physicians who provide this care. I will not cosign
13 on this today.

14 So I'm going to vote no, and I ask you to
15 think about the far-reaching effects of what we're
16 doing here if we can have a Shepard-Byrd anti-hate
17 crime because one person was deemed undesirable,
18 because he was viewed as being gay, if one person
19 can be walking home, his only crime was walking while
20 Black, and we're sending these kind of signals to
21 people who will act on them. And so I will not be
22 cosigning on this today.

23 We have accredited medical associations
24 that support gender-affirming care. And instead of
25 dealing with property insurance and so many other

1 things that we need to be focused on, we're banning
2 books; we're prohibiting children from playing on
3 certain teams or using certain bathrooms. And so
4 while I will work with anybody to do right, I won't
5 work with anybody to do wrong, and I feel this is
6 wrong.

7 Thank you, Madam President.

8 PRESIDENT PASSIDOMO: Before we continue
9 debate, we have a visitor in the chamber today, former
10 Senator Victor Crist. Welcome back to the Florida
11 Senate.

12 Senator Jones.

13 SENATOR JONES: Thank you so much, Madam
14 President. And good afternoon, Members.

15 So, Members, let's be honest as we talk about
16 this piece of legislation. One thing I want to
17 acknowledge first is that I truly believe that the
18 bill sponsor has no evil intent, and I truly believe --
19 when he called me prior to this bill becoming -- him
20 presenting it, he walked me through it. He said,
21 Shev, this is about what I'm about to do, because he
22 and I have that respect for each other that we had in
23 the House. I really appreciate that, so I want to
24 acknowledge that, Senator, so thank you.

25 And, Members, I also want to point out that,

1 you know, across the country -- Senator Polsky made
2 mention of it -- there are a lot of all-out attacks.
3 Of the many bills that have been filed across this
4 country, over 200 of those bills attack our LGBTQ
5 community. Today we're dealing with our transgender
6 youth.

7 The bill sponsor has constantly said that
8 we need to protect children, and I agree with that.
9 I agree that we have to protect children at all costs.
10 And I think reasonable minds and everyone in this
11 chamber, we definitely agree with that. But I also
12 want to acknowledge the fact that we have to ask the
13 question of what children are we speaking about? Is
14 it the protection of all children, the children like
15 Senator Davis made mention of, and ensuring that these
16 children can live, work, and play, and be their
17 authentic selves?

18 I also want to acknowledge that I am clear
19 that we all have our different views. We all have our
20 different beliefs. But every time I come in this
21 chamber, I have to check a lot of things at the door
22 to ensure that the people who sent me here to fight
23 for them, that I represent every last one of them,
24 which leads me to making clear to this entire body that
25 although while you might not know it, but you have not

1 just gay people who live in your district, but I'm
2 sure you probably have some transgender men and women
3 who live in your district also.

4 When we take that oath of office, we don't
5 take the oath of office and say that, I'm only going
6 to support the people who look like me, act like me
7 and do like I do. We take an oath of office to say
8 we are going to support and we will protect all people.

9 There has been this notion constantly
10 mentioned in this chamber and also across the nation
11 that for some strange reason that trans youth have
12 some psychological problem or that they have some
13 mental issue and that's why they are acting in this
14 way.

15 I looked on Twitter yesterday. Someone who
16 is an elected official in -- not in this body, but in
17 the other chamber made mention of these individuals
18 being mentally incapacitated.

19 Now, we all in this room can agree if someone
20 said yesterday that when we pick these microphones up,
21 not only do our words have power, but when we pick
22 these microphones up, the people who are watching, who
23 will see this, they have an expectation that we will
24 truly be careful in how we use our words and how we
25 carry ourselves when we're talking about some of

1 these issues such as this. And I will be honest,
2 this is not an easy issue for us to come in this
3 body to talk about because we have different views,
4 because we have different beliefs.

5 It was made mention that these youth need
6 to seek help professionally -- this was made mention
7 yesterday -- and we should not look at totally
8 forgetting the fact that these parents who are
9 seeking -- when I offered the amendment, the amendment
10 that I offered was, again, from a Republican-led
11 legislator, by the majority leader, who was a
12 doctor, who said that in some instances that some
13 youth do come into a case to where they need this
14 type of care. We voted that down.

15 In this case, though, we are talking about
16 reassignment surgeries for children. Members in
17 both committees, and even in this chamber, asked the
18 question how many of these are actually happening
19 here in this state? Just as silent as this room
20 is right now, that's how many is happening. None,
21 zero. There's none happening here in this state.

22 We talked extensively in the chamber about
23 parental choice on a lot of things except this. Nope,
24 not this. We say that we need to be in charge and we
25 need to be the ones to tell parents what they need

1 to do with their child, and I think we can all agree
2 that that's wrong.

3 Senator Polsky said there are these type
4 of bills that we're speaking of, but she went on to
5 make mention of the fact that the people who are
6 following these types of legislations in these
7 various chambers and how they are categorizing these
8 young people. And I know we're clear where this bill
9 is going to go today, and I know that it is going to
10 pass. But my hope is that as we look over the next
11 couple of days, as we talk through a lot of these
12 bills that will be tough conversations, that we
13 begin -- let Florida lead with debunking this whole
14 concept of calling individuals who may support a
15 parent's choice in how they want to care for their
16 child. Let's be careful and push back when they
17 call individuals like us groomers or pedophiles
18 and all of these things.

19 We have different views, but I don't think
20 that Senator Davis, Senator Thompson, or anyone else
21 in this room who might think differently fall into
22 that category.

23 The last few things I'll make mention of is
24 something that one of the young people said when she
25 visited my office. And she spoke about this bill, and

1 she said, This is just me. Have we thought about
2 the young people who actually have friends and family
3 who fall into this category who we're trying to
4 silence or muzzle? Where do we want these young
5 people to go? If we don't want them here in Florida,
6 where should they go?

7 That's why Senator Davis just made mention
8 of the rate of young LGBTQ youth who commit suicide.
9 They're not committing suicide because they're not
10 happy with who they are. They're committing suicide
11 because of how they're treated. And do we want to be
12 that type of body to where we're continually pushing,
13 pushing, pushing these young people who might look
14 different and they might not be like your child or
15 anything? Do we want to continue to put legislation
16 like this that is going to constantly make them feel
17 bad and parents not feel supported?

18 My final thing I will say is this is there
19 was a father who -- I wasn't in that committee, but
20 he made mention of these procedures, and he basically
21 said, This is not happening like you think it is.
22 These young people go through and they try to process
23 it with their parents. They try to process this with
24 counsel. They try to process this stuff with doctors
25 to figure out is this something that they want to

1 do, and they say it's a hard decision that they have
2 to make. But it is the parents that's with them,
3 not the Senate, not the Florida House that's doing it.

4 I'll read something to you, and then
5 I'll take my seat. There was a quote that I just saw
6 that came from Judith Light. She said that, you know,
7 gay, lesbian, bisexual, transgender, they are people.
8 All they want to be is human beings.

9 These people just want to live their lives.
10 They don't want to be bothered by us. They're not
11 hurting anyone. And at the end of the day, I believe
12 the parents, they will be more supportive if they can
13 see us as someone or individuals who support them to
14 support their child rather than us hindering them from
15 supporting their child.

16 Thank you so much, Madam President.

17 PRESIDENT PASSIDOMO: Any other debate?

18 Senator Yarborough, you're recognized for
19 closing.

20 SENATOR YARBOROUGH: Thank you, Madam
21 President.

22 I wanted to again thank all of the individuals
23 who testified in our committee. Senator Jones just
24 made mention of some of those individuals, and I
25 realize that some of them traveled a great distance

1 to Tallahassee to provide their input. So thank you
2 to each of them who traveled and helped us as we
3 considered this issue.

4 I also wanted to say thank you, too, to our
5 professional Senate staff who have been
6 extraordinarily helpful in working through the details
7 on this. They do an amazing job. So I wanted to
8 tell them thank you.

9 Senators, thank you for your consideration
10 of this bill and for your questions and the robust
11 debate on the topic.

12 Madam President, thank you for your strong
13 leadership and for entrusting me to work with you and
14 our colleagues on this very important policy for our
15 state.

16 Senator Thompson, before I make my other
17 remarks, I wanted to acknowledge what you just said
18 about Matthew Shepard and James Byrd. When you and
19 I met a few weeks ago before the bill started moving
20 in committees in your office, you were kind enough to
21 give me the time. You mentioned to me the story about
22 Matthew Shepard, which I had not heard until that
23 time. And I would like to say about Mr. Shepard and
24 Mr. Byrd, those are atrocious circumstances, and
25 those should not have happened. Regardless, they

1 should not have happened. So I wanted to acknowledge
2 that.

3 Senators, this legislation does not impact
4 the ability of an adult in our state to make a
5 decision to pursue any treatment or surgery related
6 to sex reassignment. As we've discussed, the bill
7 is consistent with rules by both the Florida Board of
8 Medicine and Board of Osteopathic Medicine that
9 restricts sex reassignment prescriptions and
10 procedures for children. These physician medical
11 boards spent the past eight months considering
12 medical research, listening to experts, and hearing
13 from the public. They determined these treatments to
14 be harmful for minors, and the board's rules went
15 into effect March 16 and March 28, respectively.
16 This bill codifies those rules.

17 Additionally, as reported in the *New York*
18 *Times* in October of 2022, England's National Health
19 Service proposed restricting use of the drugs for
20 gender dysphoric children to research settings.
21 Sweden and Finland have also placed limits on the
22 treatment, concerned not just with the risk of puberty
23 blockers, but the steep rise in young patients.
24 Adult patients fully informed by their physician of
25 the nature and risks of sex reassignment prescriptions

1 and procedures can make a decision about those
2 treatments for themselves. The fact remains, though,
3 that when it comes to children, these treatments are
4 experimental.

5 As I said when introducing the bill, as
6 lawmakers we do have to draw the line when drastic
7 life-altering treatments and surgeries are being
8 prescribed for children, sometimes very young
9 children.

10 As a follow-up to yesterday's discussion,
11 within 60 days the Board of Medicine and Board of
12 Osteopathic Medicine must adopt rules pertaining to
13 standards of care for minors who are continuing
14 prescriptions and treatments under the grandfathering
15 provisions of the bill. That was through an
16 amendment that we adopted yesterday.

17 Senators, I believe we need to let kids be
18 kids, and our laws need to set appropriate boundaries
19 that respect the rights and responsibilities of
20 parents while protecting children from the very
21 serious health and safety concerns associated with
22 these treatments.

23 And as a final word, Senators, Madam
24 President, several members of the public and also
25 some colleagues here made points about instances of

1 youth taking their lives or fearing for their lives.
2 I want everyone to know that his or her life has
3 value. The idea that someone's worth and dignity
4 could come through prescriptions or surgeries could
5 not be more untrue. Every person on this earth and
6 every person who has lived before us and who will
7 live after us, both children and adult, was or
8 will be created with extraordinary worth, incredible
9 value, and a unique purpose. This is true about every
10 person before they're even born, and no one can change
11 that. Procedures and all of these other efforts
12 cannot fill the deepest need in the human heart.

13 With that, I close, and I ask for your
14 support on this important bill.

15 PRESIDENT PASSIDOMO: The secretary will
16 unlock the board. Senators will proceed to vote.

17 Have all senators voted?

18 Have all senators voted?

19 Lock the board and record the vote.

20 THE SECRETARY: 27 yeas, 12 nays, Madam
21 President.

22 PRESIDENT PASSIDOMO: Show the bill
23 passes.

24 * * *

25

CERTIFICATE OF REPORTER

STATE OF IOWA)

COUNTY OF WARREN)

I, Terri L. Martin, Certified Shorthand Reporter, certify that I was authorized to and did stenographically transcribe the foregoing audio recording to the best of my ability and that the transcript is a complete record of my stenographic notes.

Dated this 15th of August, 2023.

/s/ Terri L. Martin
Terri L. Martin, CSR, RPR, CRR

1

TRANSCRIPTION OF AUDIO RECORDING

FLORIDA HOUSE OF REPRESENTATIVES
HOUSE GENERAL SESSION - FLORIDA CHANNEL

APRIL 18, 2023

Stenographically Transcribed Audio Recording By:
Terri L. Martin, Certified Shorthand Reporter

Med Def_002029

1 Whereupon, the following proceedings
2 were transcribed from an audio recording:

3 SPEAKER PRO TEMPORE: Read the next bill.

4 THE CLERK: By Health and Human Services
5 Committee, Healthcare Regulation Subcommittee,
6 Representative Fine, Representative Massullo, and
7 others, CS for CS House Bill 1421, a bill to be
8 entitled "An Act Relating to Gender Clinical
9 Interventions."

10 SPEAKER PRO TEMPORE: Representative Fine,
11 you're recognized for a motion.

12 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

13 I move that CS for SB 254, a companion
14 measure, be substituted for CS for CS for HB 1421
15 and that the Senate bill be read a second time by
16 title.

17 SPEAKER PRO TEMPORE: Representative Fine
18 moves that CS for SB 254 be substituted for CS for CS
19 for HB 1421 and the Senate bill be read a second time
20 by title.

21 All those in favor, say yea.

22 All those opposed, no.

23 Show the motion adopted.

24 Read the bill a second time by title.

25 THE CLERK: By Health Policy and Senator

1 Yarborough and others, CS for Senate Bill 254, a bill
2 to be entitled "An Act Relating to Treatments for Sex
3 Reassignment."

4 SPEAKER PRO TEMPORE: Representative Fine,
5 you're recognized to explain the Senate bill.

6 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

7 There's evil in this world, and we face it
8 here today. CS for SB 254 would make it illegal to
9 do certain medical treatments on children that have
10 the result of amputating perfectly good body parts,
11 as well as drugs that have severe physical effects,
12 up to and including castration.

13 The bill also puts into place various things
14 relating to adults, for example, cause of action and
15 informed consent. I'm happy to get into it now or
16 later, because I'll have an amendment that brings the
17 bill largely in line with the House bill today.

18 SPEAKER PRO TEMPORE: Are there any questions
19 of the sponsor?

20 Any questions of the sponsor?

21 Representative Hinson, you're recognized
22 for a question.

23 No questions on the amendment, just on the
24 strike all per the amendments.

25 All right. Are there any questions from

1 members on the bill?

2 Any questions on the bill?

3 Are there any amendments?

4 THE CLERK: On the desk, Mr. Speaker.

5 SPEAKER PRO TEMPORE: Read the first
6 amendment.

7 THE CLERK: Representative Harris offered the
8 following amendment, with title amendment, barcode
9 311545, remove lines 83 through 333 and insert
10 amendment.

11 SPEAKER PRO TEMPORE: Representative Harris.

12 And before you start explaining your
13 amendment, please, we have 30 minutes. 30 minutes is
14 the instruction.

15 I'm sorry. Representative Harris, you're
16 recognized to explain your amendment.

17 Representative Harris, you withdraw your
18 amendment? Show that amendment temporarily postponed.

19 Read the next amendment.

20 Read the next amendment.

21 THE CLERK: Representative Fine offered the
22 following amendment, with title amendment, barcode
23 256341, remove lines 83 through 370 and insert
24 amendment.

25 SPEAKER PRO TEMPORE: Representative Fine,

1 you're recognized to explain your amendment.

2 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

3 This amendment incorporates the majority of
4 the provisions of HB 1421 into the Senate bill. So
5 specifically what it would do is it would prevent
6 certain medical procedures for minors, with clinical
7 exceptions, including allowing a minor to continue to
8 receive certain drugs until December 30 of this year
9 if they had been receiving continuous treatment since
10 January 1 of this year.

11 It provides various administrative and
12 criminal penalties for those who choose not to follow
13 the law.

14 It establishes requirements for informed
15 consent for adults.

16 It prohibits the use of any funds by
17 government entities for so-called gender clinical
18 interventions.

19 It creates a cause of action for minors and
20 adults and wrongful deaths for the estate or legal
21 representative.

22 It prohibits the Department of Health from
23 changing the birth sex on birth certificates for
24 so-called gender identity changes and prohibits
25 insurance companies from providing coverage for

1 so-called gender clinical interventions.

2 It requires physicians who provide this
3 treatment to obtain medical malpractice insurance.

4 It adopts the Senate bill child custody
5 provisions which grant Florida courts temporary
6 emergency jurisdiction to protect a child from gender
7 clinical interventions. It considers gender clinical
8 interventions to be, quote, "serious physical harm,"
9 end quote, for purposes of a physical custody warrant,
10 and, you know, a few other sort of minor technical
11 changes. But that is the amendment.

12 SPEAKER PRO TEMPORE: Representative Fine,
13 having explained his amendment, Members, we're on
14 barcode 256341. We're going into a previously
15 arranged 10-minute structured -- 30-minute structured
16 questions.

17 Representative Cassel, you're first in
18 recognition for questions of the sponsor.

19 REPRESENTATIVE CASSEL: Thank you,
20 Mr. Speaker.

21 Representative Fine, referring to line 22 of
22 your amendment, the bill refers to person. Is the
23 bill referring to an individual person or does this
24 also apply to corporate personhood as established
25 in Citizens United?

1 SPEAKER PRO TEMPORE: Representative Fine,
2 you're recognized.

3 REPRESENTATIVE FINE: I think it would be
4 any legal entity providing services on behalf of any
5 such agency, whether it's an individual or a corporate
6 person. I think your question is a good one.

7 SPEAKER PRO TEMPORE: Representative Cassel,
8 you're recognized for a question.

9 REPRESENTATIVE CASSEL: Thank you,
10 Mr. Speaker.

11 Representative Fine, turning your attention
12 to line 24 of the amendment, you reference "not expend
13 funds." What type of funds are you referring to in
14 line 24 of the bill?

15 SPEAKER PRO TEMPORE: Representative Fine.

16 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
17 Any.

18 SPEAKER PRO TEMPORE: Representative Cassel.

19 REPRESENTATIVE CASSEL: Thank you,
20 Mr. Speaker.

21 In follow-up to my previous question, so
22 would your bill prevent a corporation from using
23 private funds to provide or reimburse for gender
24 clinical interventions?

25 SPEAKER PRO TEMPORE: Representative Fine,

1 you're recognized.

2 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

3 I'm not sure how you get from there to
4 there. Let me just read it, and we can talk about it:
5 *A state agency, political subdivision, public*
6 *post-secondary institution as defined in the law,*
7 *or person providing services to or on behalf of any*
8 *such agency, subdivision, or institution, by contract*
9 *or other agreement or relationship, may not expend*
10 *funds to provide or reimburse for gender clinical*
11 *interventions as defined in this law.*

12 SPEAKER PRO TEMPORE: Representative Cassel,
13 you're recognized.

14 REPRESENTATIVE CASSEL: Thank you,
15 Mr. Speaker.

16 In following up with regards to that, based
17 on your definition of person, including corporations,
18 will this bill prevent corporations -- for example,
19 Coca-Cola, if they are a vendor of Miami Beach, would
20 your bill prevent Coca-Cola from using private
21 corporate funds to provide or reimburse for gender
22 clinical interventions?

23 SPEAKER PRO TEMPORE: Representative Fine,
24 you're recognized.

25 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

1 It would for minors because you can't do it
2 at all under this bill. I don't believe that it would
3 for adults, I mean, again, assuming they go through
4 the processes and procedures in this bill.

5 SPEAKER PRO TEMPORE: Representative Cassel,
6 you're recognized for a follow-up.

7 REPRESENTATIVE CASSEL: Thank you,
8 Mr. Speaker.

9 Turning your attention to line 148, the bill
10 refers to health insurance policies. Are these health
11 insurance policies issued by private companies or
12 state-issued health insurance companies that the bill
13 is referring to?

14 SPEAKER PRO TEMPORE: Representative Fine,
15 you're recognized.

16 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

17 And thank you. That is a good question.
18 It is all health insurance policies.

19 SPEAKER PRO TEMPORE: Representative Cassel,
20 you're recognized for a follow-up.

21 REPRESENTATIVE CASSEL: Thank you,
22 Mr. Speaker.

23 Would this section of the bill prevent
24 private health insurance companies from providing
25 coverage to, then, individuals over the age of 18 for

1 gender clinical intervention?

2 SPEAKER PRO TEMPORE: Representative Fine,
3 you're recognized.

4 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
5 And thank you for that question. To be
6 clear, yes, it would.

7 SPEAKER PRO TEMPORE: Representative Cassel,
8 you're recognized again.

9 REPRESENTATIVE CASSEL: Does your bill
10 mandate that insurance companies that currently
11 provide this coverage and will stop writing this
12 coverage as a result of this law return any unearned
13 premiums or reduce premiums as a result of reduction
14 of coverage of this bill?

15 SPEAKER PRO TEMPORE: Representative Fine.

16 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
17 Hopefully, in the panoply of things that
18 insurance companies cover today, this is not a large
19 percentage of it and would be a nominal amount in the
20 grand scheme of what they underwrite. But, no,
21 it would not do that.

22 SPEAKER PRO TEMPORE: Representative Cassel,
23 you're recognized for a follow-up.

24 REPRESENTATIVE CASSEL: Thank you,
25 Mr. Speaker.

1 Your bill does not provide any reference to
2 an agency or department that will oversee or enforce
3 these provisions. What agency or department will
4 oversee or enforce this ban of health coverage?

5 SPEAKER PRO TEMPORE: Representative Fine,
6 you're recognized.

7 REPRESENTATIVE FINE: Thank you. Thank you,
8 Mr. Speaker.

9 It does not because how health insurance
10 companies are regulated is already under state statute.
11 This bill does not change that.

12 SPEAKER PRO TEMPORE: Representative Cassel
13 for a follow-up.

14 REPRESENTATIVE CASSEL: Thank you,
15 Mr. Speaker.

16 Does current state statute regulate and
17 dictate to insurance companies what type of coverage
18 they provide?

19 SPEAKER PRO TEMPORE: Representative Fine.

20 REPRESENTATIVE FINE: Thank you. Thank you,
21 Mr. Speaker.

22 At times, yes, it does.

23 SPEAKER PRO TEMPORE: Follow-up,
24 Representative Cassel.

25 REPRESENTATIVE CASSEL: Thank you,

1 Mr. Speaker.

2 And this question is actually directed to
3 Representative Massullo.

4 I had an opportunity to watch the March 22,
5 2023, Healthcare Regulation Subcommittee where you
6 mentioned that the reason why we are telling insurance
7 companies that they can't provide this coverage is
8 because you believe that these procedures are
9 cosmetic.

10 Does the State of Florida already dictate to
11 private insurance companies what they determine is
12 cosmetic versus elective versus necessary?

13 SPEAKER PRO TEMPORE: Representative Massullo,
14 you're recognized.

15 REPRESENTATIVE MASSULLO: Thank you,
16 Mr. Speaker.

17 What is cosmetic is not covered by insurance.
18 I don't know of any insurance company that covers
19 cosmetic procedures.

20 SPEAKER PRO TEMPORE: Representative Cassel,
21 you're recognized for a follow-up.

22 REPRESENTATIVE CASSEL: Thank you,
23 Mr. Speaker.

24 And thank you, Representative Massullo, for
25 that answer.

1 Is that currently a business decision that
2 insurance companies are making, or is that currently
3 dictated by state statute?

4 SPEAKER PRO TEMPORE: You're recognized for
5 an answer, Representative Massullo.

6 REPRESENTATIVE MASSULLO: Thank you,
7 Mr. Speaker.

8 That is currently a business decision.

9 SPEAKER PRO TEMPORE: Representative Cassel,
10 you're recognized.

11 REPRESENTATIVE CASSEL: Thank you,
12 Mr. Speaker.

13 Does your bill provide any additional funding
14 or resources for mental health services to be provided
15 as a result of this bill?

16 SPEAKER PRO TEMPORE: Representative Fine,
17 you're recognized.

18 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

19 It does not. The legislature does
20 appropriate a substantial amount for mental health
21 funding, but I do think that that is something that
22 Representative Massullo and I do have interest in
23 trying to do.

24 SPEAKER PRO TEMPORE: Follow-up,
25 Representative Cassel. You're recognized.

1 REPRESENTATIVE CASSEL: Thank you,
2 Mr. Speaker.

3 And this will be my last question. But just
4 for clarification, I appreciate your future intent,
5 but does this bill provide any additional resources
6 or funding to children for mental health services
7 or resources?

8 SPEAKER PRO TEMPORE: Representative Fine,
9 you're recognized.

10 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

11 This bill in no way affects the ability of
12 a child to get mental health services. The status quo
13 as it relates to mental health services for dealing
14 with gender dysphoria is not changed. It is not
15 limited. It's not increased. It's not decreased
16 at all in the bill as written today.

17 SPEAKER PRO TEMPORE: Members, stop the clock.

18 Before we go to Representative Rayner-Goolsby,
19 Representative Payne has an introduction in the
20 gallery.

21 Representative Payne, you're recognized.

22 REPRESENTATIVE PAYNE: Thank you, Mr. Speaker.

23 Members, please join me in welcoming a good
24 friend of mine from Putnam County, Clerk of Court
25 Matt Reynolds. Welcome to the Florida House, Matt.

1 SPEAKER PRO TEMPORE: Welcome to the Florida
2 House.

3 Representative Rayner-Goolsby, you're
4 recognized for a series of questions.

5 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so
6 much, Mr. Speaker. And it's so good to see you
7 up there today.

8 So I want to -- Representative Fine, with
9 respect to your amendment, starting on page 1, line 5,
10 it says *being subjected to gender clinical*
11 *interventions as defined in*, and then it lists the
12 statute that I believe would be added.

13 Could you define "gender clinical
14 interventions" for me?

15 SPEAKER PRO TEMPORE: Representative Fine,
16 you're recognized.

17 REPRESENTATIVE FINE: It says: *As defined*
18 *in section 456.521*. I can -- if you give me a minute,
19 I don't mind stopping the clock.

20 It's page 4, so it actually tells you where
21 to look. And maybe I'll just read it: *For the*
22 *purposes of this section, gender clinical*
23 *interventions means procedures or therapies that*
24 *alter internal or external physical traits for the*
25 *purpose of affirming a person's perception of his or*

1 *her sex if that perception is inconsistent with*
2 *the person's sex at birth. The term includes, but is*
3 *not limited to: One, sex reassignment surgeries or*
4 *any other surgical procedures that alter primary or*
5 *secondary sexual characteristics; and, two,*
6 *puberty blocking hormone and hormone antagonistic*
7 *therapies.*

8 And, B -- I'm not going to read all of
9 these, but it says the term does not include a
10 number of things. I'm happy to read that too if
11 you'd like.

12 SPEAKER PRO TEMPORE: Representative
13 Rayner-Goolsby for a follow-up.

14 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
15 Mr. Speaker. And thank you for that answer,
16 Representative.

17 On line 13 of your amendment, it says:
18 *When the child is likely to imminently suffer --*
19 and then on the next page, on line 14 -- *serious harm*
20 *or removal from the state.*

21 What does "imminently suffer" mean? Can you
22 define that?

23 SPEAKER PRO TEMPORE: Representative Fine,
24 for a definition of imminently suffer.

25 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

1 In this process, where you underline or
2 strike out something, that's what the amendment is.
3 What you're describing is something that we are not
4 modifying in this amendment.

5 SPEAKER PRO TEMPORE: Representative
6 Rayner-Goolsby for a follow-up.

7 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
8 Mr. Speaker.

9 And thank you for explaining the process to
10 me, Representative Fine.

11 I want to turn to Chapter 39.01(f), and that
12 particular statute addresses medical neglect. How
13 does your bill comport with that portion of this
14 statute?

15 SPEAKER PRO TEMPORE: Representative Fine.

16 REPRESENTATIVE FINE: Thank you.

17 I mean, we'll have to pull that statute. I
18 can have staff try to go and pull that statute for us,
19 and we can answer that question later, but -- I don't
20 generally bring all Florida statutes with me to the
21 floor of the House.

22 SPEAKER PRO TEMPORE: A follow-up by
23 Representative Rayner-Goolsby.

24 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so
25 much, Mr. Speaker.

1 And, actually, if you could have staff pull
2 that because, actually, your bill affects Chapter 39
3 and also Chapter 61.13.

4 So I would like to maybe come back when
5 Representative Fine has had the opportunity to
6 actually review the statute that his bill impacts.

7 Thank you, Mr. Speaker.

8 SPEAKER PRO TEMPORE: Are there other
9 questions of the sponsor?

10 Other questions of the sponsor?

11 Representative Eskamani, you're recognized
12 for a series of questions.

13 REPRESENTATIVE ESKAMANI: Thank you,
14 Mr. Speaker.

15 Representatives, are puberty blockers and
16 hormone therapies safer for minors when used to treat
17 precocious puberty and other conditions in contrast
18 when they're used for gender dysphoria? What is
19 your opinion on that, Doctor?

20 SPEAKER PRO TEMPORE: Representative Massullo,
21 you're recognized for an answer.

22 REPRESENTATIVE MASSULLO: Thank you,
23 Mr. Speaker.

24 Any medication has side effects and risks.
25 These particular medications are very, very risky,

1 and they have a lot of long-term side effects,
2 whether they're used for any particular condition.

3 SPEAKER PRO TEMPORE: Representative Eskamani,
4 you're recognized.

5 REPRESENTATIVE ESKAMANI: Thank you,
6 Mr. Speaker.

7 So thank you for that. What is the State's
8 compelling interest in discriminating between the
9 parents of a nontransgender 16-year-old who has a
10 right to access such medication for whatever their
11 diagnosis is in contrast to a transgender 16-year-old
12 who your bill is going to ban from getting the same
13 type of healthcare that the child is deemed medically
14 necessary to need?

15 SPEAKER PRO TEMPORE: Representative Fine.

16 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

17 This bill does not discriminate what parents
18 can get for their children for the purposes that we've
19 laid out in this bill. All parents can get them for
20 all children if they're one of those specific
21 conditions that we have recognized here.

22 SPEAKER PRO TEMPORE: Representative Eskamani.

23 REPRESENTATIVE ESKAMANI: Thank you,
24 Mr. Speaker.

25 What about parents of a trans child? Are

1 they able to access the medication they need to be
2 happy, safe, and strong?

3 SPEAKER PRO TEMPORE: Representative Fine,
4 you're recognized.

5 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
6 You're not going to like the answer, but we
7 reject the premise of the question.

8 SPEAKER PRO TEMPORE: Representative Eskamani
9 for a follow-up.

10 REPRESENTATIVE ESKAMANI: Thank you.

11 Could you explain to me why you reject the
12 premise of the question?

13 SPEAKER PRO TEMPORE: Another question,
14 Representative Eskamani. You're recognized.

15 REPRESENTATIVE ESKAMANI: Sure, Mr. Speaker.

16 Does your bill contemplate the existence of
17 trans people?

18 SPEAKER PRO TEMPORE: Representative Massullo,
19 you're recognized.

20 REPRESENTATIVE MASSULLO: Thank you,
21 Mr. Speaker.

22 Our bill doesn't address the existence of
23 trans people.

24 SPEAKER PRO TEMPORE: Representative, you're
25 recognized for a follow-up.

1 REPRESENTATIVE ESKAMANI: Thank you,
2 Mr. Speaker.

3 Does your bill eliminate access to health
4 care for trans people?

5 SPEAKER PRO TEMPORE: Representative Fine.

6 REPRESENTATIVE FINE: Our bill says two
7 things. It says that consenting adults who are over
8 the age of 18 can do whatever they want relating to
9 these issues so long as they pay for it themselves.

10 And then as it relates to minors, it says
11 that minors should not be making decisions relating
12 to gender dysphoria that can have life-altering,
13 long-term, irreversible conditions. That's what the
14 bill does.

15 SPEAKER PRO TEMPORE: Representative Eskamani,
16 you're recognized.

17 REPRESENTATIVE ESKAMANI: Thank you,
18 Mr. Speaker.

19 You mentioned that as long as adults pay for
20 it themselves that they can still access services.
21 Do adults pay for their own insurance coverage in the
22 private market?

23 SPEAKER PRO TEMPORE: Representative Massullo,
24 you're recognized.

25 REPRESENTATIVE MASSULLO: Thank you,

1 Mr. Speaker.

2 Yes, adults pay for their own insurance
3 coverage or it's paid for by their employer. However,
4 that is for health insurance. We believe these are
5 cosmetic procedures and not necessarily related to
6 their health.

7 SPEAKER PRO TEMPORE: Representative Eskamani.

8 REPRESENTATIVE ESKAMANI: Thank you,
9 Mr. Speaker.

10 So just to kind of pair those two answers
11 together, adults can't do everything if they pay
12 for it themselves because you're prohibiting insurance
13 coverage that they pay for from accessing care that
14 they need?

15 SPEAKER PRO TEMPORE: Representative Fine,
16 you're recognized.

17 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

18 We reject the premise that if someone else
19 isn't required to pay for it for you that you cannot
20 access it yourself.

21 SPEAKER PRO TEMPORE: Representative Eskamani.

22 REPRESENTATIVE ESKAMANI: Thank you,
23 Mr. Speaker.

24 Does your bill contemplate individuals who
25 are low wealth who can't afford to access services

1 out of pocket, despite they have insurance coverage?
2 Is there any contemplation of people who can't afford
3 that type of care out of pocket?

4 SPEAKER PRO TEMPORE: Representative Fine.

5 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

6 As with other cosmetic surgeries, that is up
7 to the individual to figure out how to make that
8 happen.

9 SPEAKER PRO TEMPORE: Follow-up,
10 Representative Eskamani. You're recognized.

11 REPRESENTATIVE ESKAMANI: Thank you,
12 Mr. Speaker.

13 Could you just expand upon more -- what
14 portions of your bill specifically impact transgender
15 adults?

16 SPEAKER PRO TEMPORE: Representative Fine,
17 you're recognized.

18 REPRESENTATIVE FINE: I mean, it's an 11-page
19 amendment. I mean, I think -- I'll talk about how
20 the bill deals with adults. Again, I reject the
21 premise of your question. But what it does say as it
22 relates to adults is it establishes requirements for
23 informed consent so that they know what they are
24 doing, and they've got to sign off on certain things.
25 It does say the government can't pay for it. It does

1 create a cause of action if that adult [inaudible]
2 over the decision they may have made. It does say
3 they can't change their birth certificate. It does
4 prohibit insurance companies from covering it. It
5 requires physicians who do it for adults to get
6 medical malpractice insurance which, remarkably,
7 they don't have to have today.

8 So those are things that it would do relating
9 to adults. But what it does not do is say that anyone
10 over the page of 18 cannot get any of these procedures
11 if they so choose.

12 SPEAKER PRO TEMPORE: Representative Eskamani,
13 do you have a follow-up?

14 REPRESENTATIVE ESKAMANI: I do, Mr. Speaker.

15 SPEAKER PRO TEMPORE: You're recognized.

16 REPRESENTATIVE ESKAMANI: Thank you.

17 Shifting gears a little back to parents,
18 how does the bill impact the rights of parents if they
19 get a diagnosis of gender dysphoria from a doctor,
20 whether it's -- maybe they got that diagnosis outside
21 of Florida, but they moved to Florida or it happened
22 in Florida, but how does this impact a parent's rights?

23 SPEAKER PRO TEMPORE: Representative Fine,
24 you're recognized, or Representative Massullo.

25 REPRESENTATIVE FINE: Thank you.

1 If Representative Massullo wants to add
2 something, he can. I'd just say it doesn't affect the
3 right of a parent to get their child treated by a
4 licensed psychologist or psychiatrist for that
5 psychiatric condition.

6 SPEAKER PRO TEMPORE: Representative Massullo,
7 anything to add?

8 REPRESENTATIVE MASSULLO: No. I would
9 concur with that answer.

10 SPEAKER PRO TEMPORE: Representative Eskamani
11 for another follow-up.

12 REPRESENTATIVE ESKAMANI: Thank you,
13 Mr. Speaker.

14 But to be clear, if a doctor recommends
15 puberty blockers or hormone replacement therapy,
16 that's no longer going to be available in the state
17 of Florida, even in clinical trials?

18 SPEAKER PRO TEMPORE: Representative Massullo.

19 REPRESENTATIVE MASSULLO: Thank you,
20 Mr. Speaker.

21 Hopefully, if this bill becomes law, yes.

22 SPEAKER PRO TEMPORE: Representative Eskamani.

23 REPRESENTATIVE ESKAMANI: Thank you,
24 Mr. Speaker.

25 I understand that some of my questions have

1 been rejected. So maybe you can just tell me, what
2 population of people do you consider to be most
3 impacted by this bill?

4 SPEAKER PRO TEMPORE: Representative Fine.

5 REPRESENTATIVE FINE: I think this bill
6 protects children from making decisions that would
7 have irrevocable, life-changing consequences in their
8 lives. I think this bill protects our kids, as do a
9 number of the things that we're trying to do this
10 session.

11 SPEAKER PRO TEMPORE: Representative Eskamani,
12 you're recognized.

13 REPRESENTATIVE ESKAMANI: Thank you,
14 Mr. Speaker.

15 Is there a specific population who needs
16 gender-affirming treatment under y'all's' opinion?

17 SPEAKER PRO TEMPORE: Representative Massullo,
18 you're recognized.

19 REPRESENTATIVE MASSULLO: Thank you,
20 Mr. Speaker.

21 Yes, there are certain individuals -- and,
22 unfortunately, that number of individuals has
23 increased exponentially in recent years -- that need
24 gender-affirming care to affirm the gender of their
25 birth.

1 SPEAKER PRO TEMPORE: Representative Eskamani,
2 you're recognized.

3 REPRESENTATIVE ESKAMANI: Thank you,
4 Mr. Speaker.

5 Do you have no concern for the mental health
6 consequences of the statement you just made with
7 someone being forced to fit into an identity that they
8 do not reflect and they've been diagnosed otherwise?

9 SPEAKER PRO TEMPORE: Representative Massullo,
10 you're recognized.

11 REPRESENTATIVE MASSULLO: Thank you.

12 I don't know of any diagnosis where someone
13 is actually diagnosed to be something that they're not
14 physiologically. I know of diagnoses where people
15 think and have beliefs that they believe they're
16 something that they're not.

17 SPEAKER PRO TEMPORE: Representative Eskamani,
18 you're recognized.

19 REPRESENTATIVE ESKAMANI: Thank you,
20 Mr. Speaker.

21 Are you advocating for a conversion therapy
22 as the option for someone who's been diagnosed with
23 gender dysphoria?

24 SPEAKER PRO TEMPORE: Representative Fine, I
25 don't believe that's in the bill, but answer if you

1 can, please.

2 REPRESENTATIVE FINE: Thank you.

3 The bill does not require or necessitate
4 anyone to go backwards or undo what it is that they
5 have done. So if you've gotten one of these surgeries
6 or whatever the impacts of these drugs are, we don't
7 require you to go and attempt to get it undone,
8 although we have met with a number of people who wish
9 they could.

10 SPEAKER PRO TEMPORE: Representative Eskamani,
11 you're recognized.

12 REPRESENTATIVE ESKAMANI: Thank you,
13 Mr. Speaker.

14 You just said it doesn't force anyone to,
15 you know, quote, "undo something." But I am curious,
16 if someone loses insurance coverage for
17 gender-affirming treatment, what are their options if
18 they can't afford treatment without insurance
19 coverage?

20 SPEAKER PRO TEMPORE: Representative Fine or
21 Representative Massullo, you are recognized.

22 Representative Fine.

23 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

24 I'm happy to answer that. However,
25 Dr. Massullo and I are not aware of insurance coverage

1 that covers this today. So I'm not sure what coverage
2 would, quote/unquote, "be lost." Maybe it exists, but,
3 again, we believe fundamentally that -- I'll explain
4 the rationale behind this.

5 Health insurance is generally not a free
6 market. It's not like auto insurance where there's 12
7 companies and you can pick which one you want and
8 you could say, Well, I want a coverage that
9 covers this or that.

10 Health insurance, oftentimes you only have
11 one choice. It's what your employer is going to
12 provide you. Look at us, We have, like, two. And so
13 we do not believe that individuals should be forced
14 to pay for these sorts of treatments by other adults.
15 That is the motivation behind the bill.

16 SPEAKER PRO TEMPORE: Representative Eskamani,
17 you're recognized.

18 REPRESENTATIVE ESKAMANI: Thank you,
19 Mr. Speaker. This is my last question.

20 So you just said that you don't think there's
21 any private insurance companies that provide coverage
22 for gender-affirming care. Just so -- I don't want to
23 put words in your mouth. Is that what you said, that
24 there are no private insurance companies that provide
25 gender-affirming care? And if there are, which

1 ones and how many people are impacted?

2 SPEAKER PRO TEMPORE: Representative Fine,
3 you're recognized.

4 REPRESENTATIVE FINE: Thank you.

5 What I said is we're not aware of any.
6 There's lots of insurance companies. They may exist
7 out there. But what I tried to explain was our
8 premise, which we do not believe people should be
9 forced to pay for this for others, which is what
10 happens given the way health insurance works today
11 in the United States.

12 SPEAKER PRO TEMPORE: Follow-up?

13 Representative Harris, you're recognized for
14 a series of questions.

15 REPRESENTATIVE HARRIS: Thank you so much,
16 Mr. Speaker.

17 The Florida Constitution enshrines the
18 right to privacy. How are infringing on medical
19 decisions made between parents and minor children and
20 criminalizing such decisions not a violation of
21 privacy?

22 SPEAKER PRO TEMPORE: Representative Massullo,
23 you're recognized.

24 REPRESENTATIVE MASSULLO: Thank you,
25 Mr. Speaker.

1 There are several different criminal types of
2 incidences that parents can inflict on their children.

3 SPEAKER PRO TEMPORE: Representative Harris,
4 you're recognized.

5 REPRESENTATIVE HARRIS: This is about medical
6 decisions between them and a medical doctor.

7 SPEAKER PRO TEMPORE: Representative Fine,
8 you're recognized for an answer.

9 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

10 I don't think anything in this bill has to do
11 with privacy. I mean, it can have to do with other
12 things that I understand and respect that you may not
13 like. But as it relates to privacy, I don't think
14 this bill has anything to do with privacy.

15 SPEAKER PRO TEMPORE: Representative Harris,
16 you're recognized.

17 REPRESENTATIVE HARRIS: Thank you,
18 Mr. Speaker.

19 What basis does the Florida Legislature have
20 for overriding out-of-state child custody decrees in
21 light of the Full Faith and Credit Clause?

22 SPEAKER PRO TEMPORE: Representative Fine,
23 you're recognized.

24 REPRESENTATIVE FINE: Thank you.

25 We have the obligation to protect children,

1 so some of you may have seen recently -- and we'll
2 probably talk about it tomorrow -- that the State
3 of Washington basically said that children can get
4 taken away from their parents if their parents have
5 an issue with this sort of thing. We believe --
6 as much as the State of Washington believes in taking
7 children away from parents who have a concern about
8 this, we believe in protecting the rights of parents
9 to keep this from happening to their children.

10 SPEAKER PRO TEMPORE: Representative Harris,
11 you're recognized.

12 REPRESENTATIVE HARRIS: Does that include
13 protecting rights of parents who are giving their
14 child medically prescribed treatment that is also
15 endorsed by organizations like the APA, the AMA,
16 which are organizations, by the way, that we
17 referenced in a previous bill about what time children
18 should be starting school?

19 SPEAKER PRO TEMPORE: Representative Fine,
20 you're recognized.

21 REPRESENTATIVE FINE: I'm going to ask you
22 to restate the question because you're sort of
23 mixing metaphors. So on one we're talking about
24 custody, and the other one we're talking about
25 treatment.

1 For what it's worth, the custody provisions
2 would only matter if one of the two parents did not
3 agree. And so that's how you resolve that dispute.
4 There would be no custody dispute if both parents
5 felt the same way.

6 If you want to ask a question about treatment,
7 we're certainly happy to answer that.

8 SPEAKER PRO TEMPORE: Did that answer your
9 question, Representative Harris? You're welcome to
10 follow up.

11 REPRESENTATIVE HARRIS: Thank you,
12 Mr. Speaker.

13 Actually, I was going to ask a different
14 question. This is about birth certificates. So
15 there is lines in the bill, 69 to 74, that denies
16 people the right to change their birth certificate.

17 Why does this bill only target transgender
18 people regarding birth certificates?

19 SPEAKER PRO TEMPORE: Dr. Massullo, you're
20 recognized for an answer.

21 REPRESENTATIVE MASSULLO: Thank you,
22 Mr. Speaker.

23 It doesn't target any particular set or
24 population of people. As a matter of fact, it allows
25 for change in birth certificates based on a scrivener

1 error and also for some individual that may have
2 some sort of chromosomal abnormality to where their
3 biologic sex isn't actually apparent at birth.

4 SPEAKER PRO TEMPORE: Representative Fine.

5 REPRESENTATIVE FINE: Thank you.

6 And if you want to give someone else a
7 chance to ask questions and come back, the amendment
8 that we're talking about, lines 69 to 74, don't have
9 anything to do with birth certificates. However, the
10 underlying view is we believe in biology and you
11 cannot change that.

12 SPEAKER PRO TEMPORE: Representative Harris,
13 you're recognized for another follow-up.

14 REPRESENTATIVE HARRIS: Thank you,
15 Mr. Speaker.

16 What is the State's compelling interest
17 to interfere with mature, well-informed, consenting
18 adults' freedom to make these sort of decisions for
19 themselves?

20 SPEAKER PRO TEMPORE: Representative Harris,
21 that one has been asked and answer.

22 Do you have another question? I'm happy
23 to entertain it.

24 REPRESENTATIVE HARRIS: No, not right now.

25 Thank you.

1 SPEAKER PRO TEMPORE: Representative Hart,
2 you're recognized, and then we'll go to Representative
3 Hinson.

4 REPRESENTATIVE HART: Thank you, Mr. Speaker.

5 Representatives, I was just wondering, how
6 will this impact the people who are currently in our
7 prison system who are receiving these drugs?

8 SPEAKER PRO TEMPORE: Representative Fine.

9 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
10 We would not allow the state funds to go
11 to this sort of thing.

12 SPEAKER PRO TEMPORE: Representative Hart.

13 REPRESENTATIVE HART: Thank you, Mr. Speaker.

14 So are they going to get some other form of
15 treatments, counseling? Are we putting money into
16 place to be able to help them transition from not
17 having these drugs?

18 SPEAKER PRO TEMPORE: Representative Fine.

19 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

20 This -- I don't know how medical decisions
21 work in prison, but what I will say is this. This
22 bill does not affect the funding for prison health
23 care. So, theoretically -- these drugs we have been
24 told are quite expensive, and these surgeries can be
25 expensive. We're not taking that money away, so,

1 theoretically, that money will be freed up, and they
2 could use it to do more psychiatric or psychological
3 services. This bill does not cut prison health care
4 funding in any way. It does say they couldn't do
5 it. But whatever they're spending on that, they
6 could then go spend, theoretically, on something else.

7 SPEAKER PRO TEMPORE: Representative Hart,
8 you're recognized for a follow-up.

9 REPRESENTATIVE HART: Thank you.

10 So I just want to make sure I understand.
11 They will no longer be able to utilize any state
12 funding in the prisons for their meds?

13 SPEAKER PRO TEMPORE: Representative Massullo,
14 you're recognized.

15 REPRESENTATIVE MASSULLO: Thank you,
16 Mr. Speaker.

17 Representative Hart, they won't be allowed
18 to use state funding for those medications, for those
19 particular treatments.

20 SPEAKER PRO TEMPORE: Representative Hinson,
21 you're recognized for a question.

22 There's 4 minutes and 19 seconds left in
23 this period.

24 REPRESENTATIVE HINSON: Thank you,
25 Mr. Speaker.

1 Representatives, what health care providers
2 besides physicians licensed under Chapter 458 and
3 459 currently deliver gender-affirming care?

4 SPEAKER PRO TEMPORE: Representative Massullo.

5 REPRESENTATIVE MASSULLO: Thank you,
6 Mr. Speaker.

7 Nurse practitioners oftentimes do and
8 sometimes physician assistants.

9 SPEAKER PRO TEMPORE: Representative Hinson,
10 you're recognized for a follow-up.

11 REPRESENTATIVE HINSON: Thank you.

12 What sort of certifications do these
13 providers hold, and what therapies are they able to
14 provide?

15 SPEAKER PRO TEMPORE: Representative Massullo,
16 you're recognized.

17 REPRESENTATIVE MASSULLO: Thank you,
18 Mr. Speaker.

19 They're licensed in Florida by the particular
20 boards of their specialty, and they are allowed
21 to prescribe medications.

22 SPEAKER PRO TEMPORE: One more question.
23 Representative Hinson, you're recognized -- two more
24 questions. Representative Hinson, you're recognized.

25 REPRESENTATIVE HINSON: Thank you,

1 Mr. Speaker.

2 What is the State's compelling interest in
3 now, after decades of practice, banning nurses from
4 delivering this health care to adults?

5 SPEAKER PRO TEMPORE: Representative Massullo.

6 REPRESENTATIVE MASSULLO: Thank you,
7 Mr. Speaker.

8 We believe this particular type of treatment
9 is such that a physician should be the one
10 administering it.

11 SPEAKER PRO TEMPORE: Representative Hinson.

12 REPRESENTATIVE HINSON: Finally --
13 Mr. Speaker, thank you -- will parents of transgender
14 children under 12 be charged with a sex offense
15 for a gender-affirming treatment?

16 SPEAKER PRO TEMPORE: Representative Fine.

17 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

18 No. There's no criminalization of parental
19 behavior under this bill.

20 SPEAKER PRO TEMPORE: Representative Plakon,
21 you're recognized for a question with 2 minutes and
22 44 seconds left.

23 REPRESENTATIVE PLAKON: Thank you,
24 Mr. Speaker.

25 I have a question for Dr. Massullo.

1 How would a doctor ever know if a child is
2 really consenting to a sex reassignment or if the
3 parents just wished they had a child of the other
4 gender?

5 SPEAKER PRO TEMPORE: Representative Massullo.

6 REPRESENTATIVE MASSULLO: Thank you,
7 Mr. Speaker.

8 Children in our particular culture do not
9 consent under the age of 18.

10 SPEAKER PRO TEMPORE: Are there any further
11 questions in the remaining time?

12 Any further questions?

13 Representative Eskamani, you're recognized.

14 REPRESENTATIVE ESKAMANI: Thank you,
15 Mr. Speaker.

16 During the committee process, many members
17 of the public spoke in opposition to this bill,
18 including members who feel like and know they're
19 directly impacted and they identify as trans. And so
20 what is your feedback response to those who are
21 worried about their ability to live in the state of
22 Florida if and when this bill becomes law?

23 SPEAKER PRO TEMPORE: Representative Fine,
24 then Massullo.

25 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

1 I would say if they're adults, they can
2 continue to do what they've always done; they just
3 can't expect other people to pay for it. And if
4 they're children, we believe these kind of
5 life-altering decisions need to wait until
6 they're adults.

7 SPEAKER PRO TEMPORE: Any follow-up,
8 Representative Massullo?

9 REPRESENTATIVE MASSULLO: Thank you,
10 Mr. Speaker.

11 And we also, in addition to that, want to
12 make sure that those adults understand the risks and
13 consequences of the treatments that they're currently
14 involved in and what they may in the future be
15 involved in surgically.

16 SPEAKER PRO TEMPORE: Representative Eskamani,
17 for the last question of the segment.

18 REPRESENTATIVE ESKAMANI: Thank you,
19 Mr. Speaker.

20 Can you name for me any other medical
21 procedure beyond abortion that is as heavily
22 regulated as what you are doing and proposing today
23 in the state of Florida through statute, not
24 business decisions, but statute?

25 SPEAKER PRO TEMPORE: Representative Fine,

1 you're recognized.

2 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

3 One of the challenges of this is this isn't
4 really regulated at all today. So we are attempting
5 to put in place a framework that says that there is
6 emerging research that talks about the danger of a
7 lot of this stuff. If you're an adult and you're a
8 consenting adult, have at it. But for children, the
9 research continues to show -- as we see other countries
10 around the world pull back on these things and say,
11 Whoa, we went too far. This is a problem. We don't
12 want those same problems to be happening here in
13 Florida.

14 SPEAKER PRO TEMPORE: One more. We have time
15 for one more.

16 Representative Eskamani, you're recognized.

17 REPRESENTATIVE ESKAMANI: Thank you,
18 Mr. Speaker.

19 There's some researchers that say that breast
20 implants are dangerous. Has this legislature taken
21 any policies in the past to ban breast implants or
22 restrict breast implants for those who wish to
23 enlarge their breasts?

24 SPEAKER PRO TEMPORE: Representative Massullo,
25 you're recognized.

1 REPRESENTATIVE MASSULLO: Thank you,
2 Mr. Speaker.

3 Any medical procedure has risks and benefits.
4 Breast implants are not considered in this bill in
5 the scope that we're trying to basically gauge the
6 legislation.

7 SPEAKER PRO TEMPORE: Members, time has
8 expired on the questions of the sponsor for CS for
9 SB 254, the barcode 256341, the House amendment by
10 Representative Fine. We are going to entertain
11 amendments to the amendment.

12 When we do, Members, we're going into
13 structured debate, and the amendatory process on this
14 bill, there's 26 -- 26 -- nonsponsored amendments.
15 They've been filed. And pursuant to our procedure
16 adopted by special order report, that means that we
17 will spend 3 minutes and 28 seconds on each amendment.

18 Would the clerk read the first amendment --
19 amendment to the amendment.

20 THE CLERK: Representative Rayner-Goolsby
21 offered the following amendment to amendment, with
22 title amendment, barcode 289149, remove lines 7
23 through 16 and insert amendment.

24 SPEAKER PRO TEMPORE: Representative
25 Rayner-Goolsby, you're recognized to explain your

1 amendment.

2 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
3 Mr. Speaker.

4 Members, this amendment prevents the State
5 from taking children away from supporting parents.
6 That is the amendment.

7 SPEAKER PRO TEMPORE: Any questions of the
8 sponsor?

9 Any questions of the sponsor? We're on
10 barcode 289149 by the good Representative
11 Rayner-Goolsby.

12 Representative Fine, you're recognized for a
13 question.

14 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

15 And I was not planning to ask a question
16 on this, but if we go back to the amendment to the
17 bill, isn't the bill having to deal with custody
18 fights between parents?

19 SPEAKER PRO TEMPORE: Representative
20 Rayner-Goolsby, you're recognized.

21 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
22 Mr. Speaker.

23 Representative Fine, can you re-ask your
24 question? I'm not sure I quite understand the premise
25 of your question.

1 SPEAKER PRO TEMPORE: And I would remind
2 members, please don't ask questions if you already
3 know the answer to the questions that you're posing
4 to the sponsor.

5 Other questions of Representative
6 Rayner-Goolsby on her amendment?

7 Other questions?

8 Representative Fine, you're recognized.

9 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
10 No, I don't know the answer to this because
11 I was expecting to hear a very different explanation.
12 So this is not that.

13 So this amendment proposes to delete lines 7
14 to 16 of the bill. Now, lines 7 to 13 we do not change
15 under current law. All we've changed is *Serious*
16 *physical harms includes, but is not limited to, being*
17 *subjected to gender clinical interventions.*

18 My question is -- what my question is is
19 this -- you said this is the State going to take away
20 children. What part of the language that you're
21 attempting to amend lets the State take away children?

22 SPEAKER PRO TEMPORE: Representative
23 Rayner-Goolsby, you're recognized.

24 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so
25 much, Mr. Speaker.

1 And, yes, Representative Fine, I now
2 understand what you're saying. So when I actually
3 spoke of Chapter 39 -- which I'm assuming you haven't
4 looked up yet. When I spoke of Chapter 39, when you
5 think of any custody issue that's happening in the
6 state of Florida, there are two ways a child can be
7 removed. It could be removed from parents and a judge
8 making a custody decision in a family law case, or the
9 State could actually do it pursuant to Chapter 39,
10 which actually your bill does affect.

11 SPEAKER PRO TEMPORE: Representative Fine,
12 you're recognized.

13 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
14 The definitions of child abuse under Chapter
15 39 do not affect this bill in any way, so I'll ask
16 again. You said in your opening that you're running
17 this amendment to stop the State from being able to
18 take a child away. Let me ask it differently.

19 If both parents were okay with these
20 decisions, how would the State be involved at all?

21 SPEAKER PRO TEMPORE: Representative
22 Rayner-Goolsby, you're recognized.

23 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so
24 much, Mr. Speaker.

25 And I -- you know, Representative Fine, you

1 indicated that this bill does not have an impact on
2 Chapter 39. Actually, the way that I read it as a
3 practicing attorney who has practiced in this area, it
4 actually does. So I think you and I just have a
5 difference of opinion on that and a difference of
6 opinion on impact.

7 SPEAKER PRO TEMPORE: Further questions?
8 Further questions of the sponsor?

9 Further questions of the sponsor?

10 Seeing no further questions, is there debate,
11 debate on the bill?

12 Representative Fine.

13 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

14 What this amendment does is both eliminates
15 existing law having nothing to do with this amendment
16 relating to physical custody. It actually would
17 delete -- I want folks to understand what it would
18 mean if this would pass. I'm going to read the
19 language that has nothing to do with this bill.

20 It would delete the ability for a
21 petitioner to file a verified application seeking
22 enforcement of a child custody determination for a
23 warrant to take physical custody of the child if the
24 child is likely to imminently suffer serious physical
25 harm or removal from the state. This amendment

1 would eliminate that existing law that the amendment --

2 SPEAKER PRO TEMPORE: Representative Fine,
3 time has expired on barcode 289149.

4 I'll reiterate to the members, because we
5 have 26 nonsponsored amendments, we can only spend in
6 totality 3 minutes and 28 seconds for everything.
7 That's questions, open, close, debate, period.

8 The question will now recur on barcode
9 289149.

10 All those in favor, say yea.

11 All those opposed, say no.

12 Members by your vote show the amendment fails.

13 Read the next amendment to the amendment.

14 THE CLERK: Representative Eskamani offers the
15 following amendment to amendment, with title amendment,
16 barcode 531629, removal of lines 17 through 26 and
17 insert amendment.

18 SPEAKER PRO TEMPORE: Representative Eskamani,
19 you're recognized.

20 REPRESENTATIVE ESKAMANI: Thank you,
21 Mr. Speaker.

22 Members, this is a pretty simple amendment.
23 It just removes lines, as you can see on the board,
24 17 to 26 of the strike-all. What those lines are
25 doing right now is it reads *public expenditures*

1 *for gender clinical interventions and a prohibition...*

2 So basically, at least my interpretation
3 of it -- the bill sponsor can agree or disagree --
4 but it seems like it is totally stripping away any
5 type of, like, state insurance coverage or just
6 public insurance coverage for employees of the State.

7 Representative Hart mentioned questions
8 about our prison population, and so I'm just concerned
9 that this type of language where it reads *may not*
10 *expend funds to provide or reimburse for gender*
11 *clinical interventions* is taking away access to care
12 for those who work in the state or those who are wards
13 of the State. And I don't think that's appropriate.
14 I think, especially if you're already accessing care,
15 you should be able to. And so we just want to remove
16 that language from the bill -- or the amendment.

17 Thank you, Mr. Speaker.

18 SPEAKER PRO TEMPORE: Thank you,
19 Representative Eskamani.

20 If you could stop the clock for just one
21 moment, I would like to invite everyone on the floor
22 and in the gallery -- we're so happy to have guests
23 and residents and constituents from all over the state
24 of Florida. We will ask you to observe the decorum
25 that we have in this chamber today. So we will not

1 have any outbursts. We'll have not any clicking.
2 We'll not have any boos, hissing, or cheering, or
3 booing.

4 So we're going to continue with this, and we
5 would just ask each and every one of you to help us
6 maintain this decorum. If you cannot, the Sergeant
7 will invite you to watch the proceedings from
8 some other area of the Capitol.

9 So, Representative Eskamani, you're
10 recognized.

11 REPRESENTATIVE ESKAMANI: Mr. Speaker, I was
12 done with my amendment to the introduction.

13 SPEAKER PRO TEMPORE: All right. Any
14 questions of the Representative?

15 Any questions of the sponsor?

16 Any questions of the sponsor?

17 Seeing no questions, are there debate?

18 Are there debate?

19 Representative Massullo, you're recognized
20 for debate.

21 REPRESENTATIVE MASSULLO: Thank you,
22 Mr. Speaker.

23 I would ask members to vote down this
24 amendment. We do not want to use taxpayer funds to
25 pay for procedures that evidence shows are damaging to

1 individuals, both physiologically and psychologically.

2 SPEAKER PRO TEMPORE: Further debate?

3 Further debate?

4 Representative Fine, you're recognized in
5 debate.

6 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

7 While I would echo what my friend
8 Representative Massullo said, I just want you to
9 understand this is just a public policy dispute. If
10 you vote for the amendment, you think it is an
11 appropriate use of taxpayer funds to pay for these
12 kinds of things. Some people obviously do. I don't
13 agree, but I understand that. If you do not think
14 taxpayer funds should be used to pay for these sorts
15 of surgeries and drugs, then you will oppose the
16 amendment.

17 It's a very simple decision: yes or no.
18 We're obviously down on it, and I hope you'll join us.

19 SPEAKER PRO TEMPORE: Further debate?

20 Further debate, Members?

21 Further debate?

22 Representative Eskamani, you're recognized to
23 close on your amendment.

24 REPRESENTATIVE ESKAMANI: Thank you,
25 Mr. Speaker.

1 I want to be clear, Members, that there's
2 already been more than one occasion where evidence
3 cited by my colleagues' responses to the bill that
4 they're using the evidence incorrectly. There have
5 been researchers who have called out the bill sponsors
6 and others that have cited their research in order to
7 ban gender-affirming care as that assessment, that
8 interpretation as being inaccurate.

9 So I just want to set the record straight on
10 that point.

11 Furthermore, in my district I am proud to
12 represent a diverse community, and that includes
13 transgender people and parents of transgender kids.
14 And I'm concerned for those who work for the State or
15 maybe work at a university or work in a contract with
16 the State that we are taking away their access to
17 care.

18 And I also want to push back against this
19 notion that, you know, it's only about public money.
20 Because these are public employees, Members, like,
21 they work for us. They are our staff. They are the
22 folks who clean up after us in this chamber. They are
23 the folks who keep us safe. These are all public
24 workers who they earned that money that we allocate
25 as a state. So it's not fair to just say because

1 you're trans, you now can't access care anymore
2 because your identity means that your hard work and
3 labor doesn't dictate coverage of medical care.

4 And so, for those reasons, I encourage folks
5 to strike this, and let's ensure that our public
6 employees, those in the prison system, can be
7 themselves and access the care they deserve and need.

8 Thank you.

9 SPEAKER PRO TEMPORE: Representative Eskamani,
10 having closed on her amendment to the amendment,
11 barcode 256341, the question now recurs on the
12 amendment.

13 All those in favor, say yea.

14 All those opposed, say no.

15 Members, by seeing five hands, the clerk will
16 unlock the machine, and all members will proceed to
17 vote.

18 Will all members proceed to vote?

19 Will all members proceed to vote?

20 Will the clerk lock the machine and record
21 the vote?

22 THE CLERK: 27 yeas, 81 nays, Mr. Speaker.

23 SPEAKER PRO TEMPORE: Show the amendment
24 fails.

25 And will the Sergeant invite those disrupters

1 to watch the proceedings from some other area of the
2 Capitol?

3 Read the next amendment to the amendment.

4 THE CLERK: Representative Rayner-Goolsby
5 offered the following amendment to amendment, with
6 title amendment, barcode 117705, removes lines 27
7 through 50 and insert amendment.

8 SPEAKER PRO TEMPORE: Representative
9 Rayner-Goolsby, you're recognized to explain your
10 amendment.

11 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
12 Mr. Speaker.

13 This amendment just simply allows birth
14 certificates to continue to be changed. That's
15 the amendment.

16 SPEAKER PRO TEMPORE: Representative
17 Rayner-Goolsby, having explained her amendment, are
18 there any questions?

19 Questions for the sponsor?

20 Questions for the sponsor?

21 Seeing no questions, are there debate?

22 Is there any member wishing to debate?

23 Representative Fine, you're recognized in
24 debate.

25 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

1 Members, this is another public policy
2 decision in this bill. So we have taken the approach
3 that we believe in science, and we believe in biology.
4 And there are X chromosomes and there are Y
5 chromosomes, and what you're born is with is what
6 science said you are. And so you don't just get to
7 play "choose your own adventure" and change it and one
8 day you're one thing and one day you're another and
9 go up and back.

10 If you believe the birth certificate is
11 something that can be changed at will, then you'll
12 support this amendment. If you believe in biology,
13 you will not.

14 SPEAKER PRO TEMPORE: Representative Eskamani,
15 in debate, you're recognized.

16 REPRESENTATIVE ESKAMANI: Thank you,
17 Mr. Speaker.

18 A question that I don't think was asked or
19 answered is, you know, what happens with someone who
20 has already changed their birth certificate and how
21 would they be impacted here in the state of Florida?

22 And I think it's really important that we
23 understand just the personal, private nature of this.
24 This is not an easy decision that people make. It's
25 even more difficult under the political climate

1 today. And to respect the privacy of someone who is
2 making this decision is something that I really
3 encourage everyone here to consider.

4 Thank you, Mr. Speaker.

5 SPEAKER PRO TEMPORE: Is there further debate?

6 Representative Massullo, you're recognized in
7 debate.

8 REPRESENTATIVE MASSULLO: Thank you,
9 Mr. Speaker.

10 Our legal documents should reflect truth as
11 best as possible. A birth certificate is a document
12 that we use many, many times during our lives to
13 identify ourselves. And that identification should
14 reflect exactly who we are from birth. And there's
15 only two sexes that are recognized, male and female.

16 SPEAKER PRO TEMPORE: Other debate? Any
17 members wishing to debate the question, I'm happy
18 to entertain them.

19 Representative Rayner-Goolsby, seeing no
20 debate, you're recognized to close on your amendment
21 to the amendment.

22 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
23 Mr. Speaker.

24 Members, you know my mama often says that
25 you can disagree without being disagreeable. And I

1 often take that to mean you can disagree without being
2 disrespectful. When we talk about science and what is
3 true, here's the reality of the situation.

4 Transgender people do exist. They have existed long
5 before us, and they will exist long after us. And so
6 at this point, we allow people to change their names.

7 We allow different things to happen on birth
8 certificates if it's in regard to an adoption. And
9 when you are denying a person the right to change
10 their birth certificate, it's not just an assault on
11 their personhood, but you're also stripping them of
12 their legal right to be recognized as the identity
13 they live in every day.

14 Here's the thing. It's not for you to
15 understand who someone is or how they show up. It's
16 for you to accept it, especially if that identity is
17 not harming you or your family in any way.

18 So I ask that you would vote up on this
19 amendment.

20 But also, Mr. Speaker, I would ask that as we
21 are addressing this issue, if we could just be
22 respectful in the way that we talk about transgender
23 people. Because, like, I'm ready to let you all have
24 the chamber and just watch from my office. Like, if
25 we could just do that, that would be great.

1 Thank you.

2 SPEAKER PRO TEMPORE: Representative
3 Rayner-Goolsby, having closed on her amendment to the
4 amendment, barcode 256441, all those members wishing
5 to support the amendment, say aye.

6 All those opposed, say no.

7 Members by your vote show the amendment fails.

8 Read the next amendment to the amendment.

9 THE CLERK: Representative Harris offered the
10 following amendment to amendment, barcode 374289,
11 remove lines 69 through 95 and insert amendment.

12 SPEAKER PRO TEMPORE: Representative Harris,
13 you're recognized to explain your amendment to the
14 amendment.

15 REPRESENTATIVE HARRIS: Thank you,
16 Mr. Speaker.

17 So my amendment would prohibit surgery for
18 minors but would allow other treatments such as
19 puberty blockers and hormones.

20 And that's my amendment.

21 SPEAKER PRO TEMPORE: Representative Harris,
22 having explained her amendment to the amendment, are
23 there any questions of the sponsor?

24 Representative Fine, you have a question
25 of the sponsor.

1 REPRESENTATIVE FINE: Thank you.

2 As you put your amendment together, are you
3 aware that in western Europe where they sort of,
4 quote/unquote, "pioneered" a lot of these things and
5 allowing these drugs to be pushed on children or
6 allowed on children -- are you aware that in many of
7 the western European countries they are now moving
8 in the direction of this, and your amendment sort of
9 would go inapposite of what these folks have now
10 found to be best practices?

11 SPEAKER PRO TEMPORE: Representative Fine, I
12 believe you know the answer to that question. Do
13 you have another question?

14 Further questions?

15 Further questions?

16 All right. Is there debate?

17 Is there debate?

18 Representative Massullo, you're recognized
19 for debate.

20 REPRESENTATIVE MASSULLO: Thank you,
21 Mr. Speaker.

22 Some of those side effects that Representative
23 Fine was referring to include an inability to have
24 sexual satisfaction, demineralization of bones,
25 pseudotumor cerebri, which is a brain tumor,

1 cardiovascular effects, all these things. They're
2 almost unconscionable that we would expose our
3 children to them, let alone give our adults rights,
4 which they have, to take them if they so desire.

5 SPEAKER PRO TEMPORE: I think we're in
6 questions. We're in questions.

7 We're in debate. All right.

8 Representative Fine, you're welcome to debate.

9 REPRESENTATIVE FINE: Thank you.

10 And in my defense, I knew the answer. I
11 didn't know she did. So now that I think about
12 it, I wanted to know, because if you don't know
13 that and you learned it, you might have actually
14 chosen to withdraw the amendment.

15 Representative Massullo talked about a
16 number of things that we're now learning from the
17 research. One thing he did not mention is that we're
18 also seeing that this can have effects on brain
19 development.

20 And let's just think about the logic of
21 this. Any of you have kids? Their brains aren't the
22 same when they're 5, when they're 10, when they're 15.
23 I'm going through this with my teenage son right
24 now. They are changing. Their brains are developing.
25 And to give people things like puberty blockers --

1 I just want you to think of what it is. It is a drug
2 that is intended to stop the natural process of
3 puberty. To think that that would not have an effect
4 on brain development, well, frankly, it's insane.

5 And that is what the studies are starting to show.

6 So, yes, while we can focus on the fact that
7 the surgery appears to be sort of the most egregious
8 because you can actually see it, I would argue that
9 what happens to people's brains might even be worse.
10 And so that is why it is important to not only take
11 on surgeries but also these drugs as well for children.

12 And so I ask that you vote down this
13 amendment.

14 SPEAKER PRO TEMPORE: Representative Eskamani
15 in debate.

16 REPRESENTATIVE ESKAMANI: Thank you,
17 Mr. Speaker.

18 I'm going to ask my colleagues to just slow
19 it down and take the temperature down.

20 Every medication -- as our Representative
21 Massullo said, every medication, regardless of its
22 intent, can have side effects. Birth control can
23 have side effects. Cancer medications have serious
24 side effects.

25 When you have a diagnosis that is serious;

1 you've went to multiple doctors; you have Googled the
2 hell out of the situation; you've met with therapists;
3 you're doing everything you can to figure out why
4 your child or why you are not in a place of good
5 health. And this is something that doctors have
6 prescribed for cases that do not impact trans people.

7 And so, again, I don't think the hyperbolic
8 language is necessary or independent to this issue.
9 So I would encourage folks to not let that deter you
10 from understanding the intent of Representative
11 Harris's amendment.

12 SPEAKER PRO TEMPORE: Members' time has
13 expired on this particular amendment to the
14 amendment.

15 We will proceed to vote on Representative
16 Harris's barcode 256341.

17 All those members supporting this amendment
18 to the amendment, say aye.

19 All those opposed, say nay.

20 Members, by your vote show that the amendment
21 fails.

22 Read the next amendment to the amendment.

23 THE CLERK: Representative Harris offered the
24 following amendment to amendment, barcode 388571,
25 between lines 95 and 96, insert amendment.

1 SPEAKER PRO TEMPORE: Representative Harris,
2 you're recognized.

3 REPRESENTATIVE HARRIS: Thank you,
4 Mr. Speaker.

5 So this amendment would allow for
6 gender-affirming care to be provided to minors as
7 part of a clinical study. So there are -- I've heard
8 that there are concerns about the safety. I do
9 reiterate my colleague's statement.

10 My own child has PCOS and takes birth control
11 to treat it. But I think there's always the
12 opportunity to find treatments that are even safer
13 and even more effective. And so I think that allowing,
14 you know, minors to be part of a clinical study would
15 be a way that we could achieve the outcome that we're
16 looking for but with better safety.

17 And that is my amendment.

18 SPEAKER PRO TEMPORE: Representative Harris,
19 having explained her amendment to the amendment,
20 are there questions of the sponsor?

21 Questions of the sponsor?

22 Are there debate?

23 Is there debate?

24 Oh, you have a question. I'm sorry.

25 Representative Massullo for a question. You're

1 recognized.

2 REPRESENTATIVE MASSULLO: Thank you,
3 Mr. Speaker.

4 Representative Harris, what actual clinical
5 outcome would you hope that these clinical trials,
6 which are basically experiments, would actually
7 produce?

8 SPEAKER PRO TEMPORE: Representative Harris,
9 you're recognized.

10 REPRESENTATIVE HARRIS: Well, I think all
11 clinical trials are, quote/unquote, "experiments," but
12 we know that they're done in a very certain situation,
13 in a very particular setting. And I would think
14 that the outcome would be to find other treatments
15 for kids that are transgender and ways for them to
16 express the identity that they are.

17 SPEAKER PRO TEMPORE: Further questions?

18 Further questions of the sponsor?

19 Further questions of the sponsor?

20 Seeing no further questions of the sponsor,
21 we'll enter debate.

22 Representative Massullo, you're recognized
23 in debate.

24 REPRESENTATIVE MASSULLO: Thank you,
25 Mr. Speaker.

1 I would ask all of the members to vote this
2 particular amendment down. I don't think we should be
3 experimenting on our children, particularly that
4 we know -- and I have over 50 studies to show -- that
5 these types of treatments are extremely dangerous
6 and have long-term and irreversible side effects.

7 SPEAKER PRO TEMPORE: Representative Black,
8 in debate.

9 REPRESENTATIVE BLACK: Thank you, Mr. Speaker.
10 The idea that we would allow what can only be
11 called gruesome medical experiments to be conducted on
12 our children in medical schools is, frankly,
13 preposterous. They shouldn't be conducted anywhere
14 in this state.

15 Thank you, Mr. Speaker.

16 SPEAKER PRO TEMPORE: Representative Eskamani
17 in debate. You're recognized.

18 REPRESENTATIVE ESKAMANI: Thank you so much,
19 Mr. Speaker.

20 I think folks don't understand what the
21 clinical trial or clinical work is and the consent it
22 requires, the IRB approval that would have to be
23 conducted.

24 And I also want to emphasize I attended every
25 single Board of Medicine meeting where this topic was

1 debated and discussed. And the two boards before
2 being forced to consolidate a decision had contrasting
3 opinions when it comes to gender-affirming care,
4 specifically for those under the age of 18, where
5 one Board of Medicine said complete ban, but the other
6 Board of Osteopathy said allow trials. Because,
7 again, the point that many of our members have made is
8 there isn't enough research, and so it would behoove
9 folks who want to see more research -- and, again, it
10 requires consent, IRB approval, and heavy examination
11 and ethics. Ethics would be a part of that discussion.

12 And so I think allowing there to be the
13 option of research to ensure that if a child is in a
14 situation, they can access the care they need in
15 a very structured setting would not be an antithesis
16 of the bill. I think it actually would at least
17 provide some option for parents in this situation.

18 SPEAKER PRO TEMPORE: Representative Eskamani,
19 having ended debate, and this is the time for this
20 segment for the amendment to the amendment, we'll
21 proceed to vote.

22 All those in favor supporting Representative
23 Harris in barcode 388571, please say yea.

24 All those opposed, say no.

25 Members, by your vote show the amendment

1 fails.

2 Read the next amendment to the amendment.

3 THE CLERK: Representative Rayner-Goolsby
4 offered the following amendment to amendment, barcode
5 389103, between lines 95 and 96 insert amendment.

6 SPEAKER PRO TEMPORE: Representative
7 Rayner-Goolsby, you're recognized.

8 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so
9 much, Mr. Speaker.

10 Members, this amendment allows treatment to
11 minors suffering from severe gender dysphoria.

12 That is the amendment.

13 SPEAKER PRO TEMPORE: Representative
14 Rayner-Goolsby, having explained her amendment to
15 the amendment, are there any questions of the
16 sponsor?

17 Questions of the sponsor?

18 Representative Fine, you're recognized for a
19 question.

20 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

21 What is the difference between severe gender
22 dysphoria and not severe gender dysphoria?

23 SPEAKER PRO TEMPORE: Representative
24 Rayner-Goolsby, you're recognized.

25 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so

1 much, Mr. Speaker.

2 I believe that Dr. Massullo, who is a
3 doctor, could answer that question for you.

4 SPEAKER PRO TEMPORE: Any further questions?

5 Representative Massullo, you have a
6 question of the sponsor. You're recognized.

7 REPRESENTATIVE MASSULLO: Thank you. Thank
8 you, Mr. Speaker.

9 I actually can't answer that question, so
10 I'm going to ask you to try to describe the severe
11 gender dysphoria.

12 SPEAKER PRO TEMPORE: Representative
13 Rayner-Goolsby, you're recognized.

14 REPRESENTATIVE RAYNER-GOOLSBY: Sorry,
15 Mr. Speaker.

16 Thank you so much for that question,
17 Representative Massullo. I believe that these are
18 standards that have been set by the American Academy
19 of Pediatrics, the AMA, the American Psychological
20 Association as well. So I believe that if you
21 research those, it will define what severe gender
22 dysphoria is. But, as I'm sure you're aware, it is a
23 diagnosis that a physician or medical doctor or a
24 psychiatrist would make.

25 SPEAKER PRO TEMPORE: Representative Massullo

1 for follow-up.

2 REPRESENTATIVE MASSULLO: Well, thank you.

3 I wasn't aware.

4 Could you give me some characteristic signs
5 or physical types of symptoms?

6 SPEAKER PRO TEMPORE: Representative Massullo,
7 are you saying that you don't know the answer to that
8 question?

9 All right. You can do your best,
10 Representative Rayner-Goolsby.

11 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so
12 much, Mr. Speaker.

13 And, Representative Massullo, I'm just going
14 to read this definition to you. It says: *Gender*
15 *dysphoria is a term that describes the sense of*
16 *unease that a person may have because of a*
17 *mismatch between their biological sex and their*
18 *gender identity.*

19 So I'm assuming that if it's severe, those
20 things are severe.

21 SPEAKER PRO TEMPORE: Representative Massullo
22 for a follow-up.

23 REPRESENTATIVE MASSULLO: Thank you,
24 Mr. Speaker.

25 Representative, with all due respect, aren't

1 those subjective types of measures that you're
2 basically enunciating?

3 SPEAKER PRO TEMPORE: Representative
4 Rayner-Goolsby, you're recognized.

5 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so
6 much, Mr. Speaker.

7 The definition I just read is a medical
8 definition, so if you believe it's subjective, I
9 think that you should probably talk to maybe one of
10 your medical colleagues, and you can have a real,
11 you know, debate about it.

12 SPEAKER PRO TEMPORE: Representative Fine
13 for a question.

14 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

15 We really don't know the question. I've
16 never heard of severe gender dysphoria before. So
17 you read a definition. I appreciate that. Did you
18 leave off the word "severe" at the beginning of it,
19 or did you just give us the definition of gender
20 dysphoria? We were trying to understand the
21 difference between, like, no-big-deal gender dysphoria
22 and severe gender dysphoria.

23 SPEAKER PRO TEMPORE: Are there any other
24 members that have questions?

25 Any other members that have questions?

1 Representative Skidmore, you're recognized.

2 REPRESENTATIVE SKIDMORE: Thank you,

3 Mr. Speaker.

4 Representative Rayner-Goolsby, would you

5 agree that in the severe case of gender dysphoria,

6 a person's symptoms would interfere with their daily

7 life?

8 SPEAKER PRO TEMPORE: Representative

9 Rayner-Goolsby, you're recognized for an answer.

10 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,

11 Mr. Speaker.

12 And thank you, Representative, for that very

13 good question.

14 Actually, yes. And, in fact, the definition

15 that I'm reading is that this unease or dissatisfaction

16 can be so intense it can lead to depression, anxiety,

17 and have harmful impacts on daily life, including

18 suicide.

19 SPEAKER PRO TEMPORE: Time having expired in

20 this particular period, we will proceed to vote

21 on Representative Rayner-Goolsby's amendment to the

22 amendment.

23 Members, we are voting on barcode 389103.

24 All those in favor supporting the amendment

25 to the amendment, say aye.

1 All those opposed, say nay.

2 Members, by your vote, seeing five hands,
3 the clerk will unlock the machine, and members will
4 proceed to vote.

5 Have all members voted?

6 Have all members voted?

7 The clerk will lock the machine and
8 record the vote.

9 THE CLERK: 31 yeas, 82 nays, Mr. Speaker.

10 SPEAKER PRO TEMPORE: Show the amendment
11 fails.

12 Read the next amendment to the amendment.

13 THE CLERK: Representative Bartleman offered
14 the following amendment to amendment, with title
15 amendment, barcode 633677, remove lines 100 through
16 106 and insert amendment.

17 SPEAKER PRO TEMPORE: Representative
18 Bartleman, you're recognized.

19 REPRESENTATIVE BARTLEMAN: Thank you,
20 Mr. Speaker.

21 This bill simply aligns the language of the
22 Senate bill that was sent over that all of the
23 Republicans in the Senate approved. It aligns with
24 the recent Board of Medicine decision.

25 Thank you.

1 SPEAKER PRO TEMPORE: Questions of the
2 sponsor?

3 Anyone here have questions of the sponsor?
4 Questions?

5 Seeing no questions, going once -- no
6 questions?

7 We'll go into debate.

8 Representative Fine, you're recognized for
9 debate.

10 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

11 And this is just another kind of public
12 policy decision. So Representative Bartleman
13 believes very strongly -- and I understand your view,
14 I say respectfully -- that if you're on these things
15 right now, you should be able to be grandfathered
16 into them. And that's what her amendment would do.
17 If you believe that, then you should vote for it.

18 Our bill would say that if you are a child
19 on these, a child -- doesn't affect adults -- if
20 you're a child, you can continue until the end of the
21 year if you started before January 1.

22 So that is the public policy decision is
23 should a 12-year-old who's on these now be able to
24 take them for as long as they want, or should we say
25 to children who are on these drugs that, Dr. Massullo

1 and I have explained some of the consequences of,
2 be able -- should they be kind of, to use a bad
3 word, transitioning off of them over the remainder
4 of the year. That is the decision on this amendment.
5 Obviously, we hope that you vote no.

6 SPEAKER PRO TEMPORE: Representative
7 Massullo, you're recognized.

8 REPRESENTATIVE MASSULLO: Thank you,
9 Mr. Speaker.

10 Representative Bartleman, we're not denying
11 therapy for these individuals. Actually, I would hope
12 that they would be able to be enrolled in some sort of
13 psychiatric or psychology type of counseling. I also
14 think that, hopefully, while they're on the medicines,
15 their physicians would give them full disclosure of
16 the side effects and the various other issues
17 that could be involved.

18 And let me tell you that the practice of
19 medicine is not a perfect science. And anybody can
20 just look at any physician and see that, and myself
21 included.

22 Let me just give you a little story.
23 Benjamin Spock, who I have a lot of problems with,
24 was an influential pediatrician in the '50s. And
25 he actually believed that babies in the prone

1 position while they were sleeping did much better
2 than babies on their back.

3 But after 30 years -- 30 years -- we found
4 that those individuals actually had SIDS, sudden infant
5 death. So that particular procedure in those 30 years
6 killed tens of thousands of infants. We don't want
7 to be killing tens of thousands of our children by
8 keeping them on those drugs.

9 SPEAKER PRO TEMPORE: Further debate?

10 Further debate?

11 No members wishing to debate, Representative
12 Bartleman, you're recognized to close.

13 REPRESENTATIVE BARTLEMAN: Thank you,
14 Mr. Speaker.

15 The Republicans across the hall agree with
16 me. That's why this language is here. Look, in my
17 opinion, this bill is unkind and it's inhumane. And
18 I need to remind everybody as we go forward, we're
19 talking about human beings. The word "evil," the
20 word "demons," these are people that other people
21 love. Why are we talking about this?

22 This amendment will allow the medical board
23 to make the decisions as to when the right time is,
24 and that's all I'm asking for. And I ask you to
25 support this.

1 SPEAKER PRO TEMPORE: Representative
2 Bartleman, having closed on her amendment to the
3 amendment, so the clerk will unlock the machines,
4 and we will proceed to vote.

5 All those in favor -- yes. Have all
6 members voted?

7 Have all members voted?

8 Have all members voted? Keep you on your
9 toes.

10 The clerk will lock the machine and report
11 the vote.

12 THE CLERK: 32 yeas, 82 nays, Mr. Speaker.

13 SPEAKER PRO TEMPORE: Members by your vote
14 show the amendment to the amendment fails.

15 Read the next amendment to the amendment.

16 THE CLERK: Representative Harris offered the
17 following amendment to amendment, barcode 916215,
18 between lines 106 and 107, insert amendment.

19 SPEAKER PRO TEMPORE: Representative Harris,
20 you're recognized.

21 REPRESENTATIVE HARRIS: Thank you,
22 Mr. Speaker.

23 So this amendment would allow for minors to
24 receive gender-affirming care if a judge rules that it
25 is in the best interests of the child to receive such

1 care. Because we are talking about medical decisions
2 and medical procedures, and, you know, I think if a
3 doctor is not enough, then if they go before a judge
4 and a judge approves it, I think that should be enough.

5 And that's my amendment.

6 SPEAKER PRO TEMPORE: Questions of the
7 sponsor?

8 Representative Fine for a question, you're
9 recognized.

10 REPRESENTATIVE FINE: Thank you.

11 And while Dr. Massullo and I reject the
12 premise of gender-affirming care, to use your
13 definition, what gender-affirming care do you believe
14 the judge could allow?

15 SPEAKER PRO TEMPORE: Representative Harris,
16 you're recognized.

17 REPRESENTATIVE HARRIS: Yeah. They could
18 prescribe puberty blockers, allow things of that
19 nature that was discussed.

20 SPEAKER PRO TEMPORE: Representative Fine,
21 you're recognized for a follow-up.

22 REPRESENTATIVE FINE: Thank you.

23 And this is really not a gotcha question
24 here. I don't know the answer. So there's sort of
25 three buckets of this. Right? There's psychological;

1 there's drugs; and there's surgery. And I'm just
2 trying to understand, could the judge authorize a
3 girl's healthy breasts to be cut off? Is that
4 something the judge would be able to do under your
5 amendment?

6 SPEAKER PRO TEMPORE: Representative Harris,
7 you're recognized.

8 REPRESENTATIVE HARRIS: I am not a judge.

9 SPEAKER PRO TEMPORE: Is there another
10 question?

11 Other questions of the sponsor?

12 Representative Fine, you're recognized for a
13 question.

14 REPRESENTATIVE FINE: Thank you.

15 Maybe you didn't hear my question. It was
16 not what would a judge do. It was, under your
17 amendment, would a judge be able to do that if they
18 thought in their judgy judgment that -- it's been a
19 long day -- that it was a good idea? I don't know
20 the answer to this: What could a judge authorize?

21 SPEAKER PRO TEMPORE: Representative Harris,
22 you're recognized.

23 REPRESENTATIVE HARRIS: Thank you,
24 Mr. Speaker.

25 That was asked and answered. I am not a

1 judge.

2 SPEAKER PRO TEMPORE: That wasn't asked or
3 answered. Do your best to answer. If you don't know
4 the answer, just say you don't know the answer. That
5 would be fine.

6 You're recognized, Representative Harris.

7 REPRESENTATIVE HARRIS: Thank you,
8 Mr. Speaker.

9 I respect a judge's decision, so I cannot
10 make that call. This would put it in the hands of
11 the judge.

12 SPEAKER PRO TEMPORE: Let's change the line
13 of questioning.

14 Representative Fine, you're recognized for a
15 different question.

16 REPRESENTATIVE FINE: Yeah. I'll ask a
17 different question. I don't know why that one is
18 so hard to understand.

19 My next question is what would -- we've
20 heard a lot, doctors, doctors, doctors. In your view,
21 what judgment would a judge have in order to make the
22 decision to -- I may be, if it's in your amendment --
23 cut off the healthy body parts of a boy or a girl?
24 What would qualify a judge to be able to make that
25 decision?

1 SPEAKER PRO TEMPORE: Representative Eskamani
2 through Representative Harris, you're recognized.

3 REPRESENTATIVE HARRIS: Thank you,
4 Mr. Speaker.

5 They would have the options that are
6 available. So if somebody was suicidal, they could
7 prescribe a puberty blocker. Well, they couldn't
8 prescribe it, but they could allow for the medical
9 treatment. They could allow a doctor to prescribe it.

10 SPEAKER PRO TEMPORE: Further questions?

11 Further questions?

12 Seeing no further -- Representative
13 Massullo, one more question. Yes, sir, you're
14 recognized.

15 You're in debate. All right. Let's debate.

16 REPRESENTATIVE MASSULLO: Thank you,
17 Mr. Speaker.

18 You know, the role of a legislature is to
19 make the laws. We don't want to complicate our
20 judiciary in interpreting the laws by having them
21 have to make them at the same time. I think this
22 amendment falls on the premise that it just is
23 inappropriate.

24 SPEAKER PRO TEMPORE: Members, last debate.

25 Representative Fine, you've got five seconds.

1 REPRESENTATIVE FINE: Thanks.

2 If they don't know what the judge could
3 do, you should vote no.

4 SPEAKER PRO TEMPORE: Right. Time having
5 expired in this particular segment, the amendment
6 to the amendment proffered by Representative Harris,
7 barcode 916215.

8 Members, all of those in favor of said
9 amendment to the amendment, say yes.

10 All right. All those others, say no.

11 Members by your vote show the amendment to
12 the amendment does not pass.

13 Read the next amendment to the amendment.

14 THE CLERK: Representative Eskamani offered
15 the following amendment to amendment, barcode 088875,
16 between lines 106 and 107 insert amendment.

17 SPEAKER PRO TEMPORE: Representative Eskamani,
18 you're recognized.

19 REPRESENTATIVE ESKAMANI: Thank you,
20 Mr. Speaker.

21 This is a very simple amendment. It would
22 just essentially allow an immediate family member of
23 a person in any branch of the Armed Forces of the
24 United States whose duty post is within this state may
25 continue to have access to an insurance coverage of

1 sex reassignment prescriptions and procedures; i.e.,
2 we're basically just carving out military family
3 members and spouses.

4 SPEAKER PRO TEMPORE: Questions of the
5 sponsor?

6 Questions of the sponsor to the amendment to
7 the amendment?

8 Seeing no questions, we'll move into debate.

9 Representative Massullo, you're recognized
10 in debate.

11 REPRESENTATIVE MASSULLO: Thank you,
12 Mr. Speaker.

13 I think the role of our military is to be
14 active, healthy, and ready to defend us at any moment.
15 I think this particular amendment would actually
16 compromise that.

17 SPEAKER PRO TEMPORE: Members, stop the
18 clock for just a moment.

19 Representative Cross has an important timely
20 introduction that she would like to make at this time.

21 Representative Cross, you're recognized for
22 an introduction.

23 REPRESENTATIVE CROSS: Thank you, Mr. Speaker.

24 And if you guys can run back in here, I would
25 like to recognize the 2023 Leadership St. Pete class,

1 along with my colleagues Representative Rayner-Goolsby
2 and Representative Chaney. This is a group of
3 business and community leaders from the city of
4 St. Petersburg.

5 I was a member of the class of 2015, and it
6 was actually the first time I stepped on the grounds
7 of the Florida State Capitol. So maybe we have one
8 of our future representatives or senators here today.

9 Please welcome them to the Florida Statehouse.

10 SPEAKER PRO TEMPORE: Welcome to the Florida
11 House.

12 Representative Roach, you're recognized for
13 an important announcement or introduction.

14 REPRESENTATIVE ROACH: Thank you, Mr. Speaker.

15 Members, we're having a lot of debate today
16 about the medical profession. I would like for you
17 to direct your attention to the West Gallery, and
18 I would like to introduce a good friend of mine, a
19 very prominent eye surgeon in Lee and Collier Counties
20 and a very prominent member of our community in
21 southwest Florida.

22 Dr. Frantz, welcome to the Florida House.

23 SPEAKER PRO TEMPORE: Welcome to the Florida
24 House.

25 We are on Representative Eskamani's

1 amendment to the amendment, 088875, and we are in
2 questions of the sponsor.

3 Questions of Representative Eskamani?

4 We're on debate, 2 minutes, 41 seconds.

5 Representative Harris, you are recognized
6 for debate.

7 REPRESENTATIVE HARRIS: Thank you,
8 Mr. Speaker.

9 I just want to thank the amendment sponsor
10 for bringing this really good amendment.

11 I think it was said that our troops, they
12 sacrifice so much for us, and they should have the
13 opportunity to be healthy and thrive. And, you know,
14 I know there's a lot of differences of opinion, but
15 the fact of the matter is that over 20 world-
16 recognized and respected organizations consider
17 gender-affirming care to be medicine. And, therefore,
18 our troops should have access to the care that they
19 need and that they deserve for working so hard for our
20 country.

21 So thank you, Representative Eskamani.

22 SPEAKER PRO TEMPORE: Further debate?

23 Further debate?

24 Representative Fine, you're recognized in
25 debate.

1 REPRESENTATIVE FINE: Thank you.

2 And while what we just heard is true, there
3 are certain medical organizations that say this is
4 good in an attempt to, much as we've seen in other
5 issues, sort of to say science is definitive and if
6 you challenge it, there's something wrong with you.

7 In this case there are many scientists who
8 disagree. In fact, there's this group called WPATH
9 which has pushed a lot of this stuff which many
10 scientists have pulled away from. They say it's not
11 even a scientific organization anymore; it's
12 ideological. And we found 2,000 medical professionals
13 who repudiated them.

14 So I would just point out that this science
15 is unclear. We believe in protecting people. And,
16 again, if they're an adult and they come to Florida,
17 they can continue to do this for any reason. It's
18 just for children.

19 SPEAKER PRO TEMPORE: Representative Eskamani,
20 you're recognized in debate.

21 REPRESENTATIVE ESKAMANI: Am I closing,
22 Mr. Speaker, or debating?

23 SPEAKER PRO TEMPORE: You can close.

24 REPRESENTATIVE ESKAMANI: Okay. Thank you.

25 I just want to stress and explain that it's

1 not impacting the person in the military. It's their
2 loved ones. And they have to have a duty post within
3 the state, so I just wanted to clarify that.

4 But also add, again, these are families that
5 serve our country. These are families that are also
6 very transient. They don't always live in Florida
7 full time. So I am concerned about disruption of
8 services. Right? If their post is somewhere else,
9 they move into Florida, maybe they have a trans kid
10 or a trans partner, I'm just concerned about that
11 type of transient family where they're going to come
12 to a state where they'll lose their health coverage.
13 And I hope that makes sense for members. Like, not
14 all of us, you know, are that migrant, if you will.
15 And so for a military family that moves a lot, it
16 seems really disruptive for them to lose their private
17 insurance coverage because we said you can't have it.

18 And so this is just streamlining it for a
19 population of people who have not only served our
20 country with valor and honor but might be in a
21 situation where they are moving a lot, and I don't
22 think their health care should be disrupted for
23 that reason.

24 Thank you, Mr. Speaker.

25 SPEAKER PRO TEMPORE: Representative Eskamani,

1 having closed on her amendment to the amendment,
2 barcode 088875, the question now recurs on said
3 amendment.

4 All those in favor, say yes.

5 All those opposed, say no.

6 Members by your vote show the amendment
7 to the amendment fails.

8 Read the next amendment to the amendment.

9 THE CLERK: Representative Driskell offered
10 the following attempt to amendment, barcode 608559,
11 remove lines 112 through 113 and insert the amendment.

12 SPEAKER PRO TEMPORE: Leader Driskell, you're
13 recognized.

14 REPRESENTATIVE DRISKELL: Thank you,
15 Mr. Speaker.

16 This amendment to the amendment removes the
17 language that the physician must be physically present
18 in the same room and, therefore, allowing for
19 telehealth.

20 That is the amendment.

21 SPEAKER PRO TEMPORE: Questions of the
22 sponsor?

23 Questions of the sponsor?

24 Anyone have questions of the sponsor?

25 Seeing no questions, we'll enter debate.

1 Anyone have debate on the amendment to the amendment?

2 Representative Fine, you're recognized in
3 debate.

4 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

5 So this is, again, another public policy
6 dispute that people have to decide. The amendment
7 would say, again, that you could do this perhaps
8 over the phone. You could do it from -- on your
9 cell phone. You could do it, again, using telehealth.
10 It is our view that for something as serious as this
11 that people should have to go and talk to a doctor
12 to their face. It's a very serious thing which can
13 have a lot of challenging consequences, as we're
14 seeing.

15 Again, it doesn't stop an adult from doing
16 it. They can do it. But we want to make sure that
17 people have informed consent before they make this
18 decision. Given the severity of it -- once you remove
19 some of these things, you can't put them back --
20 we believe going to talk to a doctor in person is the
21 right thing to do. And that's why we want an
22 in-person informed concept.

23 SPEAKER PRO TEMPORE: Representative
24 Bartleman, you're recognized in debate.

25 REPRESENTATIVE BARTLEMAN: Thank you,

1 Mr. Speaker.

2 In 2021, we passed CS for SB 590, school
3 safety, which allows school behavioral health services
4 to be provided by telehealth. I have a list of all
5 of the telehealth services we provide. This is
6 discriminatory in nature. If we're allowing children
7 to be counseled for school safety regarding this,
8 there's no reason they can't be counseled through
9 telehealth for this.

10 So I urge your support on this amendment.

11 SPEAKER PRO TEMPORE: Further debate?

12 Further debate?

13 Further debate?

14 Leader -- I'm sorry -- Representative
15 Massullo, you're recognized in debate.

16 REPRESENTATIVE MASSULLO: Thank you,
17 Mr. Speaker.

18 This bill doesn't affect the ability to have
19 counseling via telehealth. This bill basically is --
20 well, this portion of the bill talks about those type
21 of drugs and procedures that we're actually outlawing
22 for children in the bill.

23 So for those reasons, I would be in
24 agreement with what Chair Fine has said. I would say
25 that it's important for an individual to be

1 counseled in person on the risks and benefits of
2 these drugs and surgeries. And I consider them still
3 pretty much experimental. And when you're doing
4 clinical studies, those individuals also have to
5 consent in person.

6 SPEAKER PRO TEMPORE: Further debate?

7 No debate.

8 Leader Driskell, you're recognized to close
9 on your amendment to the amendment.

10 REPRESENTATIVE DRISKELL: Thank you,
11 Mr. Speaker.

12 And simply, Members, the State shouldn't
13 interfere with the medical decisions of adults. We
14 heard one example of telehealth. We've seen the
15 importance of telehealth, especially for our rural
16 communities. This amendment removes the in-person
17 requirement so there's no barrier to adults being
18 able to access that.

19 And just to continue a little bit with that
20 list, I mean, we're able to have telehealth with
21 respect to emotional support animals that people
22 may need, when you need to shop for health care
23 services. We already talked about school behavioral
24 health. For maternal health outcomes, there's a
25 telehealth minority maternity care pilot program

1 where we allow that. We revised a prohibition on
2 prescribing controlled substances through the use
3 of telehealth. So you want to talk about a serious
4 medical matter, certainly the prescription of
5 controlled substances, which, you know, otherwise
6 might register on a chart for scoring criminal
7 charges -- I mean, these are serious medications --

8 SPEAKER PRO TEMPORE: Leader, time has
9 expired.

10 We will proceed to vote.

11 The clerk will unlock the machine.

12 The question now recurs on amendment to
13 the amendment, barcode 608559.

14 All those members going to vote, make
15 sure you're voting. Make sure you're voting.

16 All members voted?

17 All members voted?

18 The clerk will lock the machine and record
19 the vote.

20 THE CLERK: 28 yeas, 82 nays, Mr. Speaker.

21 SPEAKER PRO TEMPORE: Show the amendment to
22 the amendment does not pass.

23 Read the next amendment to the amendment.

24 THE CLERK: Representative Rayner-Goolsby
25 offered the following amendment to amendment, with

1 title amendment, barcode 386565, remove lines 138
2 through 145 and insert amendment.

3 SPEAKER PRO TEMPORE: Representative
4 Rayner-Goolsby, you're recognized to explain your
5 amendment to the amendment.

6 REPRESENTATIVE RAYNER-GOOLSBY: Thank you so
7 much, Mr. Speaker.

8 Members, this removes the criminal penalties
9 for health care providers that provide gender-affirming
10 care.

11 That is the amendment.

12 SPEAKER PRO TEMPORE: Having explained the
13 amendment to the amendment, are there questions that
14 members have of the sponsor?

15 Questions of the sponsor?

16 Seeing no questions of the sponsor, we'll
17 open the floor for debate. There's debate.

18 Representative Fine, you're recognized.

19 REPRESENTATIVE FINE: Again, this amendment
20 would gut the bill. It would say if you don't follow
21 it, nothing could happen to you. So, again, if you
22 support -- if you don't support the bill, I understand
23 voting for it. If you do support the bill, please
24 vote it down.

25 SPEAKER PRO TEMPORE: Further debate?

1 Further debate?

2 Representative Massullo, you're recognized
3 in debate.

4 REPRESENTATIVE MASSULLO: Thank you,
5 Mr. Speaker.

6 Members, this bill is basically trying to
7 prevent child abuse, which we all would agree is
8 illegal in our state.

9 So, for that reason, we need to vote down
10 this amendment.

11 SPEAKER PRO TEMPORE: Further debate?

12 Further debate?

13 Representative Bartleman, you're standing in
14 debate. You're recognized.

15 REPRESENTATIVE BARTLEMAN: Thank you,
16 Mr. Speaker.

17 Again, these are human beings, and these
18 are families. To tell my friend that she is
19 abusing her children is not kind. Remember what
20 we're doing here. This is about people. And you
21 know what's unkind? Letting someone who's been on
22 hormone blockers for four years living their best
23 life and happy and taking that away from them.

24 So, please, human beings are watching
25 this that are at home crying right now. Please.

1 SPEAKER PRO TEMPORE: Further debate?

2 Further debate?

3 Seeing no further debate -- I'm sorry.

4 Representative Black, you're recognized in debate.

5 REPRESENTATIVE BLACK: Thank you, Mr. Speaker.

6 Prison is the right place for people who
7 sexually mutilate minor children.

8 Thank you, Mr. Speaker.

9 SPEAKER PRO TEMPORE: Are there any other
10 members wishing to debate?

11 Any other members wishing to debate?

12 Representative Rayner-Goolsby, you have the
13 balance of the time to close on your amendment.

14 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
15 Mr. Speaker.

16 My God, on today, my Jesus.

17 Members, respectfully, none of us in this
18 chamber are endocrinologists. We should not be
19 standing in the way of folks' medical freedom when it
20 comes to practices that are widely supported by
21 medical -- major medical professional organizations
22 in representing hundreds of thousands of professionals.

23 Inserting criminal penalties for child
24 abuse -- which I would argue this is not child
25 abuse, especially under Chapter 39. Chapter 39.01(f)

1 actually talks about medical neglect of a child.
2 And if a doctor says that a child should have a type
3 of care, which this care could fall under it, and
4 a parent not allowing that child to have that
5 care could be seen as medical neglect.

6 I just ask that you all vote up on this.
7 Yeah, because -- my God, just vote up on it, please.

8 SPEAKER PRO TEMPORE: Representative
9 Rayner-Goolsby, having closed on her amendment to
10 the amendment, we're looking at now voting on barcode
11 386565.

12 All those in favor, say yea.

13 All those opposed, say no.

14 Members by your vote show the amendment fails.

15 Read the next amendment to the amendment.

16 THE CLERK: Representative Eskamani offered
17 the following amendment to amendment, with title
18 amendment, barcode 172969, between lines 145 and 146
19 insert an amendment.

20 SPEAKER PRO TEMPORE: Representative Eskamani,
21 you're recognized.

22 REPRESENTATIVE ESKAMANI: Thank you,
23 Mr. Speaker.

24 Members, this amendment essentially would
25 add to the bill some clarity around cause of action.

1 So it reads: *This section does not prohibit a*
2 *cause of action against a State for mental,*
3 *physical, or emotional damages based upon delayed*
4 *or missed gender clinical interventions.*

5 So I just want to add a little bit more
6 about that if I can. I'm reading from the Cleveland
7 Clinic some of their information when it comes to
8 gender dysphoria. And they explicitly state that
9 gender dysphoria isn't a mental illness, rather it
10 describes the uneasiness stemming from the mismatch
11 between the expressed gender and assigned sex at
12 birth. However, unpleasant feelings that sometimes
13 can accompany gender dysphoria can include anxiety,
14 depression, eating disorders, PTSD, and substance
15 abuse.

16 And so I am concerned that when we deny
17 access to care for people, we take away that care
18 for them, that there could be some very serious
19 mental harm. And I want to ensure that there's a
20 path of accountability for people to seek justice
21 if that situation does occur.

22 Thank you, Mr. Speaker.

23 SPEAKER PRO TEMPORE: Question of the sponsor?

24 Representative Fine, you're recognized for a
25 question.

1 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

2 So under your amendment, if the State --
3 would a cause of action be available if the State
4 refused to pay for it? So let me say this
5 differently. If we allowed these things to have
6 to be done to minors but we weren't willing to
7 pay for them, would they have a cause of action?
8 Or is the only way we get out of it, under your
9 amendment, is we not only allow it, but we say,
10 Have at it on the taxpayers' dime?

11 SPEAKER PRO TEMPORE: Representative Eskamani,
12 you're recognized.

13 REPRESENTATIVE ESKAMANI: Thank you,
14 Mr. Speaker.

15 Right now the amendment just reads based
16 upon delayed or missed gender clinical intervention.
17 So I think the family could interpret that, you know,
18 how they wish. And I welcome an amendment if you
19 want to clarify it. But the intention of providing
20 that pathway is if they miss or have delayed, which
21 can also include a financial insecurity.

22 So, for example, if someone can't afford the
23 service because we took away their health insurance
24 and they missed a clinical service because of that,
25 they could also be on the path for a cause of action.

1 SPEAKER PRO TEMPORE: Representative Fine,
2 you're recognized.

3 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

4 Again, I have a follow-up. So let's assume
5 they don't have insurance today. We're not taking
6 anything away. And we continue to allow these
7 procedures to happen, but they thought they needed
8 them, but the State doesn't pay for them, could they
9 then sue the State because we're not -- you know,
10 again, we're not going to proactively put this stuff
11 on the State's dime under your amendment?

12 SPEAKER PRO TEMPORE: Representative Eskamani.

13 REPRESENTATIVE ESKAMANI: Thank you,
14 Mr. Speaker.

15 That would not qualify. It has to be the
16 State created the delay. So in your example, if
17 they have always paid out of pocket and they can
18 afford out of pocket, you know, a judge would have to
19 look at all of the evidence to decide, did the
20 State actually cause that delay. So you can't
21 falsely say that the delay created was created by
22 the State if you don't have evidence of that.

23 SPEAKER PRO TEMPORE: Representative Massullo
24 for a question.

25 REPRESENTATIVE MASSULLO: Thank you,

1 Mr. Speaker.

2 Rep. Eskamani, what exact procedures are
3 you referring to?

4 SPEAKER PRO TEMPORE: Representative Eskamani,
5 you're recognized.

6 REPRESENTATIVE ESKAMANI: Thank you,
7 Mr. Speaker.

8 My intent is something like a hormone
9 replacement therapy or puberty blockers which those
10 identified as transgender take pretty regularly and
11 frequently. So they're unable to access that
12 medication, causing this type of harm that's outlined
13 in the language. That's at least my intent.

14 SPEAKER PRO TEMPORE: Time has expired in
15 this segment.

16 We will now proceed to vote. We are voting
17 on Representative Eskamani's amendment to the
18 amendment, barcode 172969.

19 All those in favor, say yea.

20 All those opposed, say no.

21 Members by your vote show the amendment fails.

22 Read the next amendment to the amendment.

23 THE CLERK: Representative Eskamani offered
24 the following amendment to amendment, with title
25 amendment, barcode 829593, remove lines 146 through

1 156 and insert amendment.

2 SPEAKER PRO TEMPORE: Representative Eskamani,
3 you're recognized.

4 REPRESENTATIVE ESKAMANI: Thank you,
5 Mr. Speaker. I appreciate that.

6 This is my last amendment, Members. It
7 addresses lines 146 to 156, which we did talk about
8 a lot. But for those curious, this is the language
9 that prohibits private insurance coverage from
10 providing access to gender clinical interventions.
11 And so, again, my intention with this is the rest of
12 the bill still stands, but I just don't think it's
13 appropriate to get in between individuals and their
14 private insurance coverage.

15 And that's the amendment, Members.

16 SPEAKER PRO TEMPORE: Questions to the
17 sponsor?

18 Questions to the sponsor?

19 Any member wishing to question Representative
20 Eskamani?

21 No questions apparent.

22 Are there any debate on the amendment?

23 Any debate on the amendment to the amendment?

24 Representative Fine, in debate.

25 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

1 Look, this gets down to, again, another
2 public policy view, which is should you and your
3 constituents be required to pay money in order to
4 allow these procedures and medications to be given to
5 other people. One of the things that we have not
6 spoken about today is how expensive this stuff is.
7 We had people testify that in general a lot of these
8 medications cost up to a thousand dollars a month.
9 This isn't like when you go and pick up a prescription
10 for penicillin or something. This stuff is very
11 expensive. These surgeries are very expensive.
12 And I would argue, frankly, at the end of the day,
13 a lot of what we are talking about is money.

14 So the question is should you and your
15 constituents be forced by an insurance company that
16 you may not have had any choice over whether to hire
17 to pay for this? It is our view, as Dr. Massullo
18 has said, that these are optional procedures. They're
19 cosmetic procedures. If people -- if adults want them,
20 great, they should pay for it themselves.

21 So we would ask you to vote no on this
22 amendment.

23 SPEAKER PRO TEMPORE: Further debate?

24 Further debate?

25 Representative Eskamani, you're recognized.

1 REPRESENTATIVE ESKAMANI: Thank you,
2 Mr. Speaker.

3 One could argue that many of us cover
4 treatments that we don't want to cover. Erectile
5 dysfunction is carried by most private insurance, and
6 I'm subsidizing that for maybe folks in the state of
7 Florida. And so I think it's important not to pick
8 and choose in that situation. When it's clinically
9 diagnosed as necessary, then it's clearly diagnosed
10 as necessary, and we should trust doctors to make
11 that decision, just as I trust doctors who diagnose ED
12 for someone, and they can access that medication
13 through their private insurance.

14 I also want to push back against this
15 continued point of that this is just a public policy
16 decision, Mr. Speaker. We're talking about people's
17 lives being impacted. This isn't just dry, arbitrary,
18 mundane policy. This is policy impacting people's
19 health and well-being.

20 And so our concern is that it's not just a
21 policy decision. It has huge consequences for our
22 constituents, for Floridians, and we just want to
23 make sure that at least private insurance coverage is
24 still something folks have access to.

25 Thank you, Mr. Speaker.

1 SPEAKER PRO TEMPORE: Representative Eskamani,
2 having closed on her amendment to the amendment,
3 barcode 829593, the clerk will unlock the machine,
4 and we will vote.

5 All those members, cast your vote.

6 Have all members voted?

7 Have all members voted?

8 The clerk will lock the machine and
9 announce the vote.

10 THE CLERK: 28 yeas, 82 nays, Mr. Speaker.

11 SPEAKER PRO TEMPORE: By your vote it shows
12 the amendment fails.

13 Please read the next amendment to the
14 amendment.

15 THE CLERK: Representative Arrington offered
16 the following amendment to amendment, with title
17 amendment, barcode 063349, between lines 191 and
18 192, insert amendment.

19 SPEAKER PRO TEMPORE: Representative
20 Arrington, you're recognized.

21 REPRESENTATIVE ARRINGTON: Thank you,
22 Mr. Speaker.

23 Since this is the last amendment, I'm
24 crossing my fingers that we get a successful one
25 today.

1 This amendment would sunset this law after
2 three years, requiring the legislature to reauthorize
3 the bill but only after a review of all new scientific
4 and medical studies of the benefit of gender-affirming
5 care to people with gender dysphoria is done from
6 states where accessing gender-affirming care for
7 minors is permitted.

8 That is the amendment, Mr. Speaker.

9 SPEAKER PRO TEMPORE: Questions of the
10 sponsor?

11 Questions of the sponsor?

12 Representative Gantt, do you have a
13 question of the sponsor?

14 Other questions of the sponsor?

15 Seeing no questions, we'll have debate.
16 Any members wishing to debate?

17 Representative Gantt, you're quick on that.
18 You're recognized.

19 REPRESENTATIVE GANTT: Thank you, Mr. Speaker.

20 Thank you for this amendment, Rep. Arrington.
21 I keep hearing I believe, I believe, I believe. And
22 a belief is not scientific evidence, and so this
23 amendment allows this body, whether all of us are in
24 here or not, to be able to gather data, see the
25 impacts and evaluate whether or not this policy needs

1 to continue in the state of Florida. Because if we
2 see this bill pass and people are dying, that means
3 that will be my constituents and your constituents.
4 We need to have the ability to come back, reevaluate,
5 and make sure that we are enacting policy that
6 has a positive long-term effect. And, if not, then
7 we need to stop, reevaluate -- honestly, we don't
8 need to pass this at all, in my opinion. But we would
9 have the ability to make that determination.

10 And it's not based on feelings. It's based
11 on facts and evidence gathered by the application of
12 this bill and how it impacts Floridians and, even
13 beyond just health care, how it impacts businesses
14 and how it impacts medical facilities and doctors
15 coming to the state or deciding not to come to the
16 state because of the restrictive measures in this
17 policy.

18 And this is a good amendment, so thank you,
19 Rep. Arrington.

20 I encourage everyone to vote up on this
21 amendment.

22 SPEAKER PRO TEMPORE: Representative Black
23 in debate.

24 Anyone else want to debate?

25 Representative Massullo, you're recognized.

1 REPRESENTATIVE MASSULLO: Thank you,
2 Mr. Speaker.

3 You know, there's nothing in any of our laws
4 that says that this legislature can't change laws.
5 But when we believe in something, why would we want
6 to put a time frame on it? Today, today we're making
7 this law. Today this legislature believes that these
8 procedures are wrong and harmful. If -- and I don't
9 think it will ever happen -- it would ever change,
10 this legislature is welcome to change it. But for
11 today we need to vote down on your amendment.

12 SPEAKER PRO TEMPORE: You're recognized to
13 close, Representative.

14 REPRESENTATIVE ARRINGTON: Thank you,
15 Mr. Speaker.

16 Members, I recommend that we follow the
17 science. We can all agree that we want Floridians to
18 receive the best possible care grounded in
19 authoritative science and deep research. The bill
20 sponsors have argued that gender-affirming care for
21 minors is unproven and untested. While I disagree,
22 this amendment helps resolve such concerns.

23 If this field of medicine does involve
24 important developments and breakthroughs in care,
25 this amendment would allow the legislature to

1 review new developments in three years.

2 Thank you, Mr. Speaker.

3 SPEAKER PRO TEMPORE: Representative
4 Arrington, having closed on her amendment to the
5 amendment, barcode 063349, all those members
6 supporting the amendment, say yea.

7 All those opposed, say no.

8 Members by your vote show the amendment to
9 the amendment fails.

10 Members, we have completed all of the
11 amendments to the amendment. We are back on
12 Representative Fine's amendment. Please pay
13 attention. We are on now Representative Fine's
14 amendment, barcode 256341. And I believe -- let's
15 see -- we'll move into debate.

16 Any debate? We're in debate for
17 Representative Fine's amendment, barcode 256341.

18 Representative Eskamani, you're recognized
19 in debate.

20 REPRESENTATIVE ESKAMANI: Thank you so much,
21 Mr. Speaker.

22 Members had concerns with the Senate version
23 that was sent to us, but Representative Fine's
24 version goes even farther, and I just am very
25 concerned about the potential ramifications,

1 especially for our transgender community members.
2 I know the bill sponsor said that these are policy
3 decisions, but, as I enumerated earlier, these are
4 real-life consequences. And even if you don't think
5 trans people are real or you have a disagreement with
6 someone seeking gender-affirming care, please put
7 yourself in their shoes.

8 And, unfortunately, so much of this process
9 that gets us to where we are today has been heavily
10 emphasized on one perspective and one side only.
11 And for those members of the transgender community
12 who came to testify in committee, they often were
13 limited in their testimony and/or felt like they
14 couldn't be heard.

15 And I'm very concerned about my constituents.
16 I'm very concerned about the consequences of
17 politicizing every part of our lives. And we should
18 respect personal medical decisions, understand these
19 are delicate, sensitive, private matters. And LGBTQ+
20 kids in particular already experience higher rates
21 of suicide. And these types of policies, they push
22 people back into the closet.

23 This is 2023. We shouldn't have to be
24 legislating on these issues. We should respect people
25 to access the care they need, trust doctors to make

1 those informed decisions. And, again, if you want to
2 establish some standards of care, I empathize with
3 that, and we can look at standards of care. But an
4 all-out ban goes way too far, Mr. Speaker. And so
5 I really do encourage folks to reject this amendment.

6 And with that, thank you for the time.

7 SPEAKER PRO TEMPORE: Further debate?

8 Further debate on Representative Fine's
9 amendment?

10 Representative Bartleman, she rises in debate.

11 REPRESENTATIVE BARTLEMAN: Thank you,
12 Mr. Speaker.

13 In my opinion, as I discussed, there are
14 changes to the Senate bill that actually were more
15 kind and more compassionate for those people currently
16 under care. I do not support the bill. I do not
17 support these changes. There are individuals who are
18 close to the age of 18 and have been using one of
19 these therapies, are happy, are healthy. Their
20 families are happy and healthy. And in December
21 everything gets cut off, as opposed to aligning with
22 the Senate bill or aligning with the decision made by
23 the medical board.

24 Look, I'm going to leave you with this
25 because I think this is honestly one of our ugliest

1 debates and everything that's gone on inside and
2 outside. The Dalai Lama stated: *If you can, help*
3 *others. If you cannot, then at least do no harm.*

4 And the provision that I tried to amend does a
5 lot of harm. So I urge you to vote this down.

6 Thank you.

7 SPEAKER PRO TEMPORE: Further debate?

8 Representative Massullo, you're recognized
9 in debate.

10 REPRESENTATIVE MASSULLO: Thank you,
11 Mr. Speaker.

12 And we'll debate the bill tomorrow, but
13 today we will basically debate the changes in our
14 amendment as proposed to the Senate.

15 Do no harm. Do no harm. You know, that is
16 such a commonly used phrase around here. We don't
17 want to do any harm. That's why we have our
18 amendment, because we believe keeping these children
19 on these drugs that have irreversible, life-altering
20 side effects -- and 50 studies -- 50 studies -- most
21 of them done in Europe, have shown that these drugs
22 are bad, and a good bit of the world is changing gears.

23 Tomorrow I want to talk about our culture,
24 but today I'm going to talk about medicine. It makes
25 no sense if we believe, and we're consistent in our

1 belief, that what these drugs do is harm children,
2 how could we sit here and say, you know, the ones that
3 we're already starting to harm, let's just continue
4 harming them because we started it? It makes
5 absolutely no sense.

6 So I'm asking you all to vote up on this
7 amendment. We can debate the bill tomorrow, but
8 today we're on the amendment, the amendment that
9 saves children's lives.

10 SPEAKER PRO TEMPORE: Representative
11 Rayner-Goolsby in debate.

12 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
13 Mr. Speaker.

14 And tomorrow I also, too, will argue about
15 the culture and the culture that we are fostering,
16 not only in the state but also in this chamber.

17 But I want to touch on something that
18 Representative Massullo said, that the changes to
19 the bill, the amendment saves lives. I would argue
20 that is patently false. I believe in facts, and
21 especially as a trial attorney when I'm making a
22 case, everything that we do is evidence based.
23 And so I want to say there's a fact nearly one in
24 five transgender and nonbinary youth have attempted
25 suicide and LGBTQ youth of color are reported --

1 SPEAKER PRO TEMPORE: Representative
2 Rayner-Goolsby, please bring it in.

3 REPRESENTATIVE RAYNER-GOOLSBY: Oh, we're on
4 time?

5 SPEAKER PRO TEMPORE: Five more seconds.

6 REPRESENTATIVE RAYNER-GOOLSBY: Okay. Well,
7 I would just say this amendment does not save lives.
8 I would say this amendment actually puts lives in
9 danger.

10 And, Members, I would ask that you vote down
11 this bad amendment.

12 SPEAKER PRO TEMPORE: Members' time having
13 expired in this segment, we are now proceeding to
14 vote on Representative Fine's amendment. This barcode
15 is 256341.

16 All those in favor of Representative
17 Fine's amendment, say yea.

18 Time was over. Time was over.

19 All right. Two minutes. The clerk said two
20 minutes.

21 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
22 And it's been a long day, so thank you for that.

23 But to try and wrap this up, there are some
24 points that should be addressed. As I said at the
25 beginning, there is evil in this world, and we face

1 it here today.

2 And I want folks to understand what we do in
3 this amendment as it relates to children. We say
4 that you cannot give children drugs that change their
5 brain chemistry, that change their bone chemistry.
6 And for those that say this saves lives, we can look
7 at the new data, the new studies. The new studies
8 show that there's a 19 times greater likelihood of
9 someone who goes through this doing this to
10 themselves as an adult than those who do not.
11 Why? Because, as we will talk about tomorrow, the
12 data shows that most of the people who go through
13 this have comorbidities that were unaddressed. They
14 have autism. They have other problems. And instead
15 of doctors trying to figure out what is wrong and
16 dealing with those things, they jump to this.

17 I have news for you. Drugs and surgeries,
18 drugs and surgeries, cutting off the healthy body
19 parts of children, if it ever should be done, it
20 should be the last thing, not the first. And we have
21 heard stories of parents being told, If you don't
22 do this, your children will kill themselves. And
23 so parents go and do it.

24 There are real-life consequences. That's
25 absolutely true. And we see it over and over and over

1 again as these studies come out, and it shows that it
2 hurts these children; it hurts their families, and it
3 hurts this state. We do this bill, we do this
4 amendment today to stand up for them, not only to
5 not do no harm, but to save these children.

6 And with that, I ask for your favorable
7 support on our amendment.

8 SPEAKER PRO TEMPORE: Members, Representative
9 Fine having closed on his amendment, barcode
10 256341, all those in favor, say yea.

11 All those opposed, say nay.

12 Members show the amendment passes.

13 Before you read the next amendment, would
14 you please join me in welcoming a former august
15 member of this body, Representative Jennifer
16 Sullivan.

17 Welcome back to the Florida House.

18 Before we read the next amendment, we have an
19 announcement, please, from Representatives Valdez
20 and Lopez, from Representative Valdez's desk.

21 You're recognized for an announcement.

22 REPRESENTATIVE VALDEZ: Thank you very much,
23 Mr. Speaker.

24 As you all know, Representative Lopez and
25 myself were previous school board members. And in

1 the East Gallery, we wanted to recognize Mi Familia
2 Vota who has used their resources and their advocacy
3 to help students understand the importance of civics
4 and registering to vote and things of that nature.

5 So I wanted to just welcome them to their
6 Florida House and thank them for all of their hard
7 work. They have been able to register over 2,000
8 students between the areas that they work in, which is
9 Orlando, Hillsboro County, and others.

10 So thank you. [Spanish spoken.]

11 SPEAKER PRO TEMPORE: Welcome to the Florida
12 House.

13 Would the clerk read the next amendment.

14 THE CLERK: Representative Nixon offered the
15 following amendment, with title amendment, barcode
16 984929, between lines 286 and 287 insert amendment.

17 SPEAKER PRO TEMPORE: Representative Fine,
18 in what reference do you rise?

19 REPRESENTATIVE FINE: Mr. Speaker, to make a
20 point of order.

21 SPEAKER PRO TEMPORE: State your point.

22 REPRESENTATIVE FINE: Mr. Speaker, I believe
23 the amendment substantially expands the scope of the
24 bill and is not germane pursuant to rule 12.8.

25 SPEAKER PRO TEMPORE: Chair Perez, are you

1 prepared to make a recommendation on the point of
2 order?

3 REPRESENTATIVE PEREZ: Thank you, Mr. Speaker.

4 Mr. Speaker, according to CS for SB 254, it
5 specifically deals with sex reassignment treatment.
6 The amendment addresses elective surgeries, which
7 is a different subject than in the bill and outside
8 the specific scope of the bill and requires a
9 substantially broader title amendment.

10 In my judgment, the amendment would
11 substantially expand the scope of the bill under
12 rule 12.8, and I recommend that the point is well
13 taken.

14 SPEAKER PRO TEMPORE: Based upon the
15 recommendation of the rules chair, the point of order
16 is well taken, and the amendment is not germane.

17 Read the next amendment.

18 THE CLERK: None on the desk, Mr. Speaker.

19 SPEAKER PRO TEMPORE: Show the bill rolled
20 over for third reading.

21 * * *

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CERTIFICATE OF REPORTER

STATE OF IOWA)

COUNTY OF WARREN)

I, Terri L. Martin, Certified Shorthand Reporter, certify that I was authorized to and did stenographically transcribe the foregoing audio recording to the best of my ability and that the transcript is a complete record of my stenographic notes.

Dated this 17th of August, 2023.

/s/ Terri L. Martin
Terri L. Martin, CSR, RPR, CRR

1

TRANSCRIPTION OF AUDIO RECORDING

FLORIDA HOUSE OF REPRESENTATIVES
HOUSE GENERAL SESSION - FLORIDA CHANNEL

APRIL 19, 2023

Stenographically Transcribed Audio Recording By:
Terri L. Martin, Certified Shorthand Reporter

Med Def_002145

1 Whereupon, the following proceedings were
2 transcribed from an audio recording:

3 SPEAKER RENNER: Read the next bill.

4 THE CLERK: By Health Policy and Senator
5 Yarborough and others, CS for Senate Bill 254, a
6 bill to be entitled "An Act Relating to Treatments
7 for Sex Reassignment."

8 SPEAKER RENNER: Representative Fine, you're
9 recognized to explain the bill.

10 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

11 This is the bill ending the castration and
12 mutilation of children that we discussed yesterday.

13 SPEAKER RENNER: Are there any amendments?

14 THE CLERK: None at the desk, Mr. Speaker.

15 SPEAKER RENNER: Members, we are going into
16 structured debate on CS for SB 254. Debate will be
17 limited to 30 minutes per side in 15-minute increments,
18 total debate time not to exceed 60 minutes.

19 Representative Gottlieb, you're recognized
20 to begin debate, and the clerk will start the debate
21 clock.

22 Representative Daley, you're recognized.

23 REPRESENTATIVE DALEY: Thank you, Mr. Speaker.

24 I would like to yield to Representative
25 Rayner-Goolsby.

1 SPEAKER RENNER: Representative
2 Rayner-Goolsby, you're recognized to debate.

3 REPRESENTATIVE RAYNER-GOOLSBY: Thank you,
4 Mr. Speaker.

5 When I dare to be powerful to use my strength
6 in the service of my vision and, in this case, the
7 service of my people, then it becomes less important
8 whether I am afraid.

9 I am not one that likes to admit that I get
10 afraid. I have been afraid of debating this
11 particular bill. People have asked me, Well, Rep,
12 why do you care so much? You're not trans. It
13 doesn't bother you. I'm very acutely aware of
14 when we target the most marginalized among us that
15 we're all at peril.

16 There's been a lot of talk about evil in
17 this building with regard to this issue. And when
18 I was thinking about fear, I went to one of my
19 paper mentors, Dr. King. Dr. King in his letter
20 from a Birmingham jail, he says -- because I was
21 asking, like, God, why am I here? Like, I didn't
22 come up here for this. It's clear that I'm not
23 really wanted. Like, why am I here, God? And
24 Dr. King says in his letter: I am in Birmingham
25 because injustice is here. He said: I was in

1 Birmingham because injustice was here.

2 And when he went to Birmingham -- I want to
3 set the scene for you super quickly -- the math and
4 the justice was not on his side. There was severe
5 injustice that was happening, and he had a comfortable
6 life in Atlanta. He was pastoring a church, a church
7 that still stands, and yet he said that he could not
8 stay in Atlanta with the status quo. He had to go to
9 Birmingham because injustice was there.

10 And today it is much like this for me. I'm
11 in a House where there's 84 to 35. The Republicans
12 have the House, the Senate, the Governor's mansion,
13 the court. And yet I am here because an injustice is
14 here. And what injustice am I speaking of? I'm
15 speaking about a bill that seeks to rip children away
16 from affirming parents, a bill that would seek to
17 stop adults from becoming their full selves. This is
18 in a long line of list of bills that ban books and
19 silence Black voices, bills that strip women and
20 birthing people of a bodily economy, bills that allow
21 for political gamesmanship, and trafficking humans to
22 Martha's Vineyard, the bills that make it easier to
23 own a gun and harder to vote. I am here because
24 there's an injustice here.

25 And much like Dr. King, I cannot sit idly by

1 in St. Petersburg watching the injustice happen,
2 because Dr. King said an injustice anywhere is a
3 threat to justice everywhere. And he said: We are
4 caught in an inescapable network of mutuality tied in
5 a single garment of destiny. Whatever affects one
6 directly affects all indirectly.

7 I know people who do not identify as
8 transgender say, This is not my fight. But I want to
9 be very clear with you. The prophet Dr. King was
10 very clear when he talked about when we have injustice
11 against one group of people, that train is never late
12 for everybody else.

13 So I came here to Tallahassee because I
14 could not sit idly by. I didn't know that this is
15 what I would be dealing with. I did not know that we
16 would be fighting for the lives of the very people
17 that we get to serve.

18 But, you know, it was alluded to the math not
19 being on our side. However, Representative Pastor
20 Bracy Davis, when I was in prayer, I was reminded of
21 this thing. When we are in the pursuit of justice
22 and what is right, the math is never on our side.

23 My faith tradition teaches me that a little
24 shepherd boy was able to kill a giant with five stones
25 in a slingshot. The math was not on his side. My

1 faith tradition teaches me that that same shepherd
2 boy was called out from all of his brothers to be
3 king. The math was not on his side.

4 My faith tradition teaches me that an
5 unlikely Savior would come through 42 generations to
6 survive genocide and start a revolution of love with
7 12 disciples. The math was not on his side.

8 So I am clear on this, while it is midnight
9 in Florida and the math is not on our side, but with
10 God, the math is always on our side. You see, God
11 loves justice; God hates injustice, especially to the
12 least of these.

13 Transgender people make up .6 percent of
14 the population of this nation, .6 percent, and yet
15 350 bills have been filed in the United States to
16 target them, including in this legislature. Yet
17 I believe that God loves justice.

18 So I'm going to end my time with this.
19 I'm going to say their names: Bee Love Slater, Semaj
20 Billingslea, Unique Banks, Jenny De Leon, Angel Naira,
21 Kristina Gomez Reinwald, India Clarke, Mercedes
22 Successful, Chayviss "Chay" Darice Reed, Rhiannon
23 Layendecker, Celine Walker, Antash'a English,
24 Cathalina Christina James, Sasha Garden, Jessie Sumlar,
25 Londonn Moore, Ellie Marie Washtock, Kiki Fantroy,

1 Tony McDade, Bree Black, Kali Collet Addison, Skylar
2 Heath, Yunieski Carey Herrera, Alexis Braxton, Keri
3 Washington, Royal Poetical Starz, Nedra Moss, Duval
4 Princess, Chay Reed, Kimmy Icon Braxton.

5 Those are the names of transgender Floridians
6 that have been killed at the hands of violence. So I
7 will say their names because God loves justice,
8 and they are loved and God loves them.

9 SPEAKER RENNER: Representative Daley, you're
10 recognized.

11 REPRESENTATIVE DALEY: Thank you, Mr. Speaker.
12 I yield to Representative Woodson.

13 SPEAKER RENNER: Representative Woodson,
14 you're recognized in debate.

15 REPRESENTATIVE WOODSON: Thank you,
16 Mr. Speaker.

17 Members, we are talking about gender-affirming
18 care. We are talking about treatment for trans people
19 and children. Do you know that trans people are
20 already dealing with the feeling of not being wanted,
21 not being accepted, not being loved, not belonging?
22 Do we want to treat them like they are refugees in
23 their own country? I don't think so.

24 I believe that we need to understand that
25 the care that someone needs should be up to them, and

1 their parents, when we're talking about children.
2 I think this is a territory that we have no right
3 of stepping into. We need to put ourself in their
4 positions. Because I'm a mother, I don't want you to
5 come in and tell me what to do with my child. I don't
6 want you to make any decision as to the care that my
7 child needs.

8 When it comes to that, it should be me, my
9 husband, my child, and the doctor. That's all it
10 should be. Who are we to be making decisions for
11 kids? We all have our own kids. Why don't we make
12 decisions for our own children and let the parents
13 decide what type of care that the children need.

14 I had some trans kids reaching out to me.
15 They have been in treatment for so long, and that
16 was a decision that their parents made in
17 collaboration with the doctor and themselves. I had
18 some trans people come into my office this past week,
19 and this lady shared with me that she has been on
20 this medication for the past 20 years. She called
21 her doctor to get her prescription refilled, and her
22 doctor told her that he could not refill that
23 prescription for her.

24 Now, do you know what's going to happen?
25 We think we have a problem with mental health. Our

1 problem is going to be worse, because we are going
2 to have people dealing with depression, anxiety
3 because they have been on this type of medication for
4 a long time. All they are asking for is let them be
5 themselves; let them get the treatment that they need
6 in order for them to live a life just like we all are
7 living our lives.

8 My life is my life. Their life is their
9 life. Your life is your life. And we have no
10 business interfering in the care and treatment that
11 they are getting.

12 Members, you still have time to think about
13 this. I know today we have had some really contentious
14 bills, and it's not too late for you to rethink about
15 this. We are talking about treatment. Just like
16 when something is wrong, you go to your doctor, they
17 determine a course of treatment for you. It's the
18 same thing. They have been in treatment, and this is
19 something that we should not interfere with.

20 Are we showing grace? Are we showing
21 kindness? Are we showing love for all men, including
22 those trans kids and adults? It is very often that
23 we have opposing views about certain things, but we
24 still respect you as colleagues. So we have to
25 respect the trans kids, and we also have to respect

1 the parents as well who can make decisions for their
2 own children.

3 So I'm asking you to please reconsider your
4 vote and vote no on this bill.

5 Thank you so much.

6 SPEAKER RENNER: Representative Daley, you're
7 recognized.

8 REPRESENTATIVE DALEY: Thank you, Mr. Speaker.

9 I yield to Representative Gantt.

10 SPEAKER RENNER: Representative Gantt, you're
11 recognized in debate.

12 REPRESENTATIVE GANTT: Thank you, Mr. Speaker.

13 I want to start off by saying that my first
14 hero in life was my oldest brother -- or is my
15 oldest brother, Lord -- Major Anthony Gantt. And
16 he served two tours in Iraq and Afghanistan,
17 respectively. And when he came back home, he made a
18 very lasting statement to me. He said -- I said
19 something slick to him, and he was, like, You know
20 what? I fight so that you can have your freedoms,
21 and freedom is not free.

22 And when I think about the turmoil that my
23 family experienced every time he went overseas, every
24 single day praying for him to come back home, I truly
25 understand what that statement means, and it means

1 that Americans have the ability to choose the life
2 that they choose to live and that this legislative
3 body does not get to make that decision and that
4 choice, especially when we're talking about a parental
5 relationship, which is one of the most intimate
6 relationships that you can imagine in the human
7 experience.

8 And I am just baffled that all these
9 thousands of years of human history that we are still
10 choosing to discriminate on other human beings. Last
11 week we had very emotional debates about when life
12 begins, and I think that we can all agree on that
13 although a man and a woman or even an IVF clinic may
14 join a sperm and an egg together, that we do not
15 ourselves create life. And so how do we now, when
16 the life is here, say that we can assign value to it
17 when we, ourselves, didn't create that life? We have
18 got to do better, and we have got to remember that
19 every Floridian deserves dignity and respect.

20 The last point I want to make is thinking
21 about our teaching hospitals and our health care
22 facilities and our doctors who are providing
23 treatments, who are the experts in endocrinology, who
24 know more than this legislative body. The last time
25 I checked, I don't think we actually have

1 endocrinologists in this body that serve, so we don't
2 have a true expert on this matter.

3 Now, when we talk about teaching hospitals
4 and attracting doctors to Florida, I want to just put
5 this point out here that *Washington Monthly* ranks
6 teaching hospitals. The Lown Institute Hospitals
7 Index rankings are based on three categories of data:
8 patient outcomes, civic leadership, and value of
9 care. And they are weighted 50, 30, and 20 percent,
10 respectively.

11 When we talk about civic leadership, it's
12 divided into three categories, and one being
13 inclusivity.

14 So we have the potential for unintended
15 consequences to impact the rankings of our teaching
16 hospitals and our ability to be able to attract
17 physicians to Florida to provide professional help,
18 help that we in this body are not even qualified to
19 opine on.

20 Thank you, Mr. Speaker.

21 SPEAKER RENNER: Thank you.

22 Representative Grant, you're recognized.

23 REPRESENTATIVE GRANT: Thank you, Mr. Speaker.

24 Would you please recognize Representative
25 Tramont in debate?

1 SPEAKER RENNER: Representative Tramont,
2 you're recognized in debate.

3 REPRESENTATIVE TRAMONT: Thank you,
4 Mr. Speaker.

5 I rise today in support of this bill. I rise
6 as a person of free thought. I rise as a husband. I
7 rise as a father, and I rise as a person of faith.

8 And the reason I point out that last
9 identifying characteristic is because there seems to
10 be some confusion at times as to what the role of
11 faith should play in our public discourse. Let me
12 clarify very quickly. In no place in our United States
13 Constitution or our State Constitution, for that
14 matter, am I required, or anybody else, for that
15 matter, required to check our faith at the door before
16 we walk into this chamber.

17 Now, on one hand we're told by our friends on
18 the other side of the aisle that faith plays no part
19 in this public discourse. Yet, on the other hand, I
20 have heard far more preaching and scripture references
21 from my Democrats than I've ever heard from many folks
22 in my party. And, albeit, the scriptures are often
23 used way out of context, but that's another debate
24 for later on. Nevertheless, I welcome the effort.

25 So I'm going to offer a proper context here

1 today, validated by science, pertaining to my support
2 of the bill, and here it is. In the image of God, he
3 created them. Male and female, he created them.
4 Folks, this is rock solid, irreversible truth,
5 validated by science and our medical community,
6 period.

7 And you see, there are two realities here.
8 One is the truth that you are either male or female.
9 This is not subject to one's opinion and is a
10 demonstrable fact.

11 And second here, the other reality is this:
12 This is not about you, adults. This is about
13 protecting children. If you as an adult want to make
14 this life-altering, major decision, have at it. I
15 support that right to do that. Matter of fact, even
16 my disagreement of this issue would never lead me
17 to think less of anybody that made that choice for
18 themselves, nor would it ever lead me to support
19 legislation that would revoke that right for you to
20 do that.

21 Now, as one of our colleagues said, though,
22 yesterday, they said, This is not about you. This is
23 about children. Now, one of my colleagues said
24 yesterday on the left -- I quote -- Your faith should
25 inform your decision to protect children. I accept

1 that invitation, and this bill does exactly that.
2 This is not hateful. This is not ignoring a segment
3 of society. This is, in fact, protecting the most
4 vulnerable of our society as it had stated last week
5 as well. Even the most hardened criminals in our
6 prison system have an enforcement mechanism to protect
7 children. Why? Because it's engrained in us as
8 human beings to protect children.

9 Now, listen, hear this: I hear you when you
10 say we should love one another. I could not agree
11 more. And my scripture says: Love one another. Do
12 not repay evil with evil or insult with insult, but be
13 a blessing.

14 But I say here today that you cannot love
15 your neighbor if you are not willing to acknowledge
16 and tell them the truth. It's impossible to do that.

17 Now, I've spent my entire adult life -- and
18 the fact is, the truth is that children are not
19 equipped to make this permanent, damaging decision.
20 They're just not there in life. I've spent my entire
21 adult life investing my life into children and
22 families. And I can tell you that when it comes to
23 children, the only thing that's for sure is nothing is
24 for sure. They change with every waking moment. They
25 go from being punk, to Goth, to athletics, to studios,

1 to whatever they feel like at that moment. And that's
2 okay. We call that temporary experimentation, personal
3 development, personality growth. We encourage that.
4 But we do not, cannot, will not condone psychological,
5 permanent physical damage to their lives. Why?
6 Because in our society, we believe in loving and
7 protecting children.

8 Now I'll close with this. The argument says
9 that, you know, some people just feel trapped, and we
10 need to free them. I could not agree more. I could
11 not share that duty of us as human beings more. But
12 hear this now: Love is not what sets them free.
13 Acceptance is not what breaks them free from their
14 trap. Tolerance is not what sets a person free. As
15 wonderful and necessary as those attributes are, they
16 are not the keys to freedom. It is, was, and always
17 will be the truth that will set a person free.

18 So, my friends, we're here to protect
19 children. So let's protect them. Let's love them by
20 acknowledging and telling them the truth up on
21 this bill.

22 SPEAKER RENNER: Thank you.

23 Representative Grant, you're recognized.

24 REPRESENTATIVE GRANT: Thank you, Mr. Speaker.

25 Please recognize Representative Holcomb in

1 debate.

2 SPEAKER RENNER: Representative Holcomb,
3 you're recognized in debate.

4 REPRESENTATIVE HOLCOMB: Thank you,
5 Mr. Speaker.

6 When I ran for this seat for House
7 District 53, I had no idea that I would be here today
8 having to vote on a bill to protect my daughter, my
9 wife, and all the women of this country from their
10 right to go to the bathroom in peace. I had no idea
11 that I would be here fighting for our live
12 entertainment events to exclude children. And I had
13 no idea that I would be here today to fight for our
14 children and their ability to be children for their
15 entire childhood life.

16 Folks, our kids can't buy tobacco. They
17 can't buy alcohol. They can't buy a gun. They can't
18 get a tattoo. They can't enter into a contract,
19 and they can't vote, because they don't have the
20 legal responsibility to do those things.

21 But the Democrat Party in this country has
22 made it very clear that they want our children to
23 have these surgeries available to them and their
24 hormone treatments available to them, and, in some
25 cases, they don't want the parents to ever know about

1 it. I call that a war on our children. And, folks,
2 I have deployed in support of war, so I recognize what
3 that is.

4 And I want to thank Representative Fine,
5 Representative Massullo being able to take on that war.

6 Thank you.

7 SPEAKER RENNER: Representative Grant, you're
8 recognized.

9 REPRESENTATIVE GRANT: Thank you, Mr. Speaker.
10 Please recognize Representative Rudman.

11 SPEAKER RENNER: Representative Rudman, you're
12 recognized in debate.

13 REPRESENTATIVE RUDMAN: Thank you,
14 Mr. Speaker.

15 I would like to start off by commending
16 the bill sponsors, first of all, for recognizing that
17 there are sometimes some valid reasons to have surgery,
18 and this bill actually provides exceptions for those
19 patients: those with ambiguous genitalia, chromosomal
20 issues, or insomniac hormonal deficiencies. All of
21 these cases are extremely rare. I thought it was
22 extremely thoughtful that you included that in your
23 bill. So thank you for that.

24 As far as gender dysphoria goes, I have at
25 least three teenage patients in my practice with

1 gender dysphoria. All three are loyal patients. None
2 of the three have ever asked me for surgery. None of
3 the three get hormones from my office. And they know
4 all of this up front when they make their appointments,
5 but they keep coming back for appointments. Matter
6 of fact, even though they know I'm not going to
7 prescribe or recommend these treatments, they
8 recommend me to their friends.

9 Now, how can this be if I'm depriving them
10 of vital and lifesaving care? Well, I think you know
11 the answer is simple. I listen to them. I provide
12 counseling for them. Sometimes that's all a patient
13 with gender dysphoria needs. This whole notion that
14 elective mutilation is somehow the only logical
15 treatment is simply preposterous.

16 And you'll also notice I never use the term
17 "puberty blocker." That is just a euphemism. What
18 it is, it is the inappropriate prescription of hormone
19 in a condition for which it was never intended.

20 Among other things, these hormones can stunt
21 growth, decrease bone density, and cause infertility.
22 So you can imagine how I felt yesterday when I was
23 sitting here listening to people with no knowledge
24 of the facts complain about asking a child to wait
25 until they are an adult before starting dangerous

1 therapies.

2 I want you all to understand, I can't even
3 remove a wart from a child without getting informed
4 consent from their patient first. Do you also not
5 understand that a lot of times in medicine the best
6 answer to a situation is to just wait. It's called
7 observation. It is a valid choice in situations
8 where the patient is simply too young to risk
9 procedures.

10 But I'm just going to cut right to the chase
11 here. You see, there's not a whole lot of money to be
12 made through observation. When I see a child for
13 gender dysphoria, we may talk for 45 minutes or an
14 hour, and I'll get paid less than \$100. But that's
15 okay, because I'm guided by conscience, not by
16 money.

17 However, as we learned from the situation up
18 at Vanderbilt, we now know there are plenty of doctors
19 who are not guided by conscience but by the fact that
20 these surgeries pay a lot of money. Now, I may
21 not be able to do anything about those bloodsuckers at
22 Vanderbilt, but I can sure protect our children from
23 unscrupulous doctors right here in Florida. The art
24 of medicine is not for sale. Doctors are not short
25 order cooks taking orders from children. We do not

1 irrevocably change someone's life for the sake of a
2 fad. And, furthermore, we do not conduct scientific
3 experiments on children. I urge every Florida
4 physician, protect your children and follow your
5 oath. First do no harm.

6 And I urge all my colleagues in the chamber
7 to protect our children by voting for this good bill.

8 Thank you.

9 SPEAKER RENNER: Representative Grant, you're
10 recognized.

11 REPRESENTATIVE GRANT: Thank you, Mr. Speaker.

12 Please recognize Representative Black in
13 debate.

14 SPEAKER RENNER: Representative Black, you're
15 recognized in debate.

16 REPRESENTATIVE BLACK: Thank you, Mr. Speaker.

17 Earlier we were reminded by Representative
18 Bankson that the pages are gone. They were sent out
19 of the room. And thank God for that. Because what
20 we're discussing here at this moment, Members, this
21 is the stuff real nightmares are made of.

22 Let's be perfectly clear, we're talking about
23 taking little children and they put them to sleep
24 on a gurney. They cut off their breasts. They sever
25 their genitalia. They throw them in the trash. They

1 then give them chemicals to alter their physiology.
2 They are never the same again; disfigured, crippled.

3 It was said earlier that today we confront
4 evil. Members, this is evil. What I just described
5 is gruesome, and it is diabolical, and it should
6 end with your vote here today.

7 Thank you, Mr. Speaker.

8 SPEAKER RENNER: Representative Grant, you're
9 recognized.

10 REPRESENTATIVE GRANT: Waive our time.

11 SPEAKER RENNER: Representative Daley,
12 you're recognized.

13 REPRESENTATIVE DALEY: Thank you, Mr. Speaker.

14 I yield to Representative Cassel.

15 SPEAKER RENNER: Representative Cassel,
16 you're recognized in debate.

17 REPRESENTATIVE CASSEL: Thank you,
18 Mr. Speaker.

19 I would like to start off my debate with
20 just recognizing the obvious in the room. We don't
21 agree. We don't see this issue the same. So I want
22 to focus on parts of this bill that I think many of
23 you haven't quite yet recognized the impacts that it's
24 actually going to have on Florida companies, Florida
25 businesses, our insurance market, our mental health,

1 because I think those are spaces that we actually
2 probably could have some agreement.

3 But when you draft legislation where the
4 first time we're learning that person is actually
5 in this bill defined as corporate personhood, we are
6 impacting a much larger section of Florida, the
7 business community that I think we all actually care
8 about and want to make sure continues to thrive.

9 There are currently the following Fortune 1000
10 companies that are based here in Fort Lauderdale --
11 or in Florida that currently offer at least one
12 trans-inclusive health care benefit:

13 Office Depot located in Boca Raton, for you
14 Palm Beach representatives. Let's not forget we
15 as legislators use Office Depot for our supplies.
16 This bill impacts that.

17 Darden Restaurants in Jacksonville, Raymond
18 James in St. Petersburg, Tech Data in Clearwater, HSN
19 in St. Petersburg, all corporations that have HRC
20 ratings that offer trans-inclusive health care. Those
21 corporations will all be impacted by this. If they
22 have state contracts, those will be impacted by this.

23 Let's talk about corporations that are
24 not based in Florida but we all do business with
25 that will be impacted by this on a national scale,

1 because what we do here in Florida will stifle what
2 they can do nationally: American Express, Boeing,
3 Papa John's, Lowe's, Shell Oil, Tesla, Tractor Supply
4 Company, and Walmart, all companies with HRC, Human
5 Rights Campaigns, ratings of 100 percent, which means
6 they are diverse; they are inclusive; they recognize
7 the LGBTQ community, and they offer trans-inclusive
8 health care.

9 So when you vote on this bill, it's not just
10 protecting children, because it actually impacts
11 adults, which I have yet to hear anybody recognize.
12 It's also impacting our corporations.

13 The insurance component, which I asked about
14 yesterday, we have private health insurance companies
15 that this bill is going to dictate the coverages that
16 they can offer, coverages that are currently being
17 offered that people have paid premiums for, that the
18 sponsors acknowledged they will not receive that
19 unearned premium back or that benefit back for now
20 coverage being removed from those insurance policies.

21 We've seen this before in our property
22 insurance market, where we have given property
23 insurance companies a bailout, and we've allowed them
24 to take from Florida without having to return those
25 benefits.

1 If we have the power in this body to dictate
2 what insurance companies do, the real crisis this
3 state is facing in the property insurance market, you
4 know what we should be doing? We should be telling
5 our auto insurance companies who offer the most
6 profitable form of auto insurance that if they're
7 going to write property insurance elsewhere in the
8 country, they need to do it here in Florida. That
9 will actually solve Floridians' problems.

10 Talk about mental health. We heard that the
11 mental health bill here today is going to keep the
12 status quo. You know what the status quo in Florida
13 is? We are 42nd in the country for patient-to-provider
14 ratio; one doctor for every 515 patients. \$380 million
15 we leave on the table of federal dollars because this
16 body doesn't want to expand Medicaid.

17 When we talk about who we're impacting,
18 those are who we're impacting.

19 That's my time.

20 SPEAKER RENNER: Representative Daley, you're
21 recognized.

22 REPRESENTATIVE DALEY: Thank you, Mr. Speaker.

23 I'd like to yield to Representative Eskamani.

24 SPEAKER RENNER: Representative Eskamani,
25 you're recognized in debate.

1 REPRESENTATIVE ESKAMANI: Thank you so much,
2 Mr. Speaker.

3 I first want to provide brief history to how
4 we got here, because it's been a difficult history I
5 know for myself and also for those who are directly
6 impacted. Because first, Members, this body said we
7 were just focused on sports, on high school sports.

8 And then you said, We just want to focus
9 on restrictions in education, kindergarten to third
10 grade. And, indeed, today the Department of Education
11 has expanded that policy to all grades in the state of
12 Florida.

13 So please forgive me, Members, when you ask
14 me to read a bill and assume that I trust what's in
15 that bill, because I've seen time and time again
16 implementation looks very different than what was
17 said in this chamber.

18 And, of course, you've also said that you're
19 just focused on those under the age of 18, and yet
20 this bill in front of us absolutely impacts adults.
21 It absolutely impacts insurance coverage for
22 hardworking Floridians who pay their fair share in
23 taxes, who work to contribute to our economy, and now
24 their insurance coverage will no longer be able to
25 cover the care that they need.

1 It's been very difficult to watch this
2 process, to go to the Board of Medicine meetings and
3 watch testimony after testimony of Floridians directly
4 impacted by this legislation ask that the Board of
5 Medicine protect our access to care, only to be met
6 with rejection. And it's the same experience in these
7 committee meetings where we've had one-sided panels
8 in an effort to prop up a majority narrative, a
9 majority message. Well, you ignore the majority of
10 Floridians who are asking you to not only vote down
11 this measure, but to treat them as humans.

12 It's been very difficult to meet parents of
13 trans kids in my district who are in tears, thanking
14 me for their work, but me not knowing what to even
15 tell them to give them comfort.

16 Now, I understand it might be challenging to
17 put yourself in the shoes of a trans person or the
18 parent of a trans kid. There's a lot of disinformation
19 out there, some shared here today, that can create
20 that type of challenge, that kind of difficulty to
21 figure out what that experience is like.

22 But I feel like everyone here has experienced
23 the notion of being left out, of not fitting in, to
24 feel different. Maybe you know don't like how your
25 body looks. Maybe you're too tall to others or too

1 short to others. Maybe you're too loud. I know I am.
2 Maybe some folks have told you you're not smart
3 enough or you're too hairy or maybe you're losing too
4 much hair too soon. There's all of these experiences
5 we have that make us feel like we're not good enough
6 and that we don't fit in.

7 Now, for many of us, when we experience that,
8 we can do something about it. We can go to the gym.
9 We can try to wear high shoes. We can figure out ways
10 to feel good in our skin and to be who we want to be
11 and also be who we want others to see us as. We can
12 take those measures. We can take those steps.

13 But now imagine that if that feeling that
14 you don't fit in is nagging and is consistent to a
15 point of deep sense of unease where you're not only
16 having dissatisfaction with who you are, but it's
17 leading to depression, anxiety, and having a harmful
18 impact on your health and well-being. If you are in
19 that situation or if your child was in that situation,
20 you would want to pursue every option to take care of
21 them, and that is the truth, Members, that you would
22 explore every single option to take care of them.

23 One of my constituents who's the parent
24 of a trans son compared this situation to the need
25 to dial 911, but no one is on the other line anymore.

1 They want to call their doctor, and the doctor won't
2 be there anymore. They're trying to seek access to
3 that prescription. The prescription won't be there
4 anymore. We actually have trans people in the state
5 of Florida right now who are exploring other options
6 because they are forced to leave the state of Florida
7 because of what we are doing in this body.

8 And so just to close, no child can access
9 medical intervention without parental consent and
10 parental involvement, and no child can access this
11 type of medication without thorough, thorough,
12 thorough insight and counseling and permission from
13 multiple doctors, whether it's mental health
14 therapists or medical providers. Nothing happens
15 without that type of multilayered consent.

16 And I understand the concerns about any type
17 of clinical or surgical procedure, and surgery is
18 very, very rare for those under the age of 18. When
19 it does happen, these are children who are going to
20 cut off their own breasts if we don't help them. They
21 are wrapping bands around their chests so tight that
22 they can't breathe.

23 And so please try to put yourself into the
24 shoes of those impacted. Ignore the moral panic that
25 has been manufactured, many times by right-wing media,

1 and integrated into political campaigns to divide us
2 when we should be brought together. Respect and trust
3 parents and let kids, regardless of their gender
4 identity, to be kids and to reach their fullest
5 potential.

6 I choose hope, community solidarity, and
7 love. And I invite you to join me in voting no on
8 this bill.

9 Thank you, Members.

10 SPEAKER RENNER: Representative Daley, you're
11 recognized.

12 REPRESENTATIVE DALEY: Thank you, Mr. Speaker.

13 I yield to Representative Harris.

14 SPEAKER RENNER: Representative Harris, you're
15 recognized in debate.

16 REPRESENTATIVE HARRIS: Thank you,
17 Mr. Speaker.

18 I rise in opposition to this bill because
19 we are supposed to be working to keep Floridians
20 healthy, safe, and prosperous. We are not supposed
21 to be here to pass ambiguous bills and take away a
22 child's ability to be healthy and safe.

23 Florida ranks 40th in health care for
24 children. Want to protect children? 40th in health
25 care for children. And yet here we are taking away

1 healthcare from children.

2 None of the people in this chamber are
3 transgender, as far as we know. But we've heard from
4 parents of trans kids and trans adults in the Board of
5 Medicine, and osteopathic meetings, and committee
6 meetings, and through calls and emails about how
7 gender-affirming care has saved lives. And here is a
8 bulletin, 2021, AMA to states: Stop interfering in
9 the health care of transgender children.

10 That is the AMA, because the science backs
11 it, the science. I'm no biochem major, but my
12 daughter is, and I'd love for her to come here and
13 talk a little bit about genomics.

14 Care and treatment of transgender youth is
15 already well regulated. This bill is not necessary
16 because it is already well regulated. Before puberty,
17 trans girls and trans boys will simply change how they
18 present. It's just a matter of using their pronouns
19 and letting them express the identity they are.

20 For kids with gender dysphoria, they see
21 therapists and psychiatrists regularly, and nothing
22 is ever done without the consent of their parents.
23 Yeah, you can't take a wart off of a child without
24 their consent. Neither can you give them
25 gender-affirming care, because it's regulated. It's

1 already regulated.

2 This bill takes away the rights of parents
3 to do what they know best. And you know what?
4 Puberty blockers lessen the need for surgery, because
5 when you're forced to go through the wrong puberty,
6 you grow parts of your body that you don't want.

7 Remember that before medication is provided,
8 medical professionals are confident that the trans
9 kids don't think they are a different gender. This
10 isn't about I think, I might be a boy. These kids
11 know they are a different gender. My dear friend
12 Eleanor, she doesn't think she's a woman; she knows
13 she's a woman.

14 There has also been so much ugly information
15 about gender-affirming care. There have been lies
16 spoken that little kids are being mutilated. I
17 already told you, most little kids aren't even getting
18 medicine.

19 This bill not only targets and dehumanizes
20 trans children, but also targets the doctors who
21 provide care to them. You all are providing
22 doctors -- and we already have an issue in this state.
23 We're losing doctors. And this bill is going to
24 result in many medical professionals, doctors and
25 nurses, leaving this state.

1 So I want you all to understand, we heard
2 about the insurance impacts of this bill, the
3 unintended consequences of not having a doctor
4 available when you need one for whatever kind of
5 care you're looking for.

6 Before I close, I just want to talk to my
7 constituents. I met a wonderful constituent last
8 week. She came to my office. And, you know, she
9 expressed to me how scared she was, and she was
10 feeling a lot of anxiety. And I want her to know,
11 I'm your representative, and I want you to know
12 how beautifully created and powerfully made you are
13 and that you belong and you are welcome and you
14 are loved.

15 Please vote down on this bill.

16 Thank you.

17 SPEAKER RENNER: Representative Daley, having
18 waived the remainder of time in his debate
19 section, we're now going to take up a recognition.

20 Representative Payne, you're recognized
21 for a recognition.

22 REPRESENTATIVE PAYNE: Thank you, Mr. Speaker.

23 Members, please join me in the East Gallery.
24 We have management members from Chemours. Chemours
25 is a mining company located in northeast Florida

1 who just completed a \$93 million project at Camp
2 Blanding. What's important about Chemours is they
3 mine minerals, titanium and zircon, which are on the
4 U.S. critical list of minerals vital to the aerospace
5 and national defense industries.

6 So, Members, help me welcome Connie Henderson,
7 Stuart Robertson, Elli Benakovich, Corinne Lavin, and
8 Jason Geiger. Welcome to the Florida House.

9 SPEAKER RENNER: Welcome to the Florida
10 House.

11 Representative Benjamin for recognition.

12 REPRESENTATIVE BENJAMIN: Thank you,
13 Mr. Speaker.

14 At this time I would like to recognize the
15 great leaders from the City of Miami Gardens. With us
16 this afternoon we have Councilman Reggie Leon, we have
17 Councilwoman Campbell, and we have the assistant city
18 manager, Vernita Nelson.

19 Please recognize the City of Miami Gardens.

20 SPEAKER RENNER: Welcome to the Florida
21 House.

22 Members, we're back in debate.

23 Representative Grant, you're recognized.

24 REPRESENTATIVE GRANT: Thank you, Mr. Speaker.

25 Would you please recognize Representative

1 Massullo in debate.

2 SPEAKER RENNER: Representative Massullo,
3 you're recognized.

4 REPRESENTATIVE MUSSULLO: Thank you,
5 Mr. Speaker.

6 Members, we often hear the expression,
7 "We can't get there from here," or "We can't put the
8 genie back in the bottle," or "We've reached the
9 point of no return." And those phrases are often
10 just rationalizations of some way that we're trying to
11 assuage our disapproval of a situation that we
12 believe we can't change.

13 But, you see, the beauty, the beauty of what
14 we're doing in this chamber, the beauty of our system
15 that our forefathers have set up for us is that we
16 can change. We can change things. We can change
17 direction. And when we look at all of the problems
18 we have in this state, most of us are all on the same
19 page for affordable housing, for education, for health
20 care, for the environment. We differ, we differ on
21 the way we believe those problems can be solved, but
22 we all recognize them as being problems that we all
23 face.

24 But there is a problem in our society today
25 that we differ on its existence, and that is the

1 deterioration of our culture. And it is a problem
2 that we need to face, and I'm going to depersonalize
3 it because it has nothing to do with any individual.
4 It doesn't have anything to do with any of the people
5 that we're dealing with in this bill. It has to deal
6 with our society.

7 And let's look at it. Today we have more
8 mental health issues, particularly in our children,
9 than ever before. We have more incidences of suicide
10 in our young people, in our children, in young girls,
11 11 to 13 years old, than we have ever had in our
12 history.

13 And in a society with all of our
14 technological advances -- we have the Library of
15 Congress right here in our hands each and every day.
16 We have every convenience imaginable, every resource,
17 and yet we have in our society more dysphoria than we
18 have ever had in history.

19 And we have to stop, and we have to ask why.
20 Because, otherwise, we're like that frog in the water
21 that believes that there's no problem, and we're
22 slowly -- as the water slowly heats, we're getting
23 boiled.

24 And we try to normalize it by creating all
25 kinds of names and words and medical conditions, and

1 then we try to excuse the behavior that we feel is
2 wrong by saying, Oh, it's just freedom. And then we
3 try to criticize those who disagree with us and call
4 them all kinds of things, like homophobic and
5 misogynistic, racist, sexist, and even say they're
6 religious right-wing extremists in some way to try to
7 shut down the debate and the conversation.

8 Well, I want to take a little aside and talk
9 about religion since it was brought up so many times
10 today on this floor. Yesterday we had a prayer
11 breakfast, and in that prayer breakfast, we heard from
12 both sides of this chamber talk about how our power
13 comes from God. And I'll tell you something that I
14 believe, Members -- and you don't have to believe it,
15 but I believe it. I believe everyone on this earth
16 believes in God, even the atheists. They just believe
17 that's who they are. We need to stop and think a
18 little bit about what we can do to change our culture.

19 And so I actually believe it's our duty.
20 It's something that we need to address because there's
21 evil in our society. And you've heard it. Chair Fine
22 has made a point to say it several times in the last
23 couple of days. And that evil is so insidious that
24 we fail to recognize it. It is truly the wolf in
25 sheep's clothing, and it's going after our most

1 vulnerable population, our children, and we need to
2 recognize it. We need to recognize the sources of
3 dysphoria in our kids, because they are unhappy. They
4 are discontent. They are not satisfied with
5 theirselves. And I don't know really what the
6 difference is between knowing something and thinking
7 something, but they think that they truly aren't who
8 they are, and I'll give you that. I'll accede that
9 to you.

10 But I will also say, like so many things
11 that we do in our world, we try to fill that void
12 with emptiness. And the statistics don't lie. The
13 facts are always true. And let's see what they do.

14 Well, discontent, this gender dysphoria that
15 we're talking about today, this void, how has it
16 changed through time? Thirty years ago you never
17 even heard of it. It wasn't even a condition. The
18 DSM-III, the manual that I used for psychiatry when I
19 was in medical school, described it only as a
20 psychological anomaly. It was only something that was
21 psychologically driven. There is still, even today,
22 no physiologic evidence, no evidence in our bodies
23 for those individuals that are gender dysphoric.
24 So why in the world would we think to treat a
25 psychological condition with pharmacological drugs

1 that affect physiology? And, see, we've made a
2 mistake? We thought, Oh, all these drugs we're using
3 are reversible. We're finding more and more and more
4 in other countries in the world that got a head start
5 on us that they're not reversible.

6 And so what is the incidence of this gender
7 dysphoria? How has it changed? In the last 30 years
8 in some countries it's increased 5,000 percent. And
9 will challenge you to find one other disease state
10 that has those type of incidence numbers. In the
11 United States gender dysphoria, since many of us who
12 are seniors stepped foot on this floor for the first
13 time in 2017, has increased 300 percent. And that
14 rate of increase is exponential, ladies and
15 gentlemen. If we don't step in and turn our society
16 and address our culture, I can't even imagine what it
17 will be when the freshmen that are so brilliant down
18 on this floor today step off for the last time. It's
19 our duty. It's our duty.

20 And so what have been the consequences of
21 what we thought was a good idea of treating a
22 psychological condition with physiologic drugs? Well,
23 here's what's happened. As we treat kids and block
24 their normal progression into puberty, we've seen
25 irreversible bone damage. We've seen irreversible

1 brain damage. We've seen incidences of tumors in the
2 brain. We've seen incidences of cardiovascular
3 anomalies that are irreversible. And what they're
4 finding -- the very people that have advocated for
5 this type of treatment are finding that those
6 individuals cannot have sexual satisfaction. And
7 I'm not going to use the word that starts with the
8 letter O because you all understand and know what
9 that is, but they can't ever achieve that. Now, think
10 about that just for a minute, because it's terrible.

11 And why are we treating these kids with
12 this? Well, let's look at that normal child that has
13 gender dysphoria, because that's usually not all
14 they have. They almost always have comorbidities.
15 It could be autism. It could be depression. It could
16 be anxiety, emotional issues. They could have
17 problems at home or other problems in their
18 environment. And, yes, they need therapy, but they
19 need mental health counseling. They don't need us to
20 screw up their sex. They don't us to screw up their
21 physiology.

22 That's the truth. That's things we can't
23 change, and we need to fight for this not because
24 we're a conservative, religious right-wing
25 legislature; we need to fight for this because it's

1 right.

2 Now, we've heard some things about insurance
3 companies, and here's my answer to that. What they
4 should do is the money they're spending right now on
5 transgender care, they should move it over and use it
6 for mental health, because that's something that
7 we need, more so than probably we realize.

8 And for those individuals that feel that
9 this type of therapy is well proven, there are study
10 after study after study that refutes the studies, and
11 study after study after study that actually show that
12 what they've done is horribly wrong. And I will tell
13 you this will go down as one of the most tragic
14 medical maladventures of our time. Mark my words.

15 Has there been any animal studies? Most
16 experts believe that nonhuman animals -- I almost
17 hate using that term because I don't consider us
18 an animal in the sense of another type of an animal.
19 We're a human being, and we're special in the sight
20 and the eyes of God -- they cannot have issues with
21 gender identity.

22 Anthony Fauci tried a study that was
23 financed with your taxpayer dollars through the NIH.
24 He wanted to give feminizing hormones to monkeys to
25 try to see if those monkeys react similarly to HIV as

1 transgender women. The only issue with the study was
2 the monkeys he was giving the hormones to aren't
3 susceptible to HIV virus, so that was \$205,000 of your
4 taxpayer money that went down the drain.

5 So I'm going to stop now, but I want to
6 leave you with this. It's been a pleasure and an
7 honor for me to work with Representative Fine on this
8 bill because I actually believe it's one of the most
9 important bills we're going to pass this year. We
10 need to change culture.

11 And, ladies and gentlemen, I'll tell you,
12 if there's a hill to climb and one to die on, that's
13 where we need to be, because it's for our children.
14 It's for our future.

15 I'll yield the rest of my time.

16 SPEAKER RENNER: Representative Grant, you're
17 recognized.

18 REPRESENTATIVE GRANT: Waive our time.

19 SPEAKER RENNER: Thank you.

20 That concludes the time for debate.

21 Representative Fine, you are recognized to
22 close on the bill.

23 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

24 I want to start by telling the freshmen who
25 stood up this week how proud I am of all of you. I

1 think you've shown your courage this week. And in
2 the time that I spend in the legislature, the moments
3 we've had doing this bill together in committee and
4 on the floor will be among my most precious. And I
5 couldn't have a better friend to work with on this.

6 But I'd like to talk to you about what this
7 bill and, frankly, what all of these bills are about,
8 because we're told they have a bigger and a larger
9 meaning. It isn't hate. It's not intolerance.

10 My sons, Jacob and David, get affirmed every
11 day. Wendy and I love them, and we care for them,
12 and we protect them as fiercely from evil as we can.
13 Some of you made that task a little harder over the
14 last week. So David was curious about what I was
15 doing this week. He asked me what I did yesterday.
16 I tried to tell him in as delicate and age-appropriate
17 way as I could. And then it struck me, there isn't an
18 age-appropriate way to explain puberty blockers to an
19 11-year-old or top surgery or why it's normal for a
20 man to dress like a woman.

21 You see these bills we've heard this week
22 and in this session, they're not about bathrooms.
23 They're not about books. They're not about pride
24 parades. They're not about pronouns. They're not
25 about blocking puberty. They are not about cutting

1 off body parts. These bills are about something much
2 larger. These bills are about whether we as a
3 legislature, as a state, and as a society believe in
4 the idea of childhood itself.

5 I want to tell you what the people screaming
6 out there believe. They believe that an 8-year-old
7 should have to keep track of 70 different pronouns
8 that their teachers might choose. They believe that
9 a 9-year-old should have access to books at school
10 about sex. They believe that a 10-year-old should be
11 able to get an abortion without talking to a parent.
12 They believe that an 11-year-old should be able to go
13 to a sexual performance of a man dressed like a woman.
14 They believe that a 12-year-old should be used as a
15 test subject in some kind of gruesome drug trial. And
16 they believe that a 13-year-old should be able to
17 have her breasts cut off.

18 They do not believe in the innocence of
19 childhood. They believe this, and then they wonder
20 why we have record levels of depression and mental
21 health issues with our children. They believe this,
22 and then they ask why so many child suicides have
23 skyrocketed. They believe this, and then they ask
24 why children shoot up schools.

25 It's because we have failed our children,

1 all of them. We have failed to give them the ultimate
2 gender-affirming care, to affirm they are creatures of
3 God, made in his image, that they were made the way
4 they are, and there's absolutely nothing wrong with
5 it. God doesn't make mistakes. I heard that from
6 the back rows.

7 They don't need a lifetime of drugs and
8 surgery to be something they are not. We have failed
9 to teach our children there is right and wrong in this
10 world, that values matter, that there is a God. We
11 have failed our children. We have failed to fight
12 for them.

13 Members, they are begging us to help them.
14 I agree with the back rows on one thing. Every
15 so-called transgender person begged us for help
16 in committees. Ralph and I have talked about it.
17 They are not evil. They are victims. I don't hate
18 them. My heart breaks for what has been done to
19 them. I'm haunted by the stories of the children I
20 have talked to who were told this was a good idea
21 and then have had their lives destroyed as a result.
22 I fight for those children.

23 There is evil in this world, and we can
24 fight it here today. We can reject their made-up
25 words of gender-affirming care, cisgender, nonbinary,

1 and whatever nonsense they come up with next. We
2 lean in because we are right. We can fight for
3 children. We can declare in unambiguous terms that
4 defying the natural process of puberty is not health
5 care; it is an abomination. We can fight for
6 children. We can declare -- and we should scream it
7 from the rooftops as long as they are out there that
8 mutilating a child to remove perfectly healthy organs
9 is not health care; it is butchery.

10 We can fight to return childhood to the era
11 of innocence where children knew the basics, what
12 bathroom to use, what their pronouns were, that there
13 are boys and that there are girls and they don't
14 have to wonder about it.

15 With these votes on all of these bills, we
16 fight back. There is evil in this world, and we can
17 stand against it today, not just because we can,
18 because we should and because we must. We can fight
19 for children.

20 Thank you, Mr. Speaker.

21 SPEAKER RENNER: Representative Fine, having
22 closed on his bill, the question now recurs on final
23 passage of CS for SB 254.

24 The clerk will unlock the machine. The
25 members will proceed to vote.

1 Have all members voted?

2 Have all members voted?

3 The clerk will lock the machine and announce
4 the vote.

5 THE CLERK: 82 yeas, 31 nays, Mr. Speaker.

6 SPEAKER RENNER: Show the bill passes.

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CERTIFICATE OF REPORTER

STATE OF IOWA)

COUNTY OF WARREN)

I, Terri L. Martin, Certified Shorthand Reporter, certify that I was authorized to and did stenographically transcribe the foregoing audio recording to the best of my ability and that the transcript is a complete record of my stenographic notes.

Dated this 17th of August, 2023.

/s/ Terri L. Martin
Terri L. Martin, CSR, RPR, CRR

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TRANSCRIPTION OF AUDIO RECORDING

FLORIDA SENATE

SENATE GENERAL SESSION - FLORIDA CHANNEL

MAY 4, 2023

Stenographically Transcribed Audio Recording By:
Terri L. Martin, Certified Shorthand Reporter

Med Def_002215

1 Whereupon, the following proceedings were
2 transcribed from an audio recording:

3 PRESIDENT PASSIDOMO: Read the message and
4 the amendment on CS/SB 254.

5 THE SECRETARY: The Honorable Kathleen
6 Passidomo, President.

7 I'm directed to inform the Senate that the
8 House of Representatives has passed committee
9 substitute for Senate Bill 254 with one amendment
10 and requests a concurrence of the Senate amendment
11 barcode 256341.

12 PRESIDENT PASSIDOMO: The senator of the
13 4th District, Senator Yarborough, you are recognized
14 for an explanation.

15 SENATOR YARBOROUGH: Thank you, Madam
16 President.

17 Two weeks ago the House took up the Senate
18 bill and adopted an amendment that to a large degree
19 replaces the Senate bill's contents with that of its
20 House companion bill, with a few exceptions.

21 The title of the bill -- it maintains the
22 Senate title of "An Act Relating to Treatments for Sex
23 Reassignment" while replacing the Senate bill's use of
24 the term "sex-reassignment prescriptions or
25 procedures" with the House bill's "gender clinical

1 interventions" throughout the amendment.

2 With regard to the definition of treatments,
3 it inserts the House bill's definition of the
4 treatments which differs substantively from the
5 Senate definition in that the House language does not
6 exclude from the definition health care services that
7 are provided due to imminent danger of death or
8 impairment.

9 With regard to public expenditures, it makes
10 one change in that section, changes -- where we had
11 "state funds" in the Senate version, it replaces that
12 with simply "funds."

13 Related to birth certificates, it inserts
14 the House bill's provisions relating to birth
15 certificates which the Senate bill did not include.

16 It removes the sections we had related
17 to facility and office attestations.

18 On treatments for children, the House
19 amendment differs by providing the prescription
20 treatment for a minor may continue solely for the
21 purpose of gradual discontinuation only if the
22 treatment began before January 1 of this year, the
23 minor continuously received such treatment through
24 July 1 of this year, and the treatment is concluded
25 no later than December 31 of this year.

1 With regard to the physician's physical
2 presence, whereas we had in the Senate version that
3 only for a new prescription that the physician would
4 have to be physically present in the same room, the
5 House version put each time the physician provides the
6 treatments.

7 For financial responsibility, it inserts the
8 House bill's requirement, which is not in the Senate
9 bill, for physicians who provide the treatment for
10 adults to obtain and maintain financial responsibility,
11 in the form of professional liability coverage,
12 to pay claims and costs arising out of the rendering
13 of such treatments.

14 With regard to the misdemeanor penalty, it
15 partially adopted the Senate bill's creation of a
16 first-degree misdemeanor for a health care
17 practitioner who provides the treatments to an adult
18 outside of the bill's requirements but applies the
19 provision only to a practitioner who willfully or
20 actively participates in a physician's violation of
21 the bill's requirements for obtaining informed
22 consent.

23 With regard to licensure revocation, it
24 inserts the House bill's requirement, which is not
25 in the Senate bill, for a health care practitioner,

1 regulatory board, or the DOH if there is no board,
2 to revoke a practitioner's licence if he or she is
3 determined to have violated the bill's prohibitions
4 or requirements relating to providing the treatments.

5 It inserts the House bill's provision,
6 which is not in the Senate bill, to prohibit health
7 insurance policies and HMO contracts from providing
8 coverage for the treatments, regardless of the
9 patient's age.

10 It adds new cause of action language that
11 provides that a physician who renders the treatments
12 to a patient is liable to the individual for any
13 physical, psychological, emotional, or physiological
14 injury resulting from the treatments;

15 A patient who receives the treatments from a
16 physician may bring a civil action for declaratory or
17 injunctive relief, economic damages, noneconomic
18 damages, punitive damages, without limits, and
19 attorney fees and costs;

20 The estate of a patient who received the
21 treatments from a physician, including a legal
22 guardian on behalf of such individual, when the death
23 of the patient was caused by the treatments, may bring
24 a civil action against such physician for the same
25 remedies listed above, as well as specified medical

1 malpractice remedies, plus treble damages; and

2 An action brought under these provisions for
3 nonlethal injuries must be brought within 20 years
4 after the treatments, while an action for death must
5 be brought within 5 years of the death or the
6 discovery of the death, whichever is later.

7 And then, lastly, Madam President and
8 Senators, with regard to the effective date, it adopts
9 the Senate bill's effective date, which is upon the
10 bill becoming a law, instead of the House bill's
11 effective date, which was July 1, 2023.

12 Madam President, that is the House change.

13 PRESIDENT PASSIDOMO: Is there an amendment
14 to the House amendment?

15 SENATOR YARBOROUGH: Yes, ma'am.

16 PRESIDENT PASSIDOMO: Read the Senate
17 amendment to the House amendment.

18 I think the clerk has the amendment.

19 THE SECRETARY: Amendment barcode 738500 by
20 Senator Yarborough, delete lines 5 through 197 and
21 insert amendment.

22 PRESIDENT PASSIDOMO: Senator Yarborough,
23 you're recognized to explain the Senate amendment to
24 the House.

25 SENATOR YARBOROUGH: Thank you, Madam

1 President.

2 After consulting with our House colleagues,
3 I am proposing to amend the House amendment to restore
4 the Senate's version of the bill with only two
5 revisions. The Senate amendment to the House
6 amendment contains the following differences from the
7 Senate bill we passed earlier this month.

8 First, the amendment no longer contains the
9 Senate bill's requirement for hospitals, ambulatory
10 surgical centers, and physician offices registered
11 for office surgeries to provide an attestation to
12 AHCA or DOH that they do not provide sex reassignment
13 treatments to minors, except for minors grandfathered
14 in under the bill.

15 After the bill takes effect, such treatments
16 will be illegal, and I agree with our House colleagues
17 that it is unnecessary to require the facilities to
18 attest that they are not breaking the law.

19 The second revision relates to the
20 continuation of prescription treatment for minors if
21 such treatment was commenced before and is still
22 active on the bill's effective date.

23 The Senate bill requires the Board of
24 Medicine and Osteopathic Medicine to adopt emergency
25 rules creating physician standards of practice for

1 such minors within 60 days of the bill's effective
2 date. The amendment directs the boards when
3 developing those standards of practice to consider
4 whether the treating physician should obtain informed
5 consent from a minor's parent or legal guardian that
6 is consistent with the parameters of informed consent
7 that the bill requires for adults.

8 The amendment also directs the boards to
9 consider the provision of professional counseling
10 services for such minor patients by a board-certified
11 psychiatrist or a psychologist in conjunction with
12 the minor's prescription treatment.

13 Everything else in the amendment is identical
14 to the Senate bill we passed on this floor over to the
15 House on April 4, Madam President.

16 PRESIDENT PASSIDOMO: Are there questions
17 on the Senate amendment to the House amendment?

18 Senator Polsky, you're recognized.

19 SENATOR POLSKY: Thank you.

20 Can you explain that last part about --
21 it was about when insurance coverage -- no. I'm
22 sorry. Sorry.

23 The last part about when you can start and
24 stop treatment; is that what the last part was about?

25 PRESIDENT PASSIDOMO: Senator Yarborough.

1 SENATOR YARBOROUGH: Thank you, Madam
2 President.

3 The second piece, Senator Polsky, was with
4 regard to what we had already established in our bill,
5 that they would adopt rules relating to standards of
6 care for minors grandfathered in. We're not directing
7 that they must do something, but we're saying they
8 must consider -- for those who are grandfathered in,
9 they need to consider whether the treating physician
10 should obtain informed consent from a minor's parent
11 or guardian, and then also direct the board to
12 consider the provision of professional counseling for
13 such minors by a board-certified psychiatrist or
14 psychologist in conjunction with the minor's
15 prescription treatment.

16 That's it.

17 PRESIDENT PASSIDOMO: Any other questions?
18 Senator Jones.

19 SENATOR JONES: Thank you so much, Madam
20 President.

21 Senator Yarborough, would the specific
22 amendment that we have on here -- can you walk us
23 through this specific amendment?

24 PRESIDENT PASSIDOMO: Senator Yarborough.

25 SENATOR YARBOROUGH: Thank you, Madam

1 President.

2 Senator Jones, that's what I just described.
3 We pretty much maintained Senate bill 254 the way we
4 adopted it on April 4, with the exception of removing
5 the requirement that the facilities have to do the
6 attestation to AHCA or DOH.

7 And then the second revision was simply
8 about, in my answer to Senator Polsky's question, to
9 direct the boards to consider items related to the
10 minors who were grandfathered in if they've already
11 been receiving treatments.

12 That's the only changes from the version we
13 already passed.

14 PRESIDENT PASSIDOMO: Senator Pizzo.

15 SENATOR PIZZO: Thank you, Madam President.

16 A question on procedure, because I'm trying
17 to do, like, six things right now.

18 After we find on this particular amendment
19 to the amendment, do we go back to questions --
20 will we be going back to questions on our amended
21 version intended to be sent back to the House?

22 PRESIDENT PASSIDOMO: You're asking questions
23 now on the amendment. If our amendment is adopted,
24 then we will debate, and then we will move to consider
25 a vote on the bill again.

1 SENATOR PIZZO: But, Madam President, debate
2 only, not questions after this amendment?

3 PRESIDENT PASSIDOMO: Well, there's no
4 reason, because if this amendment is adopted, that's
5 it and we vote on it.

6 SENATOR PIZZO: Okay.

7 PRESIDENT PASSIDOMO: So if you have
8 questions, I suggest you ask them now.

9 SENATOR PIZZO: I'll ask them now.

10 Thank you.

11 We are, in this amended version to be sent
12 back to the House, still stripping local governments
13 and authorities of the ability to provide this
14 health care to their employees?

15 PRESIDENT PASSIDOMO: Senator Yarborough.

16 SENATOR YARBOROUGH: Thank you, Madam
17 President.

18 Through the President and Senator Pizzo,
19 we maintain the provision that there is a prohibition
20 on the use of state funds or governmental funds
21 for items related in the bill, Senator.

22 PRESIDENT PASSIDOMO: Senator Pizzo.

23 SENATOR PIZZO: Thank you.

24 And I'm loathsome to ask particular questions
25 because it looks like over the last week things have

1 come back with certain amendments on it, but I'll ask
2 it now because I think you guys are going to run out
3 of time on this.

4 There's no prohibition for a municipality,
5 let's say, for instance, to reimburse one of their
6 employees if they seek health care elsewhere and they
7 want to get a reimbursement from the city. Correct?

8 PRESIDENT PASSIDOMO: Senator Yarborough.

9 SENATOR YARBOROUGH: Thank you, Madam
10 President.

11 That's not contained in the bill, Senator.

12 PRESIDENT PASSIDOMO: Any other questions
13 on the Senate amendment?

14 Senator Martin.

15 SENATOR MARTIN: Thank you, Madam President.

16 Senator Yarborough, does the Senate amendment
17 still include the provision that there's a 20-year
18 statute of limitations if the surgery or transition
19 is wrong and there needs to be a civil action to
20 compensate the victim?

21 PRESIDENT PASSIDOMO: Senator Yarborough.

22 SENATOR YARBOROUGH: Thank you, Madam
23 President. Thank you through the President to
24 Senator Martin.

25 We maintain in section 7, which is at the

1 bottom of page 7 of the amendment before us, the
2 civil liability of sex reassignment prescriptions or
3 procedures to minors. That cause of action is still
4 in there the way that we adopted it on April 4.

5 PRESIDENT PASSIDOMO: Senator Jones.

6 SENATOR JONES: Thank you so much, Madam
7 President.

8 I just want to get clarification from Senator
9 Yarborough. Those who are over the age of 18, that
10 they are still grandfathered in and their services
11 would not be interrupted. Correct?

12 PRESIDENT PASSIDOMO: Senator Yarborough.

13 SENATOR YARBOROUGH: Thank you, Madam
14 President.

15 Thank you, Senator Jones. Very good and
16 pertinent question.

17 So there's no change in that. We don't have
18 any law on the books today that speak to that, so
19 adults, as long as they meet the informed consent
20 requirement with the physician present and everything
21 that we adopted on April 4, there's no change in
22 that.

23 PRESIDENT PASSIDOMO: Senator Jones.

24 SENATOR JONES: Thank you so much, Madam
25 President.

1 What about those who are under 18 who are
2 already going through the process? Are they
3 grandfathered in, or would those services be
4 interrupted?

5 PRESIDENT PASSIDOMO: Senator Yarborough.

6 SENATOR YARBOROUGH: Thank you, Madam
7 President.

8 That related to a couple of questions ago
9 where I described what our change would be. We
10 already established the process that the boards of
11 medicine -- Board of Medicine, Board of Osteopathic
12 Medicine have to go through their rulemaking process
13 and adopt those within 60 days of the effective date.
14 And all we're adding today is that they consider some
15 extra items whenever they are in that rulemaking
16 process, but the grandfather provision is still in
17 the bill.

18 PRESIDENT PASSIDOMO: Senator Jones.

19 SENATOR JONES: Thank you so much, Madam
20 President.

21 So just for clarity for, like, a 17-year-old,
22 will they still -- my question is would they still be
23 able to get care if they're already going through the
24 process currently now?

25 PRESIDENT PASSIDOMO: Senator Yarborough.

1 SENATOR YARBOROUGH: Thank you, Madam
2 President.

3 Yes, sir.

4 PRESIDENT PASSIDOMO: Any other questions?

5 Is there any debate?

6 All in favor of the Senate amendment to
7 the House amendment, say yea.

8 Opposed, say nay.

9 Show the amendment adopted.

10 Senator Yarborough, you're recognized
11 for a motion.

12 SENATOR YARBOROUGH: Thank you, Madam
13 President.

14 Madam President, I move --

15 PRESIDENT PASSIDOMO: Senator Yarborough
16 moves the Senate concur --

17 SENATOR YARBOROUGH: Concur -- thank you --
18 House amendment barcode number 256351 as amended by
19 Senate amendment barcode number 738500.

20 PRESIDENT PASSIDOMO: Is there objection?

21 Seeing none, show the motion adopted.

22 We are back on the bill as amended. The
23 secretary will unlock the board, and the senators
24 will proceed to vote.

25 Have all senators voted?

1 Lock the board and record the vote.

2 THE SECRETARY: 26 yeas, 13 nays, Madam

3 President.

4 PRESIDENT PASSIDOMO: Show the bill passes.

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CERTIFICATE OF REPORTER

STATE OF IOWA)

COUNTY OF WARREN)

I, Terri L. Martin, Certified Shorthand Reporter, certify that I was authorized to and did stenographically transcribe the foregoing audio recording to the best of my ability and that the transcript is a complete record of my stenographic notes.

Dated this 14th of August, 2023.

/s/ Terri L. Martin
Terri L. Martin, CSR, RPR, CRR

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TRANSCRIPTION OF AUDIO RECORDING

FLORIDA HOUSE OF REPRESENTATIVES
HOUSE GENERAL SESSION - FLORIDA CHANNEL

MAY 4, 2023

Stenographically Transcribed Audio Recording By:
Terri L. Martin, Certified Shorthand Reporter

Med Def_002193

1 Whereupon, the following proceedings
2 were transcribed from an audio recording:

3 SPEAKER RENNER: Okay. Members, we're taking
4 up returning message list three.

5 Please read the first message.

6 THE CLERK: The Honorable Paul Renner,
7 Speaker. I am directed to inform the House of
8 Representatives that the Senate has passed House
9 amendment one, 256341, with Senate amendment one,
10 738500, concurred in the same as amended and passed
11 CS/SB 254 as further amended and requests concurrence
12 with the House. Tracy C. Cantella, Secretary, by
13 Health Policy and Senator Yarborough and others,
14 CS/Senate Bill 254, a bill to be entitled "An Act
15 Relating to Treatments for Sex Reassignment."

16 SPEAKER RENNER: Are there amendments?

17 THE CLERK: None on the desk, Mr. Speaker.

18 SPEAKER RENNER: Representative Fine,
19 you're recognized for a motion.

20 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

21 I move to concur and send amendment 738500
22 to House amendment 256341 to CS for SB 254.

23 SPEAKER RENNER: Representative Fine moves
24 the House concur in Senate amendment 738500 to House
25 amendment 256341 to CS for SB 254.

1 Representative Fine, you're recognized to
2 explain the amendment.

3 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

4 So this is the clinical interventions bill
5 that we talked about a couple of weeks ago. The
6 Senate amendment and the House amendment we sent over
7 a couple of weeks ago do a number of things. So the
8 bills are largely the same on the key issue as it
9 relates to what we consider the castration and
10 mutilation of children. These bills would prohibit
11 the gender clinical interventions for minors. They
12 would establish child custody provisions related to
13 gender clinical interventions, and they would require
14 physicians to obtain informed consent from adults.

15 These are in both, but there are some
16 differences. And, again, I will tell you what is
17 different in this coming back as opposed to what we
18 sent over there.

19 The Senate amendment allows any minor who is
20 receiving drug therapy prior to the bill's effective
21 date to continue receiving such drugs indefinitely.
22 That is different than what was in our bill.

23 The second thing, the Senate amendment
24 prohibits the use of state funds by government
25 entities to provide this treatment. The House version

1 prohibited the use of any funds by government entities.

2 The third thing is the Senate amendment
3 creates a cause of action for minors related to these
4 prescriptions or procedures. The House version did
5 minors and adults. So the amendment we are proposing
6 up here will just be for minors.

7 And, fourth, the Senate amendment does not
8 have provisions which we had in the House bill
9 related to birth certificates, medical malpractice
10 coverage, or insurance coverage for adults.

11 And that explains the bulk of what is in
12 the amendment.

13 SPEAKER RENNER: Representative Fine, having
14 explained the amendment, are there questions?

15 Questions to the sponsor?

16 Representative Skidmore, you're recognized.

17 REPRESENTATIVE SKIDMORE: Thank you,
18 Mr. Speaker.

19 Representative Fine, can you tell me what is
20 still in the bill in regard to the grandfathering in
21 of treatment of minors?

22 SPEAKER RENNER: Representative Fine.

23 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

24 The bill would leave the issues of
25 grandfathering up to the Board of Medicine, so the

1 language we had would not be in there.

2 SPEAKER RENNER: Additional questions?

3 Representative Eskamani, you are recognized.

4 REPRESENTATIVE ESKAMANI: Thank you,

5 Mr. Speaker.

6 Just to add to that, so we're allowing, with

7 this amendment, the Board of Medicine to create rules

8 where they could still prohibit youth right now who

9 are receiving gender-affirming care to continue.

10 Is that an accurate interpretation?

11 SPEAKER RENNER: Representative Fine.

12 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

13 As this bill doesn't have anything to do with

14 gender-affirming care, it doesn't matter either way.

15 SPEAKER RENNER: Additional questions?

16 Representative Eskamani.

17 REPRESENTATIVE ESKAMANI: Thank you so much,

18 Mr. Speaker.

19 When it comes to gender transition medical

20 treatment, can the Board of Medicine set rules that

21 apply to minors who are currently receiving that

22 treatment?

23 SPEAKER RENNER: Representative Fine.

24 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

25 The Board of Medicine will still be able to

1 make the decision about whether the children currently
2 receiving the castration drugs can continue to receive
3 them.

4 SPEAKER RENNER: Additional questions,
5 Representative Eskamani.

6 REPRESENTATIVE ESKAMANI: Thank you so much,
7 Mr. Speaker.

8 Going to private insurance for adults, just
9 to clarify, they will still be allowed to receive
10 treatment, and we're not giving the Board of Medicine,
11 for example, rulemaking authority to change that?

12 SPEAKER RENNER: Representative Fine.

13 REPRESENTATIVE FINE: Thank you.

14 This bill never precluded adults from getting
15 these kinds of operations if they wanted to, but the
16 Senate version that we're going to take up would not
17 include the prohibition that we had to force people
18 to pay for it through their own insurance policies.
19 All of that language is now not in the bill.

20 SPEAKER RENNER: Representative Eskamani,
21 questions.

22 REPRESENTATIVE ESKAMANI: Thank you,
23 Mr. Speaker.

24 When it comes to municipal workers, like
25 local government, does the amended version impact any

1 of those health plans?

2 SPEAKER RENNER: Representative Fine.

3 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

4 I believe this prohibits the use of state
5 funds by government entities.

6 SPEAKER RENNER: Representative Eskamani.

7 REPRESENTATIVE ESKAMANI: Thank you,
8 Mr. Speaker.

9 Looking at informed consent, can you just
10 walk me through, what's the informed consent process
11 in the current amended version?

12 SPEAKER RENNER: Representative Fine.

13 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

14 I want you to ask that question again,
15 Representative Eskamani, because I gave you bad
16 information. That's what happens when this moves
17 fast.

18 Actually, under lines 22 to 27, it would
19 be -- it's any political subdivision thereof,
20 including executive, legislative, and judicial
21 branches of government, the independent establishments
22 of the state, counties, municipalities, districts,
23 authorities, boards, or commissions. So those would
24 all be covered.

25 So I apologize what I said initially was

1 not right. This is correct.

2 But I was looking that up, so I didn't hear
3 your question, so if you could ask it again.

4 SPEAKER RENNER: Representative Eskamani.

5 REPRESENTATIVE ESKAMANI: Thank you,
6 Mr. Speaker.

7 If it's okay, Rep. Fine, can I add to
8 the answer you just shared?

9 Okay. So just so I'm hearing correctly,
10 if you are a local government that has a municipal
11 health plan, are you still restricted under the
12 current amended provision in providing that coverage
13 through the employee plan? If you could clarify that.

14 SPEAKER RENNER: Representative Fine.

15 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
16 Yes, I believe that it would be.

17 SPEAKER RENNER: Representative Eskamani.

18 REPRESENTATIVE ESKAMANI: Thank you,
19 Mr. Speaker.

20 And then the previous question was about
21 informed consent for adults. What does that process
22 look like in the current amended revision?

23 SPEAKER RENNER: Is that a question?
24 Could you repeat it, please?

25 REPRESENTATIVE ESKAMANI: Yes, Mr. Speaker.

1 What does the current process for informed
2 consent for adults look like in the amended bill?

3 SPEAKER RENNER: Representative Fine.

4 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

5 That's the same as what was in the House
6 bill that we sent over.

7 SPEAKER RENNER: Additional questions?

8 Representative Hunschofsky.

9 REPRESENTATIVE HUNSCHOFSKY: Thank you,
10 Mr. Speaker.

11 Representative Fine, could you just explain
12 to me, in this lines 90 through 95, they talk about
13 the emergency rules that the Board of Medicine would
14 have to come up with in order to grand -- when they're
15 grandfathering someone in to continue treatment. And
16 it says it has to happen within 60 days of this act.

17 What happens, then, to that person from
18 this act being in effect -- in between the act
19 being in effect and those 60 days until those
20 rules are provided?

21 SPEAKER RENNER: Representative Fine, when
22 you're ready.

23 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

24 And being cognizant of the fact that we
25 didn't write this language, so -- I can interpret it

1 the same way that you can. I can give you my opinion.
2 And my opinion would be for that 60-day period the
3 status quo would ensue, and then they have to make a
4 decision, as they, frankly, could at any point. But
5 we're just requiring them to do it in the next 60
6 days. But the way the world works today, I mean, if
7 we pass this and the Governor were to sign it today
8 and the 60-day clock would start, I would imagine
9 tomorrow would be the same as yesterday until this
10 60-day decision is made.

11 SPEAKER RENNER: Additional questions?
12 Additional questions?

13 Is there debate?

14 Question?

15 Representative Eskamani, do you have a
16 question? You're recognized.

17 REPRESENTATIVE ESKAMANI: Thank you,
18 Mr. Speaker.

19 Any changes to telehealth in the amended
20 version compared to previous?

21 SPEAKER RENNER: Representative Fine, you're
22 recognized.

23 REPRESENTATIVE FINE: Thank you, Mr. Speaker.
24 No.

25 SPEAKER RENNER: Additional questions?

1 Additional questions?

2 Is there debate?

3 Representative Eskamani, you're recognized.

4 REPRESENTATIVE ESKAMANI: Thank you,

5 Mr. Speaker.

6 You know, Members, we've spoke about this
7 issue so many times, and I just want to further stress
8 my concerns with any legislation that specifically
9 targets gender-affirming care. For Floridians -- I
10 know some of my colleagues don't call it that, but for
11 many who receive this care, it is essential to their
12 health and well-being.

13 And I am blessed in District 42 to have an
14 incredibly diverse community. I have many trans kids
15 in my community alongside trans adults. And these are
16 your neighbors, your friends, your loved ones, your
17 coworkers. They just want to be their authentic
18 selves and access the health care they need to do so.

19 And there's been so much politicization
20 of this and hyperbole and sensational language, and I
21 think it's really important that we not do that
22 because we have seen an increase of targeting of
23 different people who identify as trans, whether it's
24 through the media or, you know, at a local level. And
25 no one deserves to feel like they don't belong. No

1 one deserves to feel like they're different, and no
2 one deserves to have essential medical care taken
3 away from them.

4 We're at this period where many people who
5 need this medicine, this care, are moving out of the
6 state of Florida. I have literally been sent Go Fund
7 Me links from individuals who are leaving the state
8 of Florida because they can't access care or they're
9 fearful of their inability to access care. And then
10 we also have Floridians that are trying to figure
11 out what to do for their kids and ensuring that they
12 will be treated with love and respect and dignity and
13 have access to care here in Florida.

14 If you don't know these stories, I really
15 encourage you to learn and to talk to people who have
16 trans kids and talk to trans adults, because I think
17 you'll realize that folks are not as different as
18 you think. And whatever your discomfort is, I think
19 it's important that we don't ignore that but we
20 explore that, you know, through empathy, through love,
21 through understanding. Because it's not appropriate
22 to create division, you know, for what sometimes
23 feels like in this space, for political gain.

24 And so I really do encourage folks to
25 reconsider your vote on this. You have another

1 chance to vote now on this policy. I'll be voting
2 down again, and I'll do so on behalf of my
3 constituents, on behalf of those who are directly
4 impacted. And for everyone who is seeking access
5 to care, please know that we are here for you, and
6 we're not going to let you down and ensure that you
7 can still live a happy and healthy life and be
8 yourself.

9 Thank you, Mr. Speaker.

10 SPEAKER RENNER: Additional debate?

11 Representative Skidmore, you're recognized.

12 REPRESENTATIVE SKIDMORE: Thank you,
13 Mr. Speaker.

14 And I concur with everything that Rep.
15 Eskamani has said. One of the major issues for me,
16 as most of you know, is that I never want us to create
17 legislation that gets in between a physician and his
18 or her patients. This is not the body that practices
19 medicine, although we love to believe that we can.

20 And I have often said that, Don't bother
21 going to medical school, just get elected to the
22 Florida House, and you, too, can practice medicine.
23 This is the wrong thing to do. You may have an
24 opinion on a treatment and a course of care, but a
25 physician and his or her patient are the ultimate

1 arbiters of what that care should be. And this is
2 just another one of the instances that this
3 legislature really believes that it knows all, it
4 is the end-all, be-all to all people and all their
5 personal health care decisions. And we are not. We
6 are not the end-all and the be-all when it comes to
7 private, personal health care decisions.

8 I will still vote no on this bill. I will
9 vote no. I would love to, as someone said earlier
10 this week, twice on Sunday, if I could. This is a
11 bad bill that interferes with parental rights, that
12 interferes with health care rights, and it puts people
13 in danger of not being able to get the care that they
14 need.

15 The amendment has some great pieces to it
16 that I'm glad are gone from the House bill. It's a
17 better version of a bad bill. So, Members, vote
18 up on the amendment, but vote down on this bad bill.

19 SPEAKER RENNER: Additional debate?

20 Representative Harris.

21 REPRESENTATIVE HARRIS: Thank you so much,
22 Mr. Speaker.

23 I just want to remind everybody in this
24 chamber that there is one thing that we all have in
25 common, and that is our humanity. We are all people

1 here. We are all humans. We all feel. We all hurt.
2 We all love. We all get angry. And trans people are
3 no different because they are people too. They are
4 humans too. And their existence is valid, and they
5 are no more likely to commit a crime or seek to hurt
6 someone than anybody else.

7 I also know that people don't like when they
8 see a community being bullied, and what they see out
9 there is a community being scapegoated. For political
10 gain or for personal reasons, I can't pretend or know
11 what the intent of this bill is. But what I do know,
12 the impact is harmful. And it's not just harmful for
13 the people in the trans community. It's harmful for
14 all of us as Floridians, because as we point out, time
15 and time again in this room, while we focus on making
16 laws prohibiting people from accessing health care,
17 prohibiting people from using pronouns, prohibiting
18 people from reading books, we are not addressing the
19 real things that they really want us to address.

20 Think about all of the problems we could
21 solve if we would focus on the things that really
22 matter. And I'm going to be really honest with you,
23 it's not this. It is not this.

24 And I know that there have been bills like
25 this before, and I know that some of the people in

1 this chamber were not supportive of those bills in the
2 past. And I wish I could sit down and talk to you and
3 ask you what has changed from then to now, because I
4 would like to find out why suddenly this is such a
5 huge issue, despite the fact that there are no numbers
6 out there telling us that this is a huge problem out
7 there.

8 So I would just ask this body to please
9 remember our humanity and to please understand that
10 trans people are people. And I'm going to wager to
11 guess, because of the size of this room, that you
12 know people who are trans. Whether you realize they
13 are trans or not, you probably know people who are
14 trans. And think about what you're doing to them and
15 think about the impact that this law is going to have.
16 And instead of doing this, let's think about ways that
17 we can make people's lives better. That's something
18 that we can all do together. We can make things
19 better. So, please, I'm asking you, please vote no
20 on this bill.

21 Thank you.

22 SPEAKER RENNER: The time having expired in
23 debate.

24 Representative Fine.

25 Representative Fine, you are recognized to

1 close.

2 Representative Massullo, did you have debate?

3 Debate time has expired. We're ready to move to close.

4 Representative Fine, are you ready to close?

5 Representative Massullo, would you like

6 to start?

7 REPRESENTATIVE MASSULLO: Yeah.

8 Members, this is a decent amendment. I don't

9 think this is a bad bill. I think this is a good

10 bill. Let me tell you why it's a good bill.

11 You know our words have power. We use our,

12 words, and we try to use our words to inform and

13 educate each other in what we're doing on this floor.

14 But we cannot speak something into existence that

15 doesn't exist. We cannot change our sex. And for

16 those children that this bill addresses, they cannot

17 change their sex, and they need to learn that fact.

18 What this bill does is it allows those

19 children to continue care if the Board of Medicine

20 develops rules that puts parameters around that care.

21 And what they need to do as part of those parameters

22 is consider the side effects of what that care would

23 actually give them.

24 Also, they need to consider psychiatric and

25 psychological counseling which these children need,

1 because we've determined that there's comorbidities
2 associated with this feeling of gender identity issues.

3 This is a mental condition. It's not a
4 physical condition. This is something that we are
5 praying that these children come to the point where
6 they realize their gender and are able to accept
7 themselves.

8 This is a good amendment for those reasons.

9 SPEAKER RENNER: Representative Fine, you're
10 recognized.

11 REPRESENTATIVE FINE: Thank you, Mr. Speaker.

12 And thank you again, Representative Massullo,
13 for doing this bill alongside me.

14 There was a question of why are we doing
15 this, why does it matter. Well, look, evil is always
16 worth taking on, and it always matters.

17 This bill reminds me of the line I want to
18 say to my colleague in the front row: We can't
19 let perfect be the enemy of the good. There are
20 certain things we wanted in our bill. We're not
21 getting them. There's always next year. But what
22 this bill will fundamentally do is it will eliminate
23 the ability for children to be castrated and to be
24 mutilated, and that's what this bill does.

25 I want to tell a couple of stories to wrap

1 up. The highest award you can get in the practice of
2 medicine -- we're often told that, you know, this is
3 all proven and certain and science, science, science,
4 and medicine never changes. Well, the highest award
5 you can get in the practice of medicine is the Nobel
6 Prize in medicine. And medicine sometimes gets it
7 wrong. In 1949, the Nobel Prize in medicine went to
8 the man who invented the lobotomy. The scientists
9 sometimes get it wrong. The entire practice of
10 science is about questioning. It's about proving.
11 It's about testing.

12 And the ultimate proof that we can give you
13 that you should vote for this bill came today. Last
14 Monday my committee voted to issue subpoenas to two
15 organizations that say there's overwhelming
16 consensus-based, science-based support for this
17 so-called gender-affirming care.

18 Now I want you to think back to when you
19 were a kid and you did a science fair project. Were
20 you allowed to put up the project but say, I'm not
21 going to tell you; I'm not going to tell you what
22 proves it; just believe me?

23 When you did a term paper in high school,
24 could you not put your sources: I'm not giving
25 you a bibliography; I'm just right?

1 We issued these subpoenas. If the science
2 was on their side, they would have nothing to hide.
3 But guess what these organizations did? They ran to
4 a court, and they asked for an injunction not to
5 have to show us the so-called science that exists to
6 support this. Why? Because it doesn't exist.

7 This is not science. This is a cult that is
8 focused on the abuse of children. Because if the
9 science existed, they would have been more than happy
10 to show it to us and show us why we are wrong. They
11 hired lawyers that went to court to say, Don't make
12 us have to prove it. Think of the absurdity of that
13 statement.

14 Trans people are not evil. We get accused
15 that we think that. They're not evil. But you know
16 what they are? They're the victims of those who are,
17 who prey on them and who prey on, as Dr. Massullo
18 pointed out, a mental condition to make money selling
19 drugs that costs thousands of dollars and surgeries
20 that can cost even more. They are not evil. They are
21 the victims of evil.

22 I said it two weeks ago, whenever it was
23 when we passed this bill, that there's evil in this
24 world, and there is. And as long as you're in this
25 chamber, you need to fight against that evil. But

1 when you vote for this bill, you're saying there's
2 evil in this world, then today, on this date, we're
3 going to do something about it.

4 Thank you, Members. Let's pass this good
5 bill.

6 SPEAKER RENNER: Representative Fine, having
7 closed, all in favor of the motion, say yea.

8 Opposed, no.

9 Show the motion adopted.

10 The question now recurs on final passage
11 of CS for SB 254 as amended.

12 The clerk will unlock the machine, and
13 the members will proceed to vote.

14 Have all members voted?

15 Have all members voted?

16 The clerk will lock the machine and
17 announce the motion.

18 THE CLERK: 83 yeas, 28 nays, Mr. Speaker.

19 SPEAKER RENNER: Show the bill passes.

20 * * *

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CERTIFICATE OF REPORTER

STATE OF IOWA)

COUNTY OF WARREN)

I, Terri L. Martin, Certified Shorthand Reporter, certify that I was authorized to and did stenographically transcribe the foregoing audio recording to the best of my ability and that the transcript is a complete record of my stenographic notes.

Dated this 14th of August, 2023.

Terri L. Martin, CSR, RPR, CRR

Jane Doe

vs.

Joseph Ladapo

June 23, 2023



Med Def_001623

1

2 JANE DOE,

3 Plaintiff,

4 vs.

5 JOSEPH LADAP0,

6 Defendant.

7

8 CASE NO. 423CV114RHMAF

9

10

11

12

TRANSCRIPTION OF AUDIO RECORDING

13

FLORIDA BOARD OF MEDICINE AND OSTEOPATHIC MEDICINE

14

JOINT RULES/LEGISLATIVE COMMITTEE MEETING

15

JUNE 23, 2023

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TRANSCRIBED AUDIO RECORDING BY:

23

Julie Thompson, CET

24

25 Job No.: 323393

1 Thereupon,

2 The following proceeding was transcribed from an
3 audio recording:

4 * * * *

5 CHAIRMAN ROMANELLO: This Florida Boards of
6 Medicine and Osteopathic Medicine Joint Rules and
7 Legislative Committee meeting to open.

8 Ms. Strickland, can we have a roll call.

9 MS. STRICKLAND: Yes. Mr. Romanello is
10 present.

11 Dr. Ackerman.

12 DR. ACKERMAN: Present.

13 MS. STRICKLAND: Dr. Benson.

14 DR. BENSON: Present.

15 MS. STRICKLAND: Dr. Derick.

16 DR. DERICK: Present.

17 MS. STRICKLAND: Dr. Di Pietro.

18 DR. DI PIETRO: Present.

19 MS. STRICKLAND: Dr. Kirsh.

20 DR. KIRSH: Present.

21 MS. STRICKLAND: Dr. Mortensen.

22 DR. MORTENSEN: Present.

23 MS. STRICKLAND: And Dr. Diamond,

24 Dr. Zachariah, Ms. Garcia, and Dr. Hunter have been
25 excused. Also present are Paul Vazquez, Executive

1 Director of Board of Medicine; Danielle Terrell,
2 Executive Director Board of Osteopathic Medicine;
3 Christopher Dierlam, board counsel; Donna McNulty,
4 board counsel, Cassandra Fullove, senior legal
5 assistant, Cherise Strickland, program operations
6 administrator, and Brad Dalton, public information
7 officer.

8 Chair, you have a quorum.

9 CHAIRMAN ROMANELLO: Thank you.

10 Mr. Vazquez, Ms. Terrell, do we have any
11 comments from either of the executive directors?

12 EXECUTIVE DIRECTOR VAZQUEZ: Yes. Good
13 afternoon. It's Friday, June 23, 2023. The time is
14 1:02 p.m. My name is Paul Vazquez; I'm the
15 executive director of the Florida Board of Medicine.
16 This is a duly noticed Joint Rules/Legislative
17 Committee meeting of the Boards of Medicine and
18 Osteopathic Medicine.

19 This is a public meeting and it's being
20 recorded. The audio will be available on the
21 boards' websites next week. I will now go over some
22 instructions, so this meeting will be successful,
23 and the committee members will be able to take care
24 of the matters that are before them today.

25 There is a court reporter in the meeting.

1 If you speak to the committee, it's important that
2 you state your name for the record. When
3 appropriate, the Chair will ask for public comments.
4 Therefore, please refrain from speaking during the
5 meeting until the appointed time. Please remember,
6 this is a public meeting and is being recorded. Any
7 side conversations may be recorded and become part
8 of the public record. At this time, please silence
9 all electronic devices.

10 The Boards of Medicine and Osteopathic
11 Medicine are apolitical bodies that have the primary
12 mission of protecting the people of the state of
13 Florida. As with any issue before the boards, the
14 board members will look to the available science and
15 appropriate standard of care while putting aside any
16 personal feelings they may have on the issues before
17 them today.

18 I want to take this opportunity to thank
19 the joint committee for its continued efforts to
20 address the requirements of Senate Bill 254 titled
21 Treatments for Sex Reassignment. The governor
22 signed SB 254 into law on May 17, 2023, and it
23 became effective upon signing. The law, as enacted,
24 requires the Boards of Medicine and Osteopathic
25 Medicine to do the following:

1 Adopt emergency rules within 60 days
2 pertaining to standards of practice under which a
3 patient younger than 18 years of age may continue to
4 be treated with a prescription if such treatment for
5 sex reassignment was commenced before and is still
6 active on the effective date of the law.

7 In developing rules under this paragraph,
8 the boards must consider requirements for physicians
9 to obtain informed consent from such patient's
10 parent or legal guardian. For such prescriptions
11 and treatments, the boards must consider the
12 provision of professional counseling services for
13 patients by a board-certified psychiatrist licensed
14 under chapter 458 or chapter 459, or a psychologist
15 licensed under chapter 490, in conjunction with any
16 prescription treatment.

17 The law also requires the boards to adopt
18 emergency rules regarding informed consent forms to
19 inform patients 18 years of age or older of the
20 nature and risks of sex reassignment prescriptions
21 or procedures in order for the patient to make a
22 prudent decision.

23 At a joint rules legislative committee
24 meeting held on June 1, 2023, the following
25 occurred:

1 An emergency rule was developed to attempt
2 to provide a way for patients receiving sex
3 reassignment prescriptions to continue to receive
4 such prescriptions while the boards worked to
5 implement the provisions of section 456.52(1), (2),
6 and (6), Florida statutes.

7 Pursuant to section 456.52 Florida
8 statutes, the committee began the process of and
9 made provision for the development of a standard of
10 practice and informed consents for minors continuing
11 to receive sex reassignment prescriptions, and
12 informed consents for adults who will receive sex
13 reassignment prescriptions and procedures.

14 An interim meeting was scheduled for June
15 23, 2023, at 1:00 p.m., with the intention of
16 completing the emergency rulemaking mandated by
17 section 456.52 Florida statutes.

18 The Boards of Medicine and Osteopathic
19 Medicine approved a modified version of the
20 committee's emergency rule on June 2nd and June 20th
21 respectively. The primary goals of today's joint
22 committee meeting are to final practice standards
23 for minors that were receiving treatment prior to
24 the effective date of the law to continue to receive
25 that treatment; finalize any necessary informed

1 consent forms for minors; and finalize informed
2 consent forms for adults.

3 A subsequent joint virtual meeting of the
4 Boards of Medicine and Osteopathic Medicine has been
5 scheduled for June 30, 2023, at 1:00 p.m. to
6 consider any actions the committee takes today.

7 In terms of how this meeting will be
8 conducted, it is the committee's expectation that we
9 will have a civil discourse while discussing the
10 issues on today's agenda. We require that everyone
11 refrain from making any disruptive comments or
12 taking any disruptive actions during the duration of
13 the meeting. The boards reserve the right to remove
14 any individual who chooses to disrupt the progress
15 of the meeting. Please conduct yourselves
16 accordingly.

17 Public comment will be allowed today as
18 time permits. Appearance cards are located at the
19 table outside of the meeting room. Please return
20 completed speaker cards to board staff at the table
21 in the back of the room. The following guidelines
22 will apply to public comments:

23 Interested parties will be limited to three
24 minutes to provide comment, which may only be
25 extended by the Chair if time permits based on the

1 number of proposed speakers. If an interested party
2 is part of a larger group of persons, you are
3 requested to identify one individual who will speak
4 on behalf of the group if possible. Interested
5 parties may use pseudonyms if they do not wish to
6 identify themselves on the record.

7 The public comment process will be
8 randomized and will be as equitable as possible.
9 However, it's possible that not everyone who wishes
10 to speak will be able to speak given the nature and
11 time constraints of the meeting.

12 If there are any publicly elected officials
13 with us today, please make yourself known to the
14 Chair during public comment to ensure that you have
15 an opportunity to speak. Thank you.

16 CHAIRMAN ROMANELLO: Ms. Terrell, anything?
17 No. Okay.

18 So before we start the discussion, I'd like
19 to provide an overview of the agenda for this
20 afternoon's meeting. The Boards of Medicine and
21 Osteopathic Medicine have been assigned the task of
22 developing an emergency rule pertaining to the
23 establishment of a standard of care for the
24 treatment of gender dysphoria in minors, which
25 includes language to be used in informed consent

1 forms. And two, an emergency rule outlining
2 informed consent procedures for the treatment of
3 gender dysphoria in adults.

4 I'll remind the committee and the members
5 of the public who are here today that these two
6 issues have been thoroughly discussed in a number of
7 public meetings beginning back in August of last
8 year in Dania Beach; in October of '22 in Tampa;
9 again in October in Orlando; in November of last
10 year in Orlando; earlier this year, February, up in
11 Tallahassee; and earlier this month in Tampa.

12 Moreover, the department and the board has
13 received an impressive number of letters and public
14 comments by folks wishing to express their opinion
15 on the rule and which the committees have taken into
16 consideration in forming the emergency rules today.

17 As advised by Mr. Vazquez, we're conducting
18 this emergency rulemaking process in accordance with
19 a statutory framework that requires the adoption of
20 the emergency rule. After today's hearing, we will
21 convene a virtual joint board meeting on June 30th
22 to consider whatever action the committee takes up
23 this afternoon.

24 On behalf of the joint committee and the
25 Department of Health staff that are here, I want to

1 extend a warm welcome to the members of the public
2 that are here today, including any elected office
3 holders who may be here. And I want to give you all
4 an indication of how we're going to proceed this
5 afternoon.

6 So the committee has under and for its
7 consideration six different informed consent forms,
8 and those consent forms are intended for different
9 patient demographics and presentations. And
10 although these forms are somewhat different, there's
11 a lot of overlap among those consent forms. The
12 committee is going to take up a discussion of those
13 consent forms first.

14 Following the discussion on the consent
15 forms, we'll take a short break and then we'll come
16 back, and we will take up a discussion on the two
17 emergency rules that are before us today. At the
18 conclusion of our discussion on the rules, we'll
19 open the meeting for public comment, and we'll take
20 public comment up through 4:30 this afternoon, at
21 which time we'll discontinue public comment, and the
22 committees will vote on whatever proposals are
23 before us. And we'll adjourn today's meeting at
24 5 o'clock.

25 Finally, grateful for the members of the

1 public who are here today, especially those who have
2 come to multiple meetings. Understand that this
3 issue holds significant importance for many people.
4 We appreciate the public comment and the interaction
5 with you, and we'll take your public comments into
6 consideration in the rulemaking process.

7 With that, do any other committee members
8 wish to make comments?

9 DR. ACKERMAN: Mr. Romanello, I would

10 CHAIRMAN ROMANELLO: Yeah. Dr. Ackerman.

11 DR. ACKERMAN: Thank you,
12 Mr. Romanello. And I also want to address the
13 committee and also the public.

14 For those of you who don't know who I am,
15 my name is Scott Ackerman; I'm the chairman of the
16 Florida Board of Medicine. And it's nice to see the
17 public here again today. I took a little walk
18 before the meeting. I went over to Starbucks, and I
19 wanted the lobby and I saw a lot of familiar faces,
20 and you know, welcomed the public who are here
21 today. I'm glad you guys are all here today. It's
22 good. We really do appreciate your input.

23 That being said, we have a lot of work to
24 do. We're mandated to put forth -- as you heard
25 from Mr. Romanello -- put forth consent forms and to

1 debate and to discuss amongst ourselves the nuances
2 of these consent forms. And we really will
3 appreciate your comments at the appropriate time.
4 What we're not going to appreciate is cheering and
5 jeering and that sort of stuff that's not very --
6 it's just disruptive to the meeting. And I'm going
7 to instruct law enforcement, as you can see who is
8 here today, to have anyone removed who participates
9 in those sort of activities.

10 We really want your constructive input, we
11 -- you know, having cheering and jeering and
12 snapping of fingers and those sort of things aren't
13 helpful to us. It just makes the meeting go longer
14 and it makes it so we can't do our job that we need
15 to get done. And we -- again, I want, and I think
16 the whole committee wants, is good, construction
17 comments as to what we can do.

18 Comments such as do away with everything
19 aren't very constructive because we're mandated to
20 do this process. We're mandated to put forth
21 consent forms. So comments saying that we should
22 not have a rule and we shouldn't have consent forms,
23 that's great, bring it up with the legislature, not
24 with us. We're mandated to do this and so please
25 don't take it out on us. We really want to be

1 helpful. We want to put forth a consent form that
2 is reasonable that is able to be enacted by
3 physicians throughout the state, and that's our job
4 today.

5 So again, thank you again for being here,
6 and please -- I want to thank you in advance for
7 participating with us in a meaningful, productive
8 way.

9 Thank you, Mr. Romanello.

10 CHAIRMAN ROMANELLO: Dr. Ackerman, thank
11 you.

12 Any other members of the committee?

13 Okay. So at the last meeting in Tampa
14 earlier this month, we delegated and asked Doctors
15 Mortensen and Benson to help develop one or more
16 informed consent forms. Dr. Mortensen did a lot of
17 the heavy lifting there and aided by Dr. Benson.
18 And I would look to them, as we want to discuss the
19 informed consents first, which one would logically
20 be the best place to start off with?

21 UNIDENTIFIED SPEAKER: Which one would be
22 the best place to start?

23 DR. ACKERMAN: I think we should start with
24 puberty -- we should start with the adolescents,
25 with the minors, and let's go in order. Let's do

1 puberty blockers, then do feminizing, then do
2 masculinizing.

3 CHAIRMAN ROMANELLO: Yep.

4 DR. BENSON: Yeah. I think that makes
5 sense to just follow the order.

6 DR. MORTENSEN: I agree.

7 DR. BENSON: Bates 264 is the first one.

8 CHAIRMAN ROMANELLO: But Doctors Benson or
9 Mortensen, do you want to introduce the concepts
10 here around the informed consents, or do we want to
11 open it up for questions from the fellow committee
12 members?

13 DR. MORTENSEN: So I took a good deal of
14 time, as we have over the last year of all the
15 information that's been provided to us and I've also
16 recently attended the Endocrine Society meeting in
17 Chicago to kind of take all that stuff and see if
18 anything else needed to be updated but I feel this
19 gives a very good representation of what the
20 concerns would be in regards to using puberty
21 suppression agents, or the continuation of them.

22 So more than happy to open it up for
23 discussion if anyone had any questions or concerns
24 about the verbiage or the side effects.

25 CHAIRMAN ROMANELLO: And so again, for

1 members of the committee, this is in the portal
2 under tab one. As Dr. Benson said, at Bates 264.
3 This is the consent for the use of puberty blockers.

4 DR. ACKERMAN: So I can make sure I
5 understand what this is. So Dr. Benson -- so the
6 public understands, as well -- Dr. Benson and
7 Dr. Mortensen each submitted a consent form that
8 they independently put together regarding puberty
9 blockers. In fact, for all of these different
10 things.

11 CHAIRMAN ROMANELLO: Right.

12 DR. ACKERMAN: Then staff took those
13 consent forms and kind of merged them into one. I
14 guess they both probably had a similar theme to them
15 and similar points in them, but then merged them
16 into one form that had -- so we can have one form
17 that we use rather by both the osteopathic
18 physicians as well as the allopathic physicians.

19 CHAIRMAN ROMANELLO: Yep.

20 DR. ACKERMAN: So that's what we have
21 before us. And I can tell you that I've thoroughly
22 looked through these forms over the last week and a
23 half --

24 EXECUTIVE DIRECTOR VAZQUEZ: I'd add one
25 other thing. So yes, DOH staff merged those two,

1 but also, the AG's office merged those two but also,
2 the AG's Office review them, as well.

3 DR. ACKERMAN: Attorney General's Office.

4 UNIDENTIFIED SPEAKER: Mr. Chairman?

5 DR. ACKERMAN: But that was all merged and
6 that's what we have in front of us today is this
7 merged entity that was done by Benson and Mortensen
8 independently and the staff put together.

9 CHAIRMAN ROMANELLO: Yes.

10 DR. ACKERMAN: And I can say that I've
11 looked through regarding the puberty blockers. I
12 think it's very -- you guys did a yeoman's work.
13 It's very, very thorough. It goes through -- you
14 know, for me, it reminds me of a lot of the consent
15 forms that I use in my practice when I have patients
16 that are involved in cancer treatment, especially
17 ones that are involved with getting multiple
18 different drugs and radiation. In that it's not
19 just a general consent form where you're signing
20 away -- you're signing not waiver. You're signing
21 saying, "I accept puberty blockers." But it's going
22 through each of the benefits, and risks of those
23 puberty blockers, and what one could accept over
24 time.

25 And I use the same sort of things in my

1 practice in those patients that are being put on --
2 we have a lot of patients in clinical trials. As
3 you guys know, I use proton radiation and it's very
4 complex stuff, I think. For me it's complex too.
5 And so with our patients, we go through all those
6 sort of things.

7 So I think that -- at first, I looked at it
8 and said, woah, this is a bit thorough, but after I
9 digested it a bit, I said, no, it's not. It's
10 really very similar to what I do in my cancer
11 practice. So I like this.

12 Turn on your mic.

13 DR. KIRSH: I echo that very much. I just
14 have a question. There's some holes in, or blanks
15 in it. Is that something for us to deal with or is
16 that what you're going to point out because there's
17 an inconsistency?

18 ATTORNEY MCNULTY: I think there's one on
19 page 1 of 8, regarding options. Is that the one
20 you're referring to, Dr. Kirsh?

21 DR. KIRSH: As an example, yes.

22 ATTORNEY MCNULTY: Yeah. I think that's
23 the only one in this form, and that's the same one
24 -- it flows through a number of forms. So to the
25 extent you -- and this would be true for any of the

1 changes that flow through all the forms. If you
2 change one thing, just make clear that you want it
3 changed on all the forms, so that way you don't
4 necessarily need to repeat it, and we'll flow
5 through those changes. And that's an option if the
6 minor does not want to continue treatment or the
7 adult doesn't want to continue treatment with said
8 medicine.

9 DR. ACKERMAN: So is that blank meant to be
10 filled in by the physician?

11 ATTORNEY MCNULTY: No, no. It's --

12 DR. ACKERMAN: Oh, okay. I read it as to
13 be filled in by the physician.

14 CHAIRMAN ROMANELLO: To answer your
15 question, you're right. That needs to be addressed
16 by the committee today and those blanks would need
17 to be filled in by the committee in the discussion
18 today.

19 DR. ACKERMAN: But that's the only blank
20 that's on each form. It's the same blank as on that
21 page --

22 ATTORNEY MCNULTY: Correct.

23 DR. ACKERMAN: -- of each form.

24 ATTORNEY MCNULTY: Correct.

25 CHAIRMAN ROMANELLO: Dr. Derick.

1 DR. DERICK: So in addition to this form,
2 it doesn't preclude a physician from providing
3 additional informed consent that they would --

4 ATTORNEY MCNULTY: Absolutely.

5 DR. DERICK: Because if there was something
6 that a physician would like to convey to a patient,
7 whether it be benefit or a risk, that could be a
8 supplemental consent form. So this is required as
9 the minimum.

10 ATTORNEY MCNULTY This is the mandatory,
11 that's correct. That's a good point. Nothing
12 prohibits a physician from having a supplemental --

13 DR. ACKERMAN: And that's consistent with
14 what physicians do. When I have patients in
15 clinical trials, we have a separate consent form for
16 the clinical trial, and we still use our regular
17 consent form.

18 DR. DERICK: The second thing I have a
19 question is related to the requirements to receive
20 the treatment. You know, the word prescribing
21 physician is used. "Undergoes an evaluation by the
22 prescribing physician at least every three months."
23 From a practical perspective, what happens if that
24 physician was on maternity leave or something else?
25 Is it not able to delegated to someone who is

1 covering for that physician or how is that going to
2 be contemplated?

3 ATTORNEY MCNULTY: But wouldn't that person
4 covering for them be a prescribing physician?

5 DR. DERICK: They wouldn't be -- that's a
6 good point, actually, Donna. If they prescribed the
7 medication, does that make them the prescribing
8 physician or it's the person who gave informed
9 consent discussion with that patient and originally
10 prescribed the medication?

11 ATTORNEY MCNULTY: I think in terms of who
12 is signing the form has to be the prescribing
13 physician, and the continuation of treatment is a
14 different issue, right. But if they're prescribing,
15 they have to be a physician, per statute.

16 DR. DERICK: So a patient comes in and sees
17 Dr. Jones in person, informed consent is signed.
18 And then three months later, Dr. Jones is on
19 maternity leave and needs to evaluate the patient,
20 but Dr. Smith then is the prescribing physician who
21 will write the prescription and then evaluates the
22 patient. Is that the understanding?

23 DR. ACKERMAN: Could you tell us where you
24 see this? What Bates page?

25 DR. DI PIETRO: It's on 265, and I think

1 she's referring to number --

2 DR. BENSON: Eight.

3 DR. DI PIETRO: Seven.

4 DR. BENSON: Or sorry, seven, yeah.

5 DR. DI PIETRO: I think Dr. Derick's point
6 is the way it's read, and I understand that can be
7 read two ways, but the way it reads now is the
8 original prescribing physician is the physician that
9 has to evaluate the patient at least every three
10 months. And to her point, if the original
11 prescribing physician is on maternity leave or on
12 vacation, how do you rectify that that prescribing
13 physician originally cannot see that patient? So do
14 we change "the" to "a" or --

15 DR. ACKERMAN: "Their."

16 DR. DI PIETRO: -- "their." "Their
17 prescribing physicians," maybe.

18 ATTORNEY MCNULTY: Does it have to be a
19 prescribing -- who do you want to -- could it be "a
20 physician"?

21 UNIDENTIFIED SPEAKER: I mean, it's true it
22 is sort of redundant. A physician is able to
23 prescribe as part of their job, so if it -- the way
24 that I read it, it sounded like the original person
25 for whom they did the consent form with.

1 DR. DI PIETRO: That's the way I read it,
2 too.

3 DR. BENSON: That's the way it's written.

4 UNIDENTIFIED SPEAKER: That is the way it's
5 written, so --

6 DR. ACKERMAN: You don't want to tie it to
7 just that physician because there's
8 multi-physician groups.

9 UNIDENTIFIED SPEAKER: Right.

10 UNIDENTIFIED SPEAKER: So Dr. Derick, would
11 you --

12 DR. DI PIETRO: I would say, I think, if
13 I'm reading it, if I read "a" or if I read -- I
14 think "a" could be kind of any physician. I would
15 write "their prescribing physicians," then you
16 incorporate anyone that could be in their practice.

17 CHAIRMAN ROMANELLO: I'm seeing nods from
18 "covering physicians."

19 DR. ACKERMAN: I don't like covering
20 physicians --

21 CHAIRMAN ROMANELLO: No, no. I'm not
22 saying the term, I'm asking the question. What
23 about covering physicians? So if they're not in the
24 same practice, and they cover your practice.

25 DR. DI PIETRO: But then that would still

1 be -- I mean, that patient is still under your care,
2 so it would still be part of "their physicians."

3 Right. If you write a prescription, legally,
4 they're under your care.

5 DR. ACKERMAN: Correct.

6 UNIDENTIFIED SPEAKER: If a patient decided
7 to switch doctors though, if we wrote it that way
8 then they couldn't continue with their new physician
9 because they're not part of that group.

10 DR. DI PIETRO: Okay. I mean, "a" --

11 DR. ACKERMAN: Couldn't you say something
12 like -- what type of physician is this? Is this a
13 physician who is treating gender dysphoria, right?
14 So could you say that in there? Because you don't
15 want them to just call some other random physician
16 and get some other random physician, an orthopedic
17 physician, you know. But you want a physician who
18 is actually treating their gender dysphoria, whether
19 it's their original one or their designate.

20 When I go on vacation, my partner does it.
21 Or maybe I'm a solo practice and I got some guy
22 across town that covers for me. But that guy
23 covering for me is still, I'm going to have someone
24 who, like me, treats gender -- if I was treating
25 gender dysphoria, I would have one of my buds who

1 treats gender dysphoria across town, you know, cover
2 for me.

3 DR. DI PIETRO: I think that's a very good
4 point, Dr. Ackerman. It really should be someone
5 who is experienced within gender dysphoria, not
6 someone's primary care physician.

7 DR. ACKERMAN: Right.

8 DR. DI PIETRO: I think that's the essence
9 of --

10 DR. ACKERMAN: So maybe saying, "Undergoes
11 evaluation by a gender dysphoria physician at least
12 every three months." A gender dysphoria physician.
13 A physician who specializes in gender dysphoria.

14 UNIDENTIFIED SPEAKER: That could be very
15 difficult because, you know --

16 DR. KIRSH: There's no --

17 DR. DI PIETRO: There's no board for that.

18 DR. KIRSH: -- there's no board for that.
19 How do you rectify that?

20 DR. ACKERMAN: I know.

21 DR. KIRSH: So I mean, it's what your
22 experience is and what you feel comfortable as, so
23 that's certainly limiting, you know, a population
24 from being taken care of. Maybe there's another
25 term that we can use.

1 DR. DI PIETRO: Could you just say, "a
2 physician who regularly treats gender dysphoria
3 patients"?

4 DR. ACKERMAN: Yeah.

5 UNIDENTIFIED SPEAKER: You know, that's --

6 DR. ACKERMAN: You wouldn't want someone
7 covering for you who doesn't do that because if the
8 drugs need to be tweaked, he's an orthopedic
9 surgeon, you know. As an absurd example.

10 DR. DI PIETRO: I just think the essence of
11 what it's trying to get at is the person -- and I
12 understand why we're having the discussion from the
13 beginning with -- you know, from what Dr. Derick is
14 saying. But the essence of what it's supposed to be
15 is the person who is prescribing it is supposed to
16 be following up with the patient, unless there's
17 something that happens, in which case, they can't.

18 I just hesitate to change it to where it's
19 like, "Well, they could go see this doctor this
20 month because they're a gender dysphoria doctor, or
21 this doctor this month because they're dysphoria
22 doctor." I want to keep the essence of it that
23 really, unless something happens, that it should be
24 the physician who is prescribing it on a regular
25 basis. Do you see what I'm saying?

1 DR. DERICK: Yeah. Continuity --

2 DR. DI PIETRO: It's just hard to make it
3 work.

4 DR. DERICK: Yeah. Continuity of care is
5 very important, I just get concerned with the
6 logistics of appointments and making sure that the
7 patients can fall within the window in order to get
8 the medication.

9 DR. DI PIETRO: Or, you know, maybe
10 someone's insurance changes and they can't see that
11 physician anymore, they have to see a different
12 physician. So we've just got to figure out a way to
13 make it work where it reads that it's the current
14 treating physician.

15 DR. ACKERMAN: Right. And you may be
16 current for just a week because someone is on
17 vacation, but you're still the treating physician.
18 And you're covering for someone, and you write a
19 prescription, you have full responsibility. That's
20 if you're the primary physician. You know, and
21 so --

22 DR. DI PIETRO: Well, how about
23 "prescribing physician or their designated
24 coverage"?

25 CHAIRMAN ROMANELLO: I like that.

1 DR. DI PIETRO: "Every three months."

2 DR. ACKERMAN: I'm good with that.

3 ATTORNEY MCNULTY: Or "their designated
4 coverage physician"?

5 DR. DI PIETRO: Yes. "Designated covering
6 physician." Covering. Because when you go away,
7 right, you designate someone to cover you, right? I
8 mean, I do.

9 DR. ACKERMAN: You have to.

10 DR. DI PIETRO: It's not some fly by night
11 thing, right. So --

12 DR. ACKERMAN: But generally when they --
13 if they're going to -- in my area, if they're going
14 to be prescribing radiation treatment when I'm not
15 there, they don't just do what I wrote down on the
16 piece of paper. They actually do an evaluation and
17 make sure that a lot of the work is already done,
18 but they see the patient.

19 CHAIRMAN ROMANELLO: Absolutely.

20 DR. ACKERMAN: Because otherwise, I could
21 have made a mistake and they could be treating the
22 wrong side, the wrong breast, the wrong --

23 DR. DI PIETRO: Then that would cover it
24 though, right? Because it's saying that they have
25 to undergo an evaluation. So "undergoes an

1 evaluation by the prescribing physician or their
2 designated coverage -- or the designated covering
3 physician every three months."

4 DR. ACKERMAN: Yeah. I like that.

5 UNIDENTIFIED SPEAKER: I go for that.

6 DR. ACKERMAN: So someone just doesn't call
7 it in, they have to actually see the patient.

8 UNIDENTIFIED SPEAKER: Right.

9 DR. DERICK: Well, that's the question I
10 had is define evaluation. Is that something that
11 could be done over -- the first one for sure in
12 statute has to be in person, but these follow up
13 visits, is it permissible or desirable to have all
14 of those be in person or is it permissible to have
15 the evaluation done via telemedicine?

16 DR. ACKERMAN: Well, that number seven
17 doesn't say in person, it just says evaluation.

18 CHAIRMAN ROMANELLO: Right.

19 UNIDENTIFIED SPEAKER: Every three months.
20 So just every three months.

21 CHAIRMAN ROMANELLO: And the statute does
22 address certain elements that have to be in person
23 prior to a new prescription being issued but as you
24 pointed out, the every three month, the statute
25 doesn't address, so it would not --

1 DR. DI PIETRO: So then my opinion on that
2 -- and thank you, Dr. Derick for bringing that up
3 too -- would be a sub under seven or after that
4 semicolon "with at least one in person visit
5 annually." So it can't just be telehealth in
6 perpetuity. I mean, we do that in primary care. I
7 require my primary care patients to come in and see
8 me once a year, so -- so "undergoes an evaluation by
9 the prescribing physician or a dedicated covering
10 physician."

11 UNIDENTIFIED SPEAKER: "Designated."

12 DR. DI PIETRO: Sorry. "Designated
13 covering physician at least every three months, with
14 one in person visit annually, in minimum." Or
15 something along those lines.

16 ATTORNEY MCNULTY: I thought you had, "with
17 at least one in person visit annually."

18 DR. DI PIETRO: Yes.

19 DR. BENSON: Well, I think though, part of
20 this is being -- if you read like the 2017 Endocrine
21 Society Guidelines, they specify certain things that
22 are supposed to happen at three months, such --
23 every three to six months, like anthropometry,
24 height, weight, sitting height, blood pressure,
25 tanner staging. So some of these things --

1 DR. ACKERMAN: Well, that would be in
2 person with the physician.

3 DR. BENSON: Yeah. But you can't
4 practically do that very easily virtually, you know,
5 most of these are done -- these kind of exams in
6 endocrinology are done in person.

7 DR. ACKERMAN: By the physician or by
8 the --

9 DR. BENSON: By the physician.

10 CHAIRMAN ROMANELLO: I don't think you're
11 taking away from it. I mean, I don't think you're
12 taking away from that, it's just giving the option.
13 You may practice differently than somebody else.
14 You know, I'm just wondering if that would, you
15 know, kind of limit --

16 DR. BENSON: Yeah.

17 CHAIRMAN ROMANELLO: You've got to worry
18 about access.

19 DR. BENSON: Well, I think maybe then a
20 simpler way to get around this would be say "every
21 three to six months." Give some flexibility there.
22 So if there's -- you know, if that's adhering with
23 the Endocrine Society Guidelines as far as what
24 evaluations are supposed to be done, and having a
25 range I think makes a lot more sense than just every

1 three months.

2 ATTORNEY MCNULTY: If you mean six months,
3 then say six months. Because remember, this is a
4 rule and it's -- if you have a range --

5 DR. BENSON: Well, the rule would be every
6 three to six months.

7 ATTORNEY MCNULTY: But then say, "at least
8 every six months."

9 EXECUTIVE DIRECTOR VAZQUEZ: Right.
10 Because from a prosecutorial standpoint, that's the
11 same as saying every six months, because saying
12 three to -- it could be every month, that still
13 would qualify as every six months. So we make get a
14 (indiscernible) letter if you include the "three to
15 six months." That's all.

16 UNIDENTIFIED SPEAKER: I just think it's a
17 little different for the adult population than the
18 pediatric population. I think for the adult
19 population doing the telemedicine visits are
20 appropriate, but for pediatrics, we do need height
21 measurements that tells you whether they're breaking
22 through therapy or what their final outcome is going
23 to be. And physical exams for pubital staging
24 cannot be done via telemedicine, and that's vital in
25 these assessments. So I think I'd rather stick to

1 what Dr. Benson is saying the "at least six months."

2 ATTORNEY MCNULTY: Right now you have three
3 months. So --

4 DR. DI PIETRO: Oh, I think they wanted to
5 change it to "in person at least every six months."

6 UNIDENTIFIED SPEAKER: Yeah. That makes
7 sense.

8 DR. ACKERMAN: Versus annually.

9 UNIDENTIFIED SPEAKER: Versus annually,
10 yes.

11 DR. ACKERMAN: The same language,
12 (indiscernible).

13 CHAIRMAN ROMANELLO: And that's for
14 pediatric patients, not for adults.

15 ATTORNEY MCNULTY: One in person visit
16 every six months?

17 DR. DERICK: At least every six months.
18 Because then if the doctor decided at three months
19 it was required to come in, then they could make
20 that decision.

21 DR. DI PIETRO: So it would be "undergoes
22 an in-person evaluation by the prescribing physician
23 or" -- what did we say -- "designated covering
24 physician at least every six months."

25 UNIDENTIFIED SPEAKER: Sorry to harp on

1 this just a little bit but if the patient switches
2 doctors, then to me, they would not be able to --
3 that's not the prescribing physician or the covering
4 physician.

5 DR. ACKERMAN: No, it's a new prescribing
6 physician.

7 DR. DI PIETRO: So then it would meet the
8 criteria.

9 ATTORNEY MCNULTY: So there's no need to
10 see the patient then for an evaluation in under six
11 months. Is that what I'm hearing? Because now you
12 want it --

13 DR. BENSON: Yes. Every six months.

14 ATTORNEY MCNULTY: So "undergo an
15 evaluation by the prescribing" --

16 DR. BENSON: "In person evaluation by the
17 prescribing physician or their designated covering
18 physician" -- is that the right --

19 UNIDENTIFIED SPEAKER: Yes.

20 DR. BENSON: -- "at least every six
21 months."

22 CHAIRMAN ROMANELLO: Getting nods.

23 DR. ACKERMAN: Endochronologists like that?

24 DR. DI PIETRO: Yes.

25 CHAIRMAN ROMANELLO: And just to clarify,

1 that's for minors, right?

2 UNIDENTIFIED SPEAKER: Yeah.

3 CHAIRMAN ROMANELLO: Okay. Thank you.

4 Dr. Derik, have we --

5 DR. DERIK: Yeah. I think it's -- we've

6 decided in person, the frequency seems reasonable.

7 If somebody wanted to do it more frequently, they

8 could. But it gives them flexibility to schedule

9 out.

10 DR. ACKERMAN: Someone else can cover.

11 DR. DERIK: Someone else can cover. It

12 seems more flexible and will allow --

13 CHAIRMAN ROMANELLO: Got it. Hey, let's

14 go --

15 ATTORNEY MCNULTY: And before you leave

16 this, do you want that to flow through all of the

17 forms for the minors?

18 UNIDENTIFIED SPEAKER: For the minors, yes.

19 DR. ACKERMAN: For the minors, yeah.

20 DR. BENSON: Not adults but minors.

21 DR. ACKERMAN: Do we need a motion for that

22 amendment? We don't have a motion for this. So why

23 don't we do this, why don't we move to accept this.

24 We're not going to vote until the very end.

25 UNIDENTIFIED SPEAKER: Right, right.

1 CHAIRMAN ROMANELLO: But we have to first
2 have a motion with a second, then we can make
3 amendment -- vote on the amendments, then eventually
4 have the last motion which would be the amended
5 original motion. Is that by Robert's Rules of
6 Order?

7 ATTORNEY MCNULTY: Well, we don't do
8 Robert's Rules, but yes. You can do that.

9 DR. ACKERMAN: Whatever rules of order, the
10 state rules of order.

11 DR. BENSON: Well, we can come back at the
12 end and talk about the consents as amended.

13 ATTORNEY MCNULTY: Yes.

14 DR. BENSON: You don't have to go through
15 every --

16 DR. ACKERMAN: Oh, that's fine. So I would
17 like to make the motion to amend it.

18 ATTORNEY MCNULTY: Or how about you just
19 vote on each of these changes that you flow through
20 as you go.

21 DR. ACKERMAN: Right.

22 ATTORNEY MCNULTY: And that way it's
23 clear --

24 DR. ACKERMAN: So I'm making a motion to
25 amend this with that change that we just said.

1 CHAIRMAN ROMANELLO: Is there a second?

2 UNIDENTIFIED SPEAKER: Second.

3 CHAIRMAN ROMANELLO: All in favor?

4 (Unanimous ayes)

5 Opposed?

6 It carries.

7 ATTORNEY MCNULTY: And just to clarify your
8 question, that covers all of this language in all of
9 the minor forms, correct?

10 CHAIRMAN ROMANELLO: Correct.

11 So if we can go back to Bates 264, there is
12 a blank that needs to be filled in in terms of
13 options.

14 DR. ACKERMAN: I like it when we have
15 multiple choice. Dr. Benson, can you give us some
16 multiple choices of words as to how you would fill
17 in that blank? I think I like true false better
18 than multiple choice.

19 DR. MORTENSEN: I didn't really see any
20 other options but left it open if anyone else had
21 any other insight.

22 DR. ACKERMAN: That's true false. False.

23 DR. BENSON: I mean, unfortunately, we
24 don't have studies to say -- there's no controlled
25 studies that say --

1 CHAIRMAN ROMANELLO: Dr. Mortensen, could
2 we just strike that? Another option is blank and
3 strike that language?

4 DR. MORTENSEN: Then you would probably
5 have to take out the word "one" at the beginning of
6 the paragraph.

7 DR. KIRSH: Yes.

8 DR. BENSON: I think it's implying that --

9 DR. ACKERMAN: I would change it -- there
10 may be other options you could discuss with your
11 physician.

12 DR. BENSON: -- no medical treatment is an
13 option for some people, and then some people do
14 choose that.

15 DR. ACKERMAN: Choose what?

16 DR. BENSON: Don't go through with hormonal
17 treatment always.

18 DR. ACKERMAN: Well, could you just say
19 there, instead of "another option is," say, you
20 know, "Other options can be discussed with your
21 physician"?

22 DR. BENSON: Yeah. I think that would be
23 fine.

24 DR. ACKERMAN: One option is "psychological
25 therapy" -- "other options can be discussed with

1 your physician." I don't know what other options
2 there are but maybe some practitioner has some other
3 options. Diet, I don't know.

4 CHAIRMAN ROMANELLO: So the proposed
5 modification is to strike "another option is," and
6 substitute in --

7 DR. ACKERMAN: "Other options may be
8 discussed with your physician."

9 CHAIRMAN ROMANELLO: Is there a motion for
10 that?

11 DR. ACKERMAN: So moved.

12 CHAIRMAN ROMANELLO: Dr. Ackerman.

13 DR. KIRSH: Second.

14 CHAIRMAN ROMANELLO: Second by Dr. Kirsh.

15 DR. ACKERMAN: And I move that that goes
16 through --

17 CHAIRMAN ROMANELLO: All through the --
18 yep.

19 ATTORNEY MCNULTY: And that would be all
20 the -- and the adults? This one?

21 DR. ACKERMAN: That one all -- both adults
22 and minors.

23 ATTORNEY MCNULTY: Correct.

24 CHAIRMAN ROMANELLO: All in favor?

25 (Unanimous ayes)

1 Opposed?

2 Motion carries.

3 DR. BENSON: So Bates 266 --

4 ATTORNEY MCNULTY: Before --

5 DR. BENSON: A question?

6 CHAIRMAN ROMANELLO: Dr. Benson?

7 DR. BENSON: So this phrase is kind of used
8 throughout the consent forms. I would say it's
9 similar in all the consent forms. It's not
10 identical in the youth and adult consent forms. But
11 it talks about that they're not FDA approved for
12 this treatment. And I think there should be some
13 language in there that, you know, we don't have a
14 lot of long-term perspective trials.

15 Most of the trials within interventions are
16 only going out 18 months, 2 years, and some have
17 reported very serious adverse events that have
18 happened in the population of kids, such as in the
19 Trans Youth Care study that just got published
20 earlier this year where they had 2 completed
21 suicides and 11 with, you know, suicidal ideation
22 and some other adverse outcomes.

23 But I think we need to maybe just include a
24 few paragraphs or a few sentences in this section
25 just to make it very clear that these therapies are

1 somewhat outcome indeterminate and there's a, you
2 know, high risk of potential side effects that we
3 just don't have a lot of research to support.

4 CHAIRMAN ROMANELLO: So two things.
5 Dr. Benson, if you can get closer to your mic,
6 please.

7 DR. BENSON: Oh, sorry.

8 CHAIRMAN ROMANELLO: That's good.

9 DR. BENSON: Yeah. Just something that
10 basically illustrates that these -- you know, it's
11 based on limited data. That we've seen some
12 improvement in psychological functioning in
13 short-term studies, but we have, you know, other
14 things that in longer term where people have reports
15 of, you know, adverse outcomes. And that I think
16 it's important that people understand the profound
17 uncertainty regarding the benefits and risks of
18 these medical therapies is -- there's somewhere we
19 just say that very clearly that we just don't -- you
20 know, this is speculative data that these therapies
21 are based on.

22 ATTORNEY MCNULTY: Maybe we can add that
23 further on the next one where it says, "Risks, the
24 adverse effects, and safety of puberty blockers used
25 for the treatment of gender dysphoria in minors is

1 not well known."

2 DR. BENSON: Yeah.

3 ATTORNEY MCNULTY: And then maybe add on,
4 "There's been limited data."

5 DR. BENSON: Yeah. That would be a good
6 place. I did provide some wording to the staff
7 earlier that maybe would be potential wording that
8 could be used.

9 ATTORNEY MCNULTY: I would suggest if it's
10 in this section where you are signing something off,
11 it would be like one sentence, something succinct.
12 Otherwise, I think a more appropriate place -- and
13 you would have to provide the exact wording -- would
14 be on page 1 of that form, second paragraph where
15 they talk about the off-label use from the FDA in
16 the beginning of the document.

17 DR. ACKERMAN: You mean 264?

18 ATTORNEY MCNULTY: Yes.

19 DR. BENSON: Are you talking about under
20 the second question?

21 ATTORNEY MCNULTY: Yes.

22 DR. BENSON: So yeah, so you know, I think
23 we just need to put in there --

24 ATTORNEY MCNULTY: Put in which section?

25 DR. BENSON: Put something in there that

1 just makes it very clear that these practices are --
2 we don't have extensive long-term data. We
3 definitely don't have controlled studies. So you
4 could use something like, you know, "Medical
5 treatment of children and adults with gender
6 incongruence is based on very limited data with only
7 subtle improvements seen in some patients'
8 psychological functioning, in some, but not all
9 research study. This practice is speculative, you
10 know." And then you could say --

11 CHAIRMAN ROMANELLO: Dr. Benson, where are
12 you reading from?

13 DR. BENSON: Sometime I wrote.

14 CHAIRMAN ROMANELLO: Okay. So we're going
15 to attempt to incorporate or consider what you're
16 reading but you've got to go a little slower.

17 DR. BENSON: Oh, I'm sorry.

18 CHAIRMAN ROMANELLO: Because you've got to
19 lawyers here and you've got the staff sprinkled all
20 over the place, right.

21 DR. ACKERMAN: I want to understand. We're
22 putting this into the preamble, if you will.

23 DR. BENSON: Yes.

24 ATTORNEY MCNULTY: But on page 264, that's
25 where you're talking about, Dr. Benson; is that

1 correct? On the middle of the page where the
2 paragraph that begins, "Pediatric endocrinologists"?

3 DR. BENSON: Yeah.

4 ATTORNEY MCNULTY: At the bottom of that
5 paragraph?

6 DR. BENSON: I mean, I think it could go
7 right at the top under "Patient information,
8 informed parental consent, and assent for minors."
9 You could put a paragraph there or you could put it
10 under the second one. I just think it needs to be
11 clear from the onset.

12 ATTORNEY MCNULTY: I think it -- you are
13 the doctors, but it seems like it would go where
14 you're talking about, the off-label use.

15 DR. DI PIETRO: I see it going as a second
16 box under that.

17 DR. ACKERMAN: No, no. We're in the
18 preamp, page 264.

19 ATTORNEY MCNULTY: No, not in the box. In
20 the explanation second.

21 DR. DI PIETRO: Well, I think it should go
22 in the boxes.

23 CHAIRMAN ROMANELLO: Let me ask, Matt. The
24 concept that you're introducing is that the
25 off-label use is not the product of --

1 DR. BENSON: I don't know that most people
2 understand what that really means --

3 CHAIRMAN ROMANELLO: Right.

4 DR. BENSON: -- who are not physicians,
5 scientists, et cetera. I just think we need to be
6 explicit about what we know and what we don't know.

7 CHAIRMAN ROMANELLO: So you want to
8 highlight the fact that the off-label use is not
9 predicated upon robust research and data. Is
10 that --

11 DR. BENSON: Yeah. It's not based on the
12 best kinds of quality data that typically would
13 underpin therapies that have significant risks
14 associated with them.

15 CHAIRMAN ROMANELLO: All right. So before
16 we decide where it goes, can we talk about the
17 language that you are proposing, and then maybe we
18 can figure out where it might best go into the form.
19 So again, for the lawyers who are going to scribble
20 this down, not me, can you walk us through that
21 proposed language?

22 DR. BENSON: I mean, you know, I wrote
23 about eight sentences here. I don't know if you
24 want me to read through it all?

25 CHAIRMAN ROMANELLO: So did you provide

1 that --

2 DR. BENSON: I did. They have a Word
3 document with it in there. Yes.

4 DR. ACKERMAN: Can you put it in one simple
5 sentence? Because the thing is, we're saying this
6 is off-label use. Now, I know that people pooh-pooh
7 off-label use because we prescribe medications all
8 the time for off-label use. So people do pooh-pooh
9 that. And I think that what you're saying is we
10 need something stronger in there that, although this
11 off-label use, this isn't just off-label use, you're
12 saying. This isn't just off-label use, but this is
13 off-label use that is not completely studied and
14 that, in fact, the studies that are out there are
15 mixed, and many of those studies have shown adverse
16 outcomes.

17 DR. BENSON: Okay. Let me give you this.
18 This would be a few sentences, okay.

19 DR. ACKERMAN: Okay.

20 DR. BENSON: "Medical treatment of children
21 and adults with gender incongruence is based on
22 very" --

23 CHAIRMAN ROMANELLO: Slow it down.

24 DR. BENSON: Oh, sorry. "Medical treatment
25 of children and adults with gender" -- I guess we

1 should stick with gender dysphoria because that's
2 what we've been consistent with -- "is based on very
3 limited, poor-quality research with only subtle
4 improvement seen in some patients' psychological
5 functioning, and some, but not all, research
6 studies. This practice is purely speculative, and
7 the possible psychological benefits may not outweigh
8 the substantial risks of medical treatments, and in
9 many cases, the need for lifelong medical
10 treatments." Something like that.

11 DR. DI PIETRO: How many sentences was
12 that?

13 DR. BENSON: It's three. I mean, you
14 know --

15 CHAIRMAN ROMANELLO: So first, I would look
16 to the committee to see if there's consensus that it
17 makes sense to include that language or add that
18 language to the consent.

19 DR. BENSON: And the way I intentionally am
20 writing this is it's something that could apply to
21 both. It would be the same form for all adult and
22 pediatric.

23 CHAIRMAN ROMANELLO: And to keep them on
24 their toes, I'm going to ask Donna or Paul to read
25 it back to us. No, I'm not. But do we have

1 consensus that type of disclaimer or addition to the
2 informed consent is appropriate?

3 DR. DI PIETRO: I don't have a problem with
4 it, I just feel like if we look at, on Bates 264,
5 what we should all be looking at, "What are
6 different medications that are used to suppress
7 puberty," second paragraph, halfway through. "None
8 of the medications have been approved by the FDA to
9 be used in minors with gender dysphoria, due to lack
10 of X, Y, Z." "Due to lack of randomized control" --
11 however you want to -- but you can -- I think you
12 can simply all of that into about 10 words.

13 DR. BENSON: All I'm saying is I think it
14 should be a few lines that are very explicit in the
15 beginning. If you've ever gone over consent forms
16 with people, you need to give them enough time to go
17 through it. There's a lot in this to digest. And
18 people get tired after reading very long consent
19 forms, especially when they have long lists of side
20 effects that are nonspecific. I try to avoid that.
21 So I think just having something explicit in the
22 beginning would be helpful.

23 DR. ACKERMAN: Well, I agree. I really
24 agree with Dr. Di Pietro. I think that putting it
25 in that spot that she just identified, in 8 words or

1 less, or 10 words or less would be fine. Because
2 later on in the document, it goes through all those
3 specific things. And I don't want to get too crazy
4 now with all this stuff in the beginning saying that
5 there's poor studies and there's all sorts of crazy
6 outcomes and that sort of stuff. Because we have in
7 here a few pages later, "itchy eyes, ringing in the
8 ears, pain in the eyes, nausea," all that sort of
9 stuff is all there. All that stuff is there.

10 I think it's over -- a little bit
11 overreaching or a little bit overkill to put too
12 much of that in the beginning. But I agree with
13 Dr. Di Pietro in that second paragraph, the one that
14 begins with, "Pediatric endocrinologists." Putting
15 it in there would be very appropriate, just make it
16 shorter.

17 ATTORNEY MCNULTY: And while you are
18 thinking of what to fill in that space, in the
19 actual signature blocks where the parental consent,
20 under number two it says, "I know there may be other
21 unknown short-term and long-term effects or risks."

22 DR. ACKERMAN: I'm sorry, where are you?

23 ATTORNEY MCNULTY: I'm on the last -- on
24 page 6 of 8 where the parent --

25 DR. ACKERMAN: Give me the Bates number,

1 please.

2 UNIDENTIFIED SPEAKER: 269.

3 DR. ACKERMAN: Thank you. I'm sorry
4 because we have a different format. I know you have
5 it printed out.

6 ATTORNEY MCNULTY: I know, I just printed
7 it out.

8 DR. ACKERMAN: I know. 269. Go ahead.

9 ATTORNEY MCNULTY: On number two it says --
10 as part of the last sentence, it says, "The
11 information provided to me in the form and by the
12 prescribing includes the known effects and risks of
13 treatment with puberty blockers. I know that there
14 may be other unknown short-term and long-term
15 effects or risks." Just so you all know that that's
16 -- that they're signing to that, as well, while
17 you're thinking about how to fix that other
18 paragraph, if that's what you want to do.

19 DR. BENSON: I think it's important, too,
20 you understand a lot of these could be 8, 9, 10 year
21 old children who are undergoing this treatment, and
22 I just think for kids, I was on the IRB in my role,
23 I mean, you have to make things simple and clear.
24 Because these are for young kids, and especially the
25 ones --

1 DR. ACKERMAN: So do we want to put this
2 language in the beginning in the preamble? And I
3 think what Donna is saying is that we also have that
4 here. But I think Dr. Benson has a good point and I
5 think we should put some more stronger language in
6 the preamble. And again, I'll say what I said
7 before, I think Dr. Di Pietro's idea of putting it
8 in the middle of that paragraph is --

9 ATTORNEY MCNULTY: I need to know what to
10 -- what do you want -- I mean, what are the words?

11 DR. DI PIETRO: Well, I mean, I was just --
12 I just feel like it goes well there because it's
13 kind of like why it's not FDA approved, right. So
14 it's "None of these medications have been approved
15 the FDA to be used in minors and gender dysphoria
16 due to" -- and then you can say something about
17 "lack of long-term randomized controlled trials,
18 lack of, you know, long term outcomes -- data --
19 long-term outcome data."

20 DR. KIRSH: So Dr. Di Pietro, would you
21 mind considering one other thing? Is that don't
22 link it to that specific sentence. Go ahead and
23 start another sentence. Because the reason why
24 there's off-label use, and reason why the off-label
25 use is done is economics. It's the fact that the

1 drug companies don't go through those trials for the
2 purposes of that. And so 26 percent of our
3 medications are used off-label today. So the issue
4 is it's not because it's off-label is the reason.
5 You know, if we just leave that, I think that's
6 good. Just add another sentence.

7 CHAIRMAN ROMANELLO: So Dr. Benson, I'm
8 looking at the language that you proposed and I'm
9 looking at it on counsel's screen. What you read,
10 "Medical treatment of children and adults with
11 gender incongruence is based on very limited,
12 poor-quality research," that doesn't necessarily go
13 to FDA off-label use. That's a different issue,
14 right?

15 DR. BENSON: A different issue, yeah.

16 CHAIRMAN ROMANELLO: It's not -- the
17 conversation I'm concerning myself about is getting
18 into the rationale as to why FDA has approved or not
19 approved a certain medical therapy. So again,
20 Doctor, can you read what you propose to include
21 somewhere in the consent form, and then I might have
22 an idea of where we could place it.

23 DR. BENSON: Okay. "Medical treatment of
24 children and adults with gender dysphoria is based
25 on very limited, poor-quality research with only

1 subtle improvements seen in some patients'
2 psychological functioning, and some, but not all
3 research study. This practice is purely
4 speculative, and the possible psychological benefits
5 may not outweigh the substantial risks of medical
6 treatments, and in many cases, the need for life
7 long medical treatments."

8 CHAIRMAN ROMANELLO: Got it. So that
9 doesn't go to FDA off-label use, that goes to any
10 kind of therapy or intervention for gender
11 dysphoria. So I think, and I'll defer to the group,
12 that's either a preamble up at the top or on page --
13 the signature page for the parents or the guardian
14 at Bates 269. You could either add a number eight
15 to that list, or you put it at the top of the
16 consent form.

17 DR. ACKERMAN: I think you're right,
18 Mr. Romanello.

19 CHAIRMAN ROMANELLO: Because it's not --

20 DR. ACKERMAN: I think I like the first
21 page better than the last. Yeah. In the beginning,
22 first or second paragraph. But a separate paragraph
23 in and of itself.

24 DR. DI PIETRO: Right after the first
25 paragraph of the first page.

1 CHAIRMAN ROMANELLO: Okay.

2 DR. DERICK: What I liked about the consent
3 forms, in part, are that they're -- you know,
4 they're facts. Like "here is the side effect from
5 this medication," blah, blah, blah. This is more of
6 a -- like a summation point that's being proposed as
7 part of the consent form, like an overview, and so
8 it kind of changes the nature of the consent form a
9 little bit, I think. I just wanted to say that. I
10 mean, I think that the way it's written now, it's
11 more of, you know, "Here are the things that we
12 see," and adding that really gives it like an
13 element of -- I'd don't want to say judgement but
14 it's like a --

15 DR. ACKERMAN: That's why on the first
16 page, it's really not part of the consent form.

17 ATTORNEY MCNULTY: It is all part of the
18 consent form.

19 DR. ACKERMAN: Well, I know. But it's not
20 part of the --

21 CHAIRMAN ROMANELLO: The specific risks
22 and --

23 DR. ACKERMAN: The specific side effects.

24 CHAIRMAN ROMANELLO: Yeah.

25 DR. ACKERMAN: In there in the beginning,

1 the first -- the preamble page is --

2 CHAIRMAN ROMANELLO: 264 is questioned --

3 DR. ACKERMAN: You either not have it in
4 there at all, which I'm not sure if that's what
5 you're saying or not, Dr. Derick -- but you could
6 either not have this language, but if you do -- and
7 I can go either way. But if you do have the
8 language, I think the first page, you could say that
9 there's limited data and that's why we have this
10 consent form, is basically what you're saying.

11 DR. BENSON: Yeah. I think -- I mean, I
12 understand what you're saying but I think, you know,
13 I do a research study, I literally have to report
14 everything that happens to a kid when they're in a
15 research study getting drug XYZ. I have to report
16 things that probably aren't related to the
17 intervention. I report everything. But because we
18 don't have long-term controlled studies where you
19 typically would ascertain risks and benefits, a lot
20 of this is just cobbled together from case reports
21 and short-term studies that have been done.

22 So, you know, that's the nature of the
23 data. I don't think we're being disingenuous at all
24 as far as where we're at as far as what we know.
25 Hence, the reason the -- you know, the Dutch that

1 started this and now huge parts of Europe are
2 looking at this very acutely and making policy
3 changes. So I think it's just something that we
4 should make clear in there. That's all I'm saying.

5 DR. ACKERMAN: So in the interest of moving
6 on, could we just put --

7 CHAIRMAN ROMANELLO: Yeah. I was going to
8 say, is there a motion to add that language?

9 UNIDENTIFIED SPEAKER: Can I make a
10 suggestion before we do a motion, if you don't mind?
11 Just a couple of suggestions on the language. We
12 use the term "minor" throughout, and I would suggest
13 changing children to minor just to be consistent
14 with -- before we make a motion. And the other
15 thing I was going to ask, should we include adults
16 in that statement? Because this form is
17 specifically for minors. That was just my only
18 other thought.

19 DR. BENSON: The only reason I included it
20 is I was trying to somehow simplify it. I think
21 something similar should appear in the adult forms
22 but if you want to --

23 DR. ACKERMAN: Well, if we do language now
24 that says, "Neither adult nor minor," then we can
25 use it in all the forms, right. So if you repeat

1 the language back, I would make the motion we put it
2 as a paragraph two on page 264.

3 DR. BENSON: All right. I can read that.
4 Do you want me to read it?

5 DR. ACKERMAN: You understand where I want
6 to put it. On the preamble page as a new second
7 paragraph before the second -- before "What are
8 other options?"

9 DR. BENSON: So "Medical treatment of" --

10 UNIDENTIFIED SPEAKER: "Minors."

11 DR. BENSON: -- "people with gender
12 dysphoria is based on very limited, poor-quality
13 research with only subtle improvements seen in some
14 patients' psychological functioning, and some, but
15 not all, research studies. This practice is purely
16 speculative, and the possible psychological benefits
17 may not outweigh the substantial risks of medical
18 treatments, and in many cases, the need for
19 life-long medical treatment.

20 CHAIRMAN ROMANELLO: So there's a motion by
21 Dr. Ackerman to add that language as paragraph two
22 to Bates 264 at the top. Is there a second that
23 motion?

24 DR. DI PIETRO: I'll second.

25 CHAIRMAN ROMANELLO: Who second?

1 DR. DI PIETRO: I'll second. Yeah.

2 CHAIRMAN ROMANELLO: Di Pietro.

3 All in favor?

4 (Unanimous ayes)

5 Opposed?

6 Motion carries.

7 UNIDENTIFIED SPEAKER: Any everybody voted?

8 CHAIRMAN ROMANELLO: They did.

9 UNIDENTIFIED SPEAKER: And that was for all
10 forms?

11 CHAIRMAN ROMANELLO: That's for all forms.

12 ATTORNEY MCNULTY: And this is for all
13 forms, correct?

14 CHAIRMAN ROMANELLO: It is.

15 UNIDENTIFIED SPEAKER: Correct.

16 CHAIRMAN ROMANELLO: Any other observations
17 on this --

18 DR. ACKERMAN: Dr. Di Pietro shared with me
19 an observation a second ago and that was on page --
20 on Bates 269.

21 Dr. Di Pietro, do you want to say what you
22 just shared with me? I think it was --

23 DR. DI PIETRO: Yeah. I've got to remember
24 which paragraph it was in. Oh, paragraph number
25 two --

1 DR. ACKERMAN: Bullet two.

2 DR. DI PIETRO: -- bullet two. Somewhere I
3 feel like we should add the word "potentially
4 irreversible."

5 ATTORNEY MCNULTY: Do you mind repeating
6 what page again? I am working on the Word version
7 and I'm making changes as we strike through. Could
8 you tell me what section header you're on? That
9 would be helpful.

10 DR. DI PIETRO: Parental consent. It's the
11 signature page.

12 DR. ACKERMAN: Number two.

13 DR. DI PIETRO: So "The information
14 provided to me in this form and by the prescribing
15 physician includes the known effects and risks of
16 treatment with puberty blockers. I know that there
17 may be other known short term, and long term, and
18 potentially irreversible effects or risks." Is that
19 accurate?

20 DR. BENSON: You could just put "effects or
21 risks which may be irreversible."

22 DR. DI PIETRO: "Which may be
23 irreversible." That's fine.

24 UNIDENTIFIED SPEAKER: It says on Bates
25 266, "If a minor stops treatment with puberty

1 blockers, in a few months, their body may restart
2 the changes of puberty at the developmental stage
3 they were before starting medication. However, the
4 effects of these medications could be permanent."
5 So it's --

6 DR. DI PIETRO: Yeah. I just want a second
7 -- I want to double down on it on the signature
8 page.

9 DR. ACKERMAN: I think that's good because
10 that signature page is kind of like a --

11 DR. DI PIETRO: It's like the "Here's the
12 stuff you need to know one through seven."

13 DR. ACKERMAN: Right. It ties it all
14 together. I second Dr. Di Pietro's motions.

15 CHAIRMAN ROMANELLO: So let's read it back.

16 DR. ACKERMAN: Modified by Dr. Benson.

17 DR. BENSON: Yeah, I agree with that. I
18 mean, I think, too, in terms of puberty blockers,
19 it's clear from the British research that about 95
20 percent of people who do puberty blockers do go on
21 to cross-sex hormones. So it may be -- we don't
22 know but it may be that that even affects the
23 outcome in some sense. We don't know but that's an
24 important observation.

25 DR. ACKERMAN: There's been a motion and

1 second. Can we move on?

2 CHAIRMAN ROMANELLO: Yeah. So the motion
3 is to add "which may be irreversible" --

4 DR. DI PIETRO: "Which may be irreversible"
5 at the end of the sentence.

6 CHAIRMAN ROMANELLO: Yeah.

7 UNIDENTIFIED SPEAKER: Is that for the
8 adults and minors?

9 CHAIRMAN ROMANELLO: Yep.

10 All in favor of that motion?

11 (Unanimous ayes)

12 Opposed?

13 Motion carries. That will be for all
14 consents.

15 DR. DERICK: I have a --

16 CHAIRMAN ROMANELLO: Dr. Derick.

17 DR. DERICK: Yeah. On Bates 266 it says,
18 "(These medications will not change a minor's sex
19 chromosomes and it will not change a minor's
20 internal or external reproductive structures.)" Is
21 that accurate?

22 UNIDENTIFIED SPEAKER: Where are you
23 reading from, Dr. -- okay.

24 UNIDENTIFIED SPEAKER: Yes.

25 DR. ACKERMAN: I remember reading that.

1 It's on 266 where?

2 DR. DI PIETRO: 266.

3 DR. DERICK: I just was thinking like if
4 you failed to develop breasts, for example, that is
5 a change as related to this --

6 DR. ACKERMAN: Yeah. Doesn't it change
7 their structures?

8 UNIDENTIFIED SPEAKER: Right.

9 DR. DERICK: I think the intent is to say
10 that --

11 DR. ACKERMAN: Reproductive structures. It
12 doesn't change your ovaries to testes.

13 DR. DERICK: You wouldn't have external
14 genitalia that were --

15 DR. BENSON: Well, no. I mean, it doesn't
16 -- no. It just keeps them from enlarging.

17 DR. DERICK: If it keeps it from enlarging,
18 that seems to be a change.

19 UNIDENTIFIED SPEAKER: I think the key was
20 "reproductive."

21 DR. ACKERMAN: Yeah. Reproductive. What's
22 enlarging? You're not changing a testicle to an
23 ovary.

24 DR. BENSON: No, no.

25 DR. ACKERMAN: You're not changing an ovary

1 to a testicle.

2 DR. BENSON: No.

3 DR. DERICK: I guess it all depends on if
4 you consider your breasts reproductive organs.

5 DR. ACKERMAN: I don't.

6 DR. DERICK: Yeah, I know. But I
7 understand what she's trying to say, you know.
8 Ability to breast feed and --

9 DR. BENSON: Well, it is an organ,
10 definitely.

11 DR. ACKERMAN: It's not reproductive.

12 DR. BENSON: Well, it's a sex organ.

13 UNIDENTIFIED SPEAKER: It's reproductive.

14 DR. BENSON: Yeah, I know. But it's an
15 organ.

16 UNIDENTIFIED SPEAKER: But the language
17 here say reproductive organ.

18 DR. BENSON: Right, right.

19 DR. DERICK: I mean, I'm okay with it
20 written as is but I understand your point.

21 UNIDENTIFIED SPEAKER: I'm just trying to
22 clarify.

23 DR. BENSON: I mean, the only other last
24 thing that I think some people may want to add is
25 just something that says, "We do believe that 95

1 percent of those children who start puberty blockers
2 typically would go on to cross-sex hormones."
3 That's been showed now in multiple studies, and so
4 you might to state that but, you know. And that
5 could be a point eight at the very bottom of the
6 last page.

7 DR. ACKERMAN: Or the very first page.

8 DR. BENSON: Yeah.

9 DR. ACKERMAN: I wouldn't put a number in
10 there, I would use the word "many."

11 DR. BENSON: Yeah. Or "most."

12 DR. ACKERMAN: Okay. Wordsmithing.

13 ATTORNEY MCNULTY: Where --

14 DR. ACKERMAN: So he's saying -- what
15 Dr. Benson is saying is that he wants to give
16 notice, you know, put like an alert, a package alert
17 saying, "Package alert, you've used puberty blocking
18 drugs that most patients go on to using cross-sex
19 hormones."

20 ATTORNEY MCNULTY: Do you have a sentence?

21 DR. ACKERMAN: That's basically what he's
22 saying.

23 ATTORNEY MCNULTY: Which is fine. I mean,
24 where do you want to -- what is the sentence and
25 where would you like it for discussion?

1 DR. DI PIETRO: May I just make a comment?

2 Isn't that the point though? I mean, this is a
3 progression of people that are going from each stage
4 to the next. So I think that people would assume
5 that they would be down the road doing cross-sex
6 hormones if they're doing the puberty blocking in
7 general. I mean, to me it would seem --

8 DR. BENSON: Well, initially it was argued
9 that this was a way to pause an early puberty, so
10 that you could affect the differences in the
11 long-term and aesthetic outcomes. Because the early
12 data from the Netherlands in adults showed that
13 there was still a lot of bad outcomes long-term. So
14 they thought, well, if we can intervene earlier with
15 puberty blockers, then we could end up with an
16 aesthetically better result and maybe that would
17 help with psychological outcomes, et cetera.

18 So it was thought, well, it's a pause, too,
19 to give you time to evaluate and see what's going
20 on. But I think for a lot of people in the field,
21 it was quite surprising to see how many, well over
22 90 percent, do go on to cross-sex hormones. The
23 assumption was some people may decide not to do
24 that, but it seems that most people actually do.
25 The vast majority do.

1 DR. MORTENSEN: Right. But I would say
2 that these are people who are continuing therapy,
3 this isn't people who are starting therapy.

4 DR. BENSON: Right.

5 DR. MORTENSEN: So they may, or they may
6 not. So I don't know how relevant it's going to be.
7 Like how much are you encouraging that? Like,
8 "Well, because you're on it, this is where you're
9 going to go." You don't really know.

10 DR. BENSON: That's a good point.

11 DR. MORTENSEN: So I kind of feel that it's
12 kind of irrelevant and doesn't need to be mentioned.

13 CHAIRMAN ROMANELLO: Any more observations
14 on this form?

15 ATTORNEY MCNULTY: Thank you. On page 265,
16 and that's page 2 of 8, number 4 says, "Has adequate
17 psychological and social support during treatment."

18 DR. BENSON: Right.

19 ATTORNEY MCNULTY: Again, that's one of
20 those --

21 DR. BENSON: Vague terms.

22 ATTORNEY MCNULTY: Yeah. So my suggestion
23 is just to delete the word "adequate," so it reads,
24 "Has psychological and social support during
25 treatment," and to carry that through all forms and

1 the rule language.

2 DR. ACKERMAN: So moved.

3 CHAIRMAN ROMANELLO: So there's a motion by
4 Dr. Ackerman.

5 DR. KIRSH: Second.

6 CHAIRMAN ROMANELLO: A second by Dr. Kirsh.
7 All in favor?

8 (Unanimous ayes)

9 Opposed.

10 Motion carries.

11 ATTORNEY MCNULTY: Thank you. And then the
12 second item on that same page is in number 11 where
13 it requires the DEXA scan. But the other forms say
14 annual. Is there a length of time you want that
15 DEXA scan, like what period of time? Or just -- the
16 other forms say like annual bone scan but I'm not
17 sure --

18 DR. ACKERMAN: Other forms said a bone
19 scan. It's a DEXA scan, not a bone scan.

20 ATTORNEY MCNULTY: It says, "Bone DEXA
21 scan."

22 DR. ACKERMAN: No, no. It's a DEXA scan,
23 it's not a bone scan.

24 DR. BENSON: It's a bone density scan.

25 ATTORNEY MCNULTY: So what should the right

1 --

2 DR. ACKERMAN: A bone scan is a nuclear
3 study that looks at osteoblastic changes in the
4 bones. A DEXA scan is basically a low dose x-ray of
5 the bone to look at the bone density. So it should
6 be -- it's a DEXA scan, it's not a bone scan.

7 DR. BENSON: You could put a bone density
8 scan or something.

9 DR. ACKERMAN: Yeah. Bone density scan,
10 yeah. Bone density scan. Don't use -- so I move
11 that we change all of that terminology to say, "Bone
12 density scan (DEXA)."

13 ATTORNEY DIERLAM: Do you want it to say
14 annual across all --

15 DR. ACKERMAN: No, no. I didn't get there
16 yet.

17 ATTORNEY DIERLAM: Okay.

18 DR. ACKERMAN: We'll go with that in a
19 second. Let's clarify what it is. "Bone density
20 scan (DEXA scan)."

21 UNIDENTIFIED SPEAKER: Yeah, yeah.

22 DR. ACKERMAN: Because I get this -- it
23 happens to me all the time that a patient needs a
24 DEXA scan, and they get a bone scan. No, no.
25 Because -- all the time.

1 DR. BENSON: Or bone age. They even
2 sometimes confuse bone age with a bone scan.

3 DR. ACKERMAN: Right. But that's a
4 different one. Now, how often? It doesn't say how
5 often on this Bates 265.

6 ATTORNEY MCNULTY: But all the other forms
7 say annual, so I'm not sure -- and I think your rule
8 language says annual, as well.

9 DR. ACKERMAN: So I think -- so I don't
10 think -- I think for adolescents, or young adults,
11 pediatric and young adults, annually, but at some
12 point, I don't think you need it annually. I don't
13 do it annually on my patients that I put on some of
14 these hormones. I do it maybe every two or three
15 years.

16 DR. BENSON: You're talking about for
17 adults?

18 DR. ACKERMAN: Yeah. My 60-year-olds, my
19 70-year-olds that I have on these hormones for
20 treating cancer, it can cause the same problem with
21 bone density. I have women who I treat for breast
22 cancer with the same drugs, and we do extra bone
23 density studies on them but we don't do it annually.
24 You know, once it stabilizes, we do it every couple
25 three years. But at what point, I don't know.

1 That's you guys.

2 DR. MORTENSEN: I would say for pediatrics
3 annually is typically what we do. For the --

4 DR. ACKERMAN: Then you can annually for
5 the first five years, or -- you know, for adults you
6 can say annually for the first five years and
7 then --

8 DR. MORTENSEN: As needed.

9 DR. ACKERMAN: -- and then as needed.

10 DR. BENSON: Yeah. The adult guidelines
11 did specify. Let me just find that table.

12 DR. ACKERMAN: Yeah. I saw that in the
13 adult -- it said annually in the adults, and I
14 thought that that was --

15 ATTORNEY MCNULTY: All of them say annual
16 except for this one.

17 UNIDENTIFIED SPEAKER: So can I --

18 DR. ACKERMAN: I think for the kids, it
19 should be annually. I think for the adults, it
20 should be annually for the first five years and then
21 as needed after that.

22 DR. BENSON: That's reasonable.

23 ATTORNEY MCNULTY: Yeah. That's what I was
24 -- I was trying to clarify.

25 DR. ACKERMAN: Five years is very

1 arbitrary.

2 CHAIRMAN ROMANELLO: So Scotty, let's do
3 two motions. Let's do one for the minors --

4 DR. ACKERMAN: You called me Scotty.

5 CHAIRMAN ROMANELLO: Dr. Ackerman.

6 DR. ACKERMAN: It's okay.

7 CHAIRMAN ROMANELLO: Let's do two motions.

8 DR. ACKERMAN: My first motion is --

9 CHAIRMAN ROMANELLO: For the minors.

10 DR. ACKERMAN: Well, my first motion I
11 think we did, we changed the bone density --

12 CHAIRMAN ROMANELLO: Yes.

13 DR. ACKERMAN: Okay, good. So my first
14 motion is, in the pediatric forms, change the
15 language to say in that bullet number 11 that this
16 should be done annually. That the bone density --
17 whatever it is should be done annually.

18 CHAIRMAN ROMANELLO: Is there a second to
19 that motion?

20 DR. KIRSH: Second.

21 UNIDENTIFIED SPEAKER: Second.

22 CHAIRMAN ROMANELLO: All in favor?

23 (Unanimous ayes)

24 Opposed?

25 That motion carries. And that will be

1 limited to the pediatric forms.

2 And second motion for adults.

3 DR. ACKERMAN: Because now these adults
4 could be starting the drugs whenever. They could
5 start when they're 18, they could start when they're
6 30.

7 ATTORNEY MCNULTY: Wait, I can't hear what
8 you're saying, Doctor. For the adults?

9 DR. ACKERMAN: Adults, they could be --
10 might be starting these drugs when they're 18, they
11 could be starting these drugs when they 30 years
12 old. Who knows whenever. So I would say for the
13 adults, annually for the first 5 years --

14 DR. KIRSH: Do you think that's really
15 necessary and is it --

16 DR. ACKERMAN: Annually?

17 DR. KIRSH: Right. And do you think that
18 we should limit it to say like transgender female?

19 DR. ACKERMAN: I do it on my men that are
20 on Lupron.

21 DR. BENSON: I mean, what the adult -- the
22 2017, they say for transgender males, if they stop
23 testosterone treatment, they're more at risk for
24 bone density issues. But otherwise, they're a lower
25 risk group for that. The higher risk group is trans

1 females who they recommended baseline bone mineral
2 density testing in individuals at low risk.
3 Screening for osteoporosis is conducted around 60
4 years of age.

5 DR. ACKERMAN: Okay. So help me,
6 Dr. Benson. I get a little confused. So the men
7 that are transitioning to women are being put on
8 estrogen therapy, so the bone density will go down,
9 right. Do I have that right?

10 DR. BENSON: Yes.

11 DR. ACKERMAN: Okay. So those should have
12 the bone density study done annually for the first
13 five years and then --

14 DR. BENSON: That's reasonable. Yeah.

15 DR. ACKERMAN: And the women that are
16 becoming men are getting testosterone -- they're not
17 getting Lupron, they're getting testosterone, so
18 they don't need it.

19 DR. BENSON: Generally, no.

20 DR. ACKERMAN: Okay. Good. So --

21 ATTORNEY MCNULTY: So for the non-doctors,
22 do you mind repeating this? Thank you.

23 DR. DI PIETRO: That's in the adult forms.
24 Do you want to hold off until we can get to the
25 adult forms?

1 CHAIRMAN ROMANELLO: Yeah. Let's do that.

2 DR. ACKERMAN: Okay. But keep that on the
3 side though, Donna. Don't let us forget.

4 CHAIRMAN ROMANELLO: So are we done with
5 this first form?

6 DR. DI PIETRO: So for the -- just to
7 clarify -- so for the minors we're saying "bone
8 density scan (DEXA), which will allow monitoring of
9 the minor's bone density, bone strength during
10 treatment, as puberty blockers may decrease bone
11 density" -- and you're putting the word annually in
12 there?

13 CHAIRMAN ROMANELLO: Yes.

14 DR. DI PIETRO: Okay.

15 ATTORNEY MCNULTY: So annual --

16 DR. DI PIETRO: Write the word "annual" in
17 the beginning.

18 CHAIRMAN ROMANELLO: Yep.

19 ATTORNEY MCNULTY: Yep. "Annual bone
20 density scan," blah, blah, blah.

21 CHAIRMAN ROMANELLO: Anything else on this
22 initial form?

23 DR. ACKERMAN: Huh?

24 CHAIRMAN ROMANELLO: Anything else on this
25 initial form?

1 Okay. Let's go to the next form. At Bates
2 272, "Feminizing Medications for Patients with
3 Gender Dysphoria." Now, some of the modifications
4 that we made are going to carry through here. So
5 separate and apart from those, are there any
6 observations or proposed modifications to this form
7 that are specific to this form? We don't need the
8 bone density here.

9 DR. BENSON: I highlighted a couple things,
10 give me one second.

11 CHAIRMAN ROMANELLO: Dr. Benson.

12 ATTORNEY MCNULTY: Dr. Benson, if you're
13 going to talk, can you please speak into the mic, so
14 people can hear.

15 DR. BENSON: Yeah. No, I'm just looking.
16 I highlighted a couple things. I just want to make
17 sure I'm addressing them.

18 CHAIRMAN ROMANELLO: As Dr. Benson is
19 looking through his notes, do any other members of
20 the committee have observations about this?

21 Dr. Di Pietro.

22 DR. DI PIETRO: So this is just a personal
23 thing that drives me crazy when people write --

24 CHAIRMAN ROMANELLO: What's your Bates
25 number?

1 DR. DI PIETRO: I'm sorry, Bates 274 is
2 where I saw it, but it might in other places. And I
3 should have thought about this in the last one,
4 although I didn't see these words in the last one.
5 The words male and female drive me crazy because it
6 doesn't say a male or female what. There's male and
7 female dogs, male and female zebras, male and female
8 everything. It should be man, or (boy), or woman
9 (girl).

10 DR. ACKERMAN: On page 274 --

11 DR. DI PIETRO: That's an adjective, that's
12 not a noun.

13 DR. ACKERMAN: So in the very first block
14 there on Bates 274, the very first one, and it may
15 be elsewhere.

16 UNIDENTIFIED SPEAKER: "Makes less like a
17 male and more like a female."

18 DR. DI PIETRO: Female what?

19 DR. ACKERMAN: Yeah. I think she's right.

20 DR. DI PIETRO: It drives me crazy. I see
21 it in notes all the time. So I would put --
22 especially since a minor is signing off on this,
23 right, I would put, "Appear less like a man (boy),
24 and more like a woman (girl)." Across the board for
25 everything.

1 DR. ACKERMAN: Just to toss this around,
2 masculine or feminine?

3 UNIDENTIFIED SPEAKER: Yeah.

4 DR. ACKERMAN: That way you don't have to
5 say man, boy, and all that, you know.

6 UNIDENTIFIED SPEAKER: Yeah. Masculine,
7 feminine. But male and female are adjectives and
8 shouldn't be used.

9 DR. ACKERMAN: So "less masculine and more
10 feminine."

11 DR. DI PIETRO: That's fine.

12 CHAIRMAN ROMANELLO: That's a motion by
13 Dr. Di Pietro. Is there a second?

14 DR. KIRSH: Second.

15 CHAIRMAN ROMANELLO: Second by Dr. Kirsh.
16 All in favor?

17 (Unanimous ayes)

18 Opposed?

19 Motion carries, and that will cascade
20 through all of the forms that have the words male
21 and female in there.

22 UNIDENTIFIED SPEAKER: It will be masculine
23 and feminine.

24 CHAIRMAN ROMANELLO: Masculine and
25 feminine.

1 Dr. Benson.

2 DR. BENSON: Yeah. So this is something I
3 think that's important for the adult forms as far as
4 cross-sex hormones, and for the pediatric. I did --
5 you know, I did some reading with American Medical
6 Association. There was a discussion regarding what
7 is legally required in consent forms for physicians
8 in general, just based on federal law, state law, et
9 cetera.

10 There was a case in the federal courts in
11 Washington, D.C., it was Canterbury versus Spence.
12 But what -- a real quick summary, but what happened
13 was a guy was going to get a laminectomy, it wasn't
14 disclosed by the physician that there's a risk of
15 paralysis with this procedure. The guy has the
16 surgery, falls out of the bed, becomes paralyzed for
17 the rest of his life. It ends up in court and they
18 basically established sort of that we should be
19 disclosing information if it's reasonable to do so.
20 Previously, they used the community disclosure
21 standard was sort of the standard for these consent
22 documents.

23 But as part of that, there's really five
24 elements that the federal court said should be part
25 forms. And I think on these documents, we've hit

1 all of them partially. But on two, we've already
2 addressed the one, and the first ones being the
3 condition being treated; the nature and character of
4 the proposed treatment or surgical procedure;
5 anticipated results being the third; recognize
6 possible alternative forms of treatment; and then
7 five, recognize serious possible risks,
8 complications, and anticipated benefits involved in
9 the treatment or surgical procedure, as well as
10 recognize possible alternative forms of treatment
11 including nontreatment.

12 So those are the five elements. I think we
13 did great. I think that overall, the consent
14 documents are perfect. I think we addressed the
15 nature and character already with the modification
16 we just made. But in terms of anticipated results,
17 desistance, persistence, and regret are mentioned
18 nowhere in the consent documents at all. And I
19 think while historically we've through desistance
20 rates were very low, that was based on a lot of the
21 older data. And in the last three to five years
22 now, there's much more Pace publications, much more
23 being published, and now we're seeing rates of 10 to
24 30 percent.

25 These are outcomes that if the 1 percent

1 was the standard in this case where the guy had a
2 paralysis, I think we need to at least have a little
3 bit of verbiage in these consent documents that talk
4 about the possibility. "You could have desistance
5 that's transient, and these are the reasons why, and
6 we can see that from literature that's been
7 published. You might be persistent in your
8 desistance. You might decide to go back to your
9 birth gender, for example, and these are the reasons
10 why some people have done that."

11 And I think just stating that somewhere in
12 there, we're covering that important outcome. I
13 mean, the Dutch thought this was a very important
14 outcome to consider. That's why the Dutch in their
15 original protocol didn't do early social transition,
16 because they knew for natal males who were initially
17 the most common group to present with gender
18 dysphoria, 85 to 90 percent of them, by the time
19 adolescence, puberty came around, they didn't
20 persist. Some of them became gay men as adults,
21 some of them had other things going on. But it was
22 very important to them not to influence those
23 desistance rates and so they had very strict
24 criteria.

25 But now we're starting to see older kids

1 coming with cross gender identification, some of
2 them have other psychiatric comorbidities, and the
3 rates of regret, desistance, are definitely now
4 definitely now different than what they were
5 originally reported.

6 CHAIRMAN ROMANELLO: So Dr. Benson, do you
7 have proposed language to add?

8 DR. ACKERMAN: And where to add it. Should
9 this be something in the very beginning in the
10 preamble?

11 DR. BENSON: Yeah. But I mean, I don't
12 think this is something that's amenable to like two
13 words or three sentences. This is a little bit more
14 complex. But I did send it, I did include that, as
15 well, so you all should have a copy of that. I
16 think it's basically two paragraphs, similar to the
17 length of the previous. I fit all of this on one
18 page.

19 UNIDENTIFIED SPEAKER: You're killing me.

20 DR. BENSON: But there's -- it just lists,
21 you know -- but yeah, do you want me --

22 DR. KIRSH: Dr. Benson, can I make a
23 suggestion? I take your comments well-founded, and
24 I'm not sure though that today, in the context of an
25 emergency rule, given the time that -- the time

1 constraints that we're under, that we can give your
2 proposal adequate consideration. And I know that
3 they don't like the word adequate. Can we --

4 DR. ACKERMAN: Thorough.

5 DR. KIRSH: Can we ask you to work on some
6 proposed language which --

7 DR. BENSON: Well, I have the language
8 already.

9 DR. KIRSH: So is it the language that you
10 sent to the Attorney General's Office?

11 DR. BENSON: Yeah. Well, I sent it to I
12 think Donna and Chris.

13 ATTORNEY DIERLAM: And just kind of I guess
14 some clarification, is I do believe we did receive
15 this language. However, I think it was sent over to
16 us this morning. Is that correct?

17 UNIDENTIFIED SPEAKER: Very true.

18 ATTORNEY DIERLAM: So I don't think that we
19 had -- I don't think the boards said they had an
20 opportunity to get it in front of members.

21 CHAIRMAN ROMANELLO: Let me make a friendly
22 suggestion, Dr. Benson, that you continue to work
23 with the Attorney General's Office and Board staff
24 to refine that language to make it more rule worthy
25 and we will take it up under consideration in the

1 permanent rule.

2 DR. BENSON: Sounds good.

3 CHAIRMAN ROMANELLO: Yeah.

4 DR. BENSON: Makes sense.

5 DR. ACKERMAN: Yeah. I agree, I think it
6 needs to be in there, some statement.

7 DR. BENSON: Yeah. Right.

8 DR. ACKERMAN: Not a whole page or eight
9 paragraphs.

10 DR. BENSON: No, no. It's not. It's a
11 half a page. I mean --

12 CHAIRMAN ROMANELLO: Yeah. And that's why,
13 I mean, I'm looking at it --

14 DR. ACKERMAN: We should have adequate time
15 to take a look at it.

16 DR. DI PIETRO: Mr. Chair, one other thing
17 I forgot to mention earlier, if you don't mind, my
18 preference would be for there to be initials at the
19 bottom of every page. There's some non-signature
20 pages, like the first page is a non-signature page,
21 which is probably one of the most important pages in
22 the entire document. And I'd like to have initials
23 -- an initial line.

24 CHAIRMAN ROMANELLO: Makes sense. So the
25 motion is to add initial --

1 DR. DI PIETRO: Yeah. The parent --

2 DR. ACKERMAN: On every page.

3 DR. DI PIETRO: Yeah. The parent, the
4 minor, and then the optional second parent.

5 CHAIRMAN ROMANELLO: On every page of all
6 the consent forms.

7 DR. DI PIETRO: Every page, yes.

8 UNIDENTIFIED SPEAKER: Well, adults
9 wouldn't need the parent --

10 DR. ACKERMAN: Yes. Adults, as well.

11 CHAIRMAN ROMANELLO: That's a motion by
12 Dr. Di Pietro and a second by Dr. Ackerman. All in
13 favor?

14 (Unanimous ayes)

15 Opposed?

16 That motion carries and it will cascade
17 through all of the consent forms.

18 DR. BENSON: And one other question I have:
19 we're all comfortable with just one parent signing
20 this document? What if another parent was opposed
21 to it?

22 DR. ACKERMAN: That by the legislature.

23 ATTORNEY MCNULTY: That's by the statute.

24 ATTORNEY DIERLAM: Yeah. The statute
25 specifically says, "A parent or legal guardian,"

1 singular.

2 DR. BENSON: Then we don't have to deal
3 with that.

4 ATTORNEY MCNULTY: Correct.

5 DR. ACKERMAN: Makes it a lot easier.

6 CHAIRMAN ROMANELLO: Anything else on the
7 consent that begins at Bates 298 which was
8 "Feminizing Medications for Patients"?

9 DR. BENSON: You mean the minors, right?

10 DR. ACKERMAN: 272.

11 CHAIRMAN ROMANELLO: I'm sorry, 272.

12 DR. BENSON: I don't have anything else.

13 CHAIRMAN ROMANELLO: Then if not, we're
14 going to move to the consent that starts at Bates
15 284, "Masculinizing Medications for Patients with
16 Gender Dysphoria." Again, this is a minor form. We
17 talked about some changes that are cascading through
18 all of the forms. Those will impact this informed
19 consent, as well. Are there any observations in
20 addition to those which we have already made on the
21 forms?

22 Dr. Ackerman.

23 DR. ACKERMAN: I have an observation and I
24 just need some clarity from the endocrinologists in
25 the room. In the adult form, in the adult consent

1 for masculinization, there's a whole discussion
2 regarding the use of Finasteride that's not in the
3 pediatric form. So you don't use it in kids?

4 DR. MORTENSEN: Correct. It's not
5 approved. I haven't seen it --

6 DR. ACKERMAN: Nothing's approved.
7 Nothing's approved.

8 DR. MORTENSEN: That's true.

9 DR. BENSON: I mean, I don't even -- I'd be
10 interested to hear if many people are using
11 Finasteride. It's not been shown to be all that
12 beneficial in studies.

13 DR. ACKERMAN: Is it for adults or for
14 minors?

15 DR. BENSON: For -- in treatment in this
16 condition. It's --

17 DR. ACKERMAN: For adults or minors.

18 DR. BENSON: Yeah.

19 DR. ACKERMAN: Why is it -- is this being
20 used for hair growth?

21 DR. BENSON: Because once you lower the --
22 you know, once you lower the testosterone levels,
23 what benefit is there to blocking 5-alpha-reductase
24 which can --

25 DR. ACKERMAN: No, no. But are you using

1 it for masculinization to promote hair growth?

2 DR. BENSON: They actually use it for --
3 some of the patients become bald, so they give it to
4 them for that reason.

5 DR. ACKERMAN: Right. That's what I'm
6 saying. It's to promote -- I'm trying to understand
7 why it's being used. Again, as a
8 non-endocrinologist, I use it to shrink prostates.

9 DR. MORTENSEN: Right. You do.

10 DR. ACKERMAN: Okay. So why is it being
11 used here? I assume for hair growth?

12 DR. BENSON: Yes.

13 DR. ACKERMAN: Propecia, right? You spray
14 it on or something.

15 DR. BENSON: That's the main reason.

16 DR. ACKERMAN: And so it would be used for
17 women that want to become men --

18 UNIDENTIFIED SPEAKER: Correct.

19 DR. ACKERMAN: -- to give them more hair.

20 DR. BENSON: Yes.

21 UNIDENTIFIED SPEAKER: Correct.

22 DR. ACKERMAN: So would you not use it for
23 girls that want to become boys? Because they
24 already have hair. Is that why it's not in the
25 minor section?

1 DR. MORTENSEN: I just don't think it's
2 been used in the minor section. So the literature
3 that I looked at, I didn't see it used as that. I
4 don't see it in the World PATH recommendations
5 either. The adult data is limited. I treat women
6 with PCOS and adolescents with PCOS and elevated --

7 DR. ACKERMAN: PCOS?

8 DR. MORTENSEN: Polycystic Ovarian
9 Syndrome.

10 DR. ACKERMAN: Uh-huh (affirmative).

11 DR. MORTENSEN: And elevated androgens can
12 cause male pattern baldness, which is what this
13 population can be experiencing. Not all of them,
14 but a subset. So they were using it as an adjunct
15 therapy to try to prevent the side effect of using
16 high doses of testosterone. But they haven't really
17 looked at it in children, so I haven't seen any
18 literature that it was being used in anyone under
19 the age of 18.

20 DR. ACKERMAN: Okay.

21 DR. MORTENSEN: Which is why I didn't
22 include it.

23 DR. BENSON: Yeah. And I have a related
24 question about it, too. Are you done with this
25 point or are you still --

1 DR. ACKERMAN: Yeah. Well, I'd be
2 interested in hearing from the public in a second if
3 they have been using it --

4 DR. BENSON: I would, too.

5 DR. ACKERMAN: -- as a pediatric --

6 DR. BENSON: I have another question
7 related to that. Cyproterone acetate has been
8 mentioned. It is. It's in Bates -- what is it --
9 298. But that's not even available in the United
10 States. That drug is not --

11 CHAIRMAN ROMANELLO: Wait, that's the next
12 form.

13 DR. BENSON: Yeah, I know. I'm just
14 saying. But if we're going to ask the public for
15 comment, I'd be curious to know.

16 CHAIRMAN ROMANELLO: Got it.

17 DR. BENSON: Are people getting it from
18 Canada? Is this commonly being used?

19 DR. ACKERMAN: What drug is it?

20 DR. BENSON: Cyproterone acetate.

21 DR. ACKERMAN: Oh, it's the adult form of
22 the --

23 DR. BENSON: It's not available in the
24 United States. It's not available. At least it's
25 not available through the routine channels.

1 DR. ACKERMAN: Canadadrugs.com.

2 CHAIRMAN ROMANELLO: So let me try and
3 corral us back to the question at hand which is
4 comments or proposed --

5 DR. BENSON: I do. I have a comment.

6 CHAIRMAN ROMANELLO: Dr. Benson.

7 DR. BENSON: So I think this consent form
8 is based on a little bit older -- because oral
9 testosterone now is FDA approved. We've got three
10 different oral testosterone available. I don't
11 know how commonly that's already being used but at
12 the Endocrine Society just this last week, there was
13 a lot of discussion about it. Earlier forms of
14 testosterone had a lot of more liver toxicity.
15 These newer versions, much, much safer. But we're
16 talking about mostly transdermal, injectable, but we
17 don't mention oral. But I think it's going to
18 become increasingly more common --

19 CHAIRMAN ROMANELLO: So where would the
20 proposed change for that be?

21 DR. BENSON: Well, it's Bates 284, "How is
22 testosterone taken?"

23 I don't know. Monica, what do you think
24 about that, Monica?

25 DR. MORTENSEN: Well, we're looking at the

1 minor forms, and that might be relevant for the
2 adult forms but --

3 DR. BENSON: Or older adolescents.

4 DR. MORTENSEN: Right. But this is -- I
5 mean, I went to Endocrine Society, but I didn't know
6 everybody is using it for that. You could change
7 some of the verbiage in there because it says it's
8 typically not given in pill form, but you could just
9 change it that it may be available in pill form.

10 DR. BENSON: Yeah. Something like that.

11 DR. MORTENSEN: And just change the
12 verbiage that way.

13 DR. DI PIETRO: And just out of curiosity,
14 you never use like -- like in adults we'll use gel
15 and things like -- that's never used?

16 DR. BENSON: No. It's used sometimes in
17 kids but it's difficult sometimes because I've had
18 patients who were using AndroGel, get it on their
19 hands or whatever, hug their mother, hug their
20 sister, then you've got a sibling with a bone age of
21 12 and they're 6 years old.

22 DR. ACKERMAN: Well, I guess we should have
23 all that covered in there. It should not just be
24 the injection, it should be the gel and the pills.

25 DR. DI PIETRO: Or just various forms of

1 testosterone?

2 DR. MORTENSEN: You can add it. It's just
3 it's not typically used in like the induction of
4 male puberty for what pediatric endocrinologists
5 usually do. Because you can't --

6 DR. BENSON: And there aren't doses
7 appropriated for lower --

8 DR. MORTENSEN: -- dose is very
9 specifically with the pump.

10 DR. ACKERMAN: And it does say here
11 "Usually injected, typically" --

12 CHAIRMAN ROMANELLO: Yeah. I was going to
13 say it's not that you could not administer oral
14 testosterone, it just says it's typically not given
15 in pill form.

16 DR. ACKERMAN: Or the gel.

17 CHAIRMAN ROMANELLO: Or the gel.

18 DR. BENSON: Yeah.

19 DR. DI PIETRO: Okay. Then I'm fine with
20 it.

21 DR. BENSON: Just leave it then.

22 ATTORNEY MCNULTY: Just leave it?

23 DR. KIRSH: But maybe the bigger point we
24 could give some further consideration to this in the
25 permanent rule? Clean it up a little bit.

1 DR. BENSON: Yeah. I think that's
2 reasonable. I mean, it does say, "Typically, it's
3 not given," so it doesn't rule out the possibility
4 that it could --

5 ATTORNEY MCNULTY: So, Dr. Benson, are you
6 suggesting leave it as is for now?

7 DR. BENSON: Yeah. Just leave it as is.

8 DR. DERICK: I have another comment.

9 CHAIRMAN ROMANELLO: Dr. Derick.

10 DR. DERICK: Page Bates 286. This is a --
11 just to be consistent. "Summary of testosterone
12 benefits and risks." One of the benefits is,
13 "Appear more like a man." Just "appear more
14 masculine."

15 UNIDENTIFIED SPEAKER: Yes.

16 DR. DERICK: "A masculine appearance."

17 ATTORNEY MCNULTY: And those changes will
18 be made throughout the forms, Dr. Derick. I think
19 you all -- that's what you all decided, right?

20 DR. BENSON: I mean, I like the wordage as
21 it is. You know, I think for kids that are reading
22 this, it's important for them to have simple words
23 as much as possible.

24 DR. ACKERMAN: But it doesn't say male.

25 DR. DERICK: Yeah. I just don't like the

1 word male and female. Man, woman, masculine,
2 feminine, fine. Male, female, no. So I'm okay with
3 it saying, "appear more like a man." That's fine
4 with me, just not "like a male."

5 DR. BENSON: Okay.

6 DR. DERICK: It's just a pet peeve.

7 DR. ACKERMAN: Although you could say in
8 the risk the "male pattern baldness," that's
9 actually -- we have that there.

10 EXECUTIVE DIRECTOR VAZQUEZ: Question. Is
11 there a desire to be consistent throughout the
12 documents because we have it two different ways now.

13 DR. BENSON: Paul, could you clarify that?

14 EXECUTIVE DIRECTOR VAZQUEZ: Well, we went
15 to masculine and feminine in one place and now we're
16 going to have man and --

17 DR. ACKERMAN: No. It says --

18 UNIDENTIFIED SPEAKER: Male and female to
19 masculine and feminine.

20 EXECUTIVE DIRECTOR VAZQUEZ: We changed
21 male and female to masculine and feminine and we're
22 going to -- it's the same statement. That
23 "Testosterone may be prescribed to make a minor
24 look" -- we said, "less masculine and more
25 feminine," in the other one.

1 DR. ACKERMAN: I know. But this doesn't
2 say male.

3 CHAIRMAN ROMANELLO: This doesn't say male
4 or female.

5 DR. ACKERMAN: We took the male and female.

6 EXECUTIVE DIRECTOR VAZQUEZ: So we're going
7 to use masculine and feminine in one place and man
8 and woman in another?

9 DR. ACKERMAN: Yes.

10 EXECUTIVE DIRECTOR VAZQUEZ: Okay. That's
11 fine. Just clarifying.

12 DR. ACKERMAN: Just not use the word male
13 or female, because that's not necessarily human.

14 EXECUTIVE DIRECTOR VAZQUEZ: Correct.

15 UNIDENTIFIED SPEAKER: You don't need to
16 change it.

17 DR. ACKERMAN: Don't need to change it.

18 UNIDENTIFIED SPEAKER: Don't need a change.

19 DR. ACKERMAN: Nope.

20 CHAIRMAN ROMANELLO: Anything else?

21 DR. ACKERMAN: Now, I just want to point
22 out, we are using the word male in the next column
23 under "Risks," but that's a clinical diagnosis of
24 male pattern baldness.

25 UNIDENTIFIED SPEAKER: Right.

1 DR. ACKERMAN: So that's allowed to be used
2 there.

3 DR. DI PIETRO: It should be hyphenated.

4 DR. ACKERMAN: Not man pattern baldness.

5 CHAIRMAN ROMANELLO: Why did you look at me
6 when you said that?

7 DR. ACKERMAN: Well --

8 CHAIRMAN ROMANELLO: Anything else on this
9 form?

10 DR. ACKERMAN: I've got Kirsh -- Kirsh is
11 in my eyes, too.

12 CHAIRMAN ROMANELLO: Dr. Benson.

13 DR. BENSON: So I don't remember which
14 meeting it was at, but someone came forward and
15 spoke about their personal experience with extreme
16 vaginal dryness that led to painful like intercourse
17 and they had like ulcers and abscesses in the pelvic
18 related to that. Just saying vaginal dryness, if --
19 and I looked at actually some consents from some
20 other studies that have been done.

21 It's Bates 287 under "The following changes
22 could be permanent but may not improve if I stop
23 taking testosterone." The last three are, "More
24 muscle mass and strength, more sexual interests."
25 But if people have typical penetrative sex, there's

1 a risk for very thin vagina --

2 DR. ACKERMAN: Right. Dyspareunia.

3 DR. BENSON: Yeah. For dyspareunia and
4 tears and et cetera that can lead to infections and
5 the like. I think we should just be a little more
6 granular with that. I wasn't even aware of that, at
7 the time, happening. And after that was said, I
8 started reading about it and this has been reported
9 a few times.

10 CHAIRMAN ROMANELLO: So do we have proposed
11 language then? What would you add?

12 DR. ACKERMAN: He wants to add a few more
13 bullets.

14 DR. BENSON: "Painful penetrative
15 intercourse," or something like that.

16 CHAIRMAN ROMANELLO: Under the last dot
17 point?

18 DR. BENSON: "Abscess infection."

19 ATTORNEY MCNULTY: Wait, you're going --

20 CHAIRMAN ROMANELLO: So on Bates 287.

21 ATTORNEY MCNULTY: Right.

22 CHAIRMAN ROMANELLO: The last dot point
23 that is "vaginal dryness," we're going to add --

24 DR. BENSON: "Which could lead to painful
25 penetrative intercourse, infections, et cetera," you

1 know.

2 CHAIRMAN ROMANELLO: Not et cetera.

3 ATTORNEY MCNULTY: "Which could lead to" --

4 UNIDENTIFIED SPEAKER: What about just
5 saying "vaginal dryness which may lead to tearing --
6 which increases the risk of tearing"?

7 DR. BENSON: Well, what I think that they
8 need to be aware of is that the vagina itself
9 becomes thinner and they're more at risk for tears
10 and infections if they have, you know --

11 DR. ACKERMAN: Yeah. "Vaginal dryness,
12 vaginal tearing, vaginal pain, vaginal infections."

13 DR. BENSON: Painful intercourse.

14 DR. DI PIETRO: Painful intercourse. Yeah.

15 DR. ACKERMAN: Got all those?

16 ATTORNEY MCNULTY: Nope. You guys are
17 going to need to tell us the exact language wish.

18 DR. ACKERMAN: Okay. It has vaginal
19 dryness.

20 ATTORNEY MCNULTY: We've got that.

21 DR. ACKERMAN: So vaginal pain --

22 UNIDENTIFIED SPEAKER: "Vaginal dryness
23 which may lead to" --

24 DR. ACKERMAN: No. You don't need to say,
25 "may lead to," just additional bullets.

1 DR. BENSON: Yeah. Just bullets.

2 DR. ACKERMAN: "Vaginal pain, vaginal
3 tearing, vaginal bleeding, painful intercourse,
4 vaginal infection."

5 DR. BENSON: Yeah.

6 DR. ACKERMAN: I'll say it again, "Vaginal
7 pain, vaginal tearing, vaginal infection, vaginal
8 bleeding, painful intercourse."

9 CHAIRMAN ROMANELLO: That's a motion by
10 Dr. Ackerman. Second by Dr. Benson. All in
11 favor --

12 ATTORNEY MCNULTY: Wait, wait. We don't
13 have --

14 DR. ACKERMAN: Pain.

15 ATTORNEY MCNULTY: We have pain.

16 DR. ACKERMAN: Tearing, bleeding.

17 ATTORNEY MCNULTY: Bleeding.

18 DR. ACKERMAN: Infection. Those all are
19 vaginal whatever. And then finally, painful
20 intercourse. Pain, bleeding, tearing, infection,
21 and painful intercourse.

22 DR. BENSON: I think that's great. Yeah.

23 DR. ACKERMAN: Do our lawyers understand
24 that?

25 ATTORNEY DIERLAM: Yes, we do.

1 CHAIRMAN ROMANELLO: Again, that's a motion
2 by Dr. Ackerman, seconded by Benson. All in favor?

3 (Unanimous ayes)

4 Opposed?

5 Motion carries. Anything else on this
6 form?

7 ATTORNEY MCNULTY: And would this be
8 transferred to any similar -- wherever that is for
9 any form, correct?

10 CHAIRMAN ROMANELLO: Yes.

11 DR. BENSON: I did want to -- I really
12 actually like the wording at Bates 290. It's in the
13 second big box, the bottom where it just discusses
14 that "The prescribing physician is required to
15 monitor the minor for any side effects during
16 treatment." I think that's really, really good.
17 "The undersigned parents are encouraged also to
18 report." I think it's important that, you know,
19 this is stated.

20 CHAIRMAN ROMANELLO: Yep. Any other
21 proposed modifications or observations on this form?

22 Hearing none, we're going to move to the
23 next consent form which is at Bates 298.

24 UNIDENTIFIED SPEAKER: (Indiscernible)

25 CHAIRMAN ROMANELLO: No. We're doing the

1 consents.

2 The next is the consent form found at page
3 298, which is titled "Feminizing Medications for
4 Patients with Gender Dysphoria." This is the adult
5 form. Again, recognizing that all the changes that
6 we've previously made have cascaded through to these
7 forms, are there any observations or proposed
8 changes that are specific to this informed consent
9 form?

10 DR. DERICK: So Bates 300, this is for
11 adults. It says, "The specific requirements for you
12 to receive and continue therapy include the
13 following." You know, there are -- these are adults
14 who are currently undergoing therapy, or possibly
15 new people who would be starting it. But like
16 evaluation every three months, or if we change it to
17 six months, you know, in perpetuity, I think if
18 someone is stable on these medications, it might be
19 an overkill to be so prescriptive in the frequency
20 of the visits that they need to have.

21 I mean, if someone starts it, maybe it
22 could be for the first year or two and then the
23 physician could decide after that. But to me, if
24 someone has been stable on a medication for 10
25 years, to have to come every 3 months for an

1 evaluation seems --

2 CHAIRMAN ROMANELLO: This is on number
3 nine, Dr. Derick?

4 DR. DERICK: Yeah. That's just an example.
5 And you know, suicide risk assessment for someone
6 who has been stable on these treatments for years --

7 DR. ACKERMAN: And remember, these are
8 adults now. So the other ones were kids, and so --

9 DR. DERICK: Yeah. This is the adults.

10 DR. ACKERMAN: I think under the age of 18,
11 I think they should be seen every 3 months. But I
12 agree 100 percent with Dr. Derick. Every 3 months
13 is a bit --

14 CHAIRMAN ROMANELLO: So is there a proposal
15 to modify that language?

16 DR. DERICK: I feel like -- I feel like if
17 someone has been in therapy and are continuing
18 therapy at the time this consent form is signed, I
19 don't think we should be prescriptive at all with
20 the follow up. I think they should have the
21 follow-up as they normally would do. I think if
22 someone's newly placed as an adult on these
23 medications then perhaps, we should consider
24 modifying it to every six months for like a finite
25 period of time. Because otherwise, you know, if it

1 seems -- you know, you obviously want to have follow
2 up with these treatments but, you know, four times a
3 year for the rest of life seems --

4 DR. ACKERMAN: Suicidal risk assessment
5 every three months for the rest their life --

6 DR. DERICK: Yeah. I mean, it's --

7 DR. ACKERMAN: -- is ridiculous.

8 DR. BENSON: I mean, can I just read from
9 the Endocrine Society Guidelines on this?

10 CHAIRMAN ROMANELLO: Sure.

11 DR. BENSON: They say, "Every three months
12 the first year," this is for both male and female.
13 And then "one to two times per year to monitor for
14 appropriate signs of virilization or feminization,
15 et cetera, and to monitor for adverse outcomes." So
16 that's what they say is --

17 DR. ACKERMAN: For how long?

18 DR. BENSON: Every three months the first
19 year of an adult starting this treatment and then
20 one --

21 DR. ACKERMAN: Semiannually for how long?

22 DR. BENSON: -- to two times a year after
23 that.

24 DR. ACKERMAN: One to two times a year
25 after that.

1 DR. BENSON: Uh-huh (affirmative).

2 DR. ACKERMAN: Okay.

3 DR. DERICK: And this is for people who are
4 newly on the medication, this isn't for a patient
5 who has been on it for 10 years --

6 DR. ACKERMAN: I agree, 100 percent.

7 DR. DERICK: -- and then has to have a
8 bunch of visits that seem unnecessary if they're
9 stable.

10 DR. ACKERMAN: I'd make the motion that we
11 change it to use Dr. Benson's language --

12 DR. BENSON: To be consistent with the --

13 DR. ACKERMAN: -- so that they undergo an
14 evaluation by the prescribing physician or their --
15 whatever we said before -- at least every three
16 months for the first year and --

17 DR. MORTENSEN: Returning induction.
18 Because if you're switching providers --

19 CHAIRMAN ROMANELLO: Hold on. So we're
20 talking about now Bates 300.

21 DR. ACKERMAN: Correct.

22 CHAIRMAN ROMANELLO: Number nine,
23 "Undergoes an evaluation by a prescribing physician
24 at least every three months."

25 ATTORNEY MCNULTY: I thought you were

1 talking about number 10, the suicide risk. Are you
2 talking --

3 CHAIRMAN ROMANELLO: We're getting there,
4 Donna.

5 DR. ACKERMAN: We'll get there, Donna.

6 CHAIRMAN ROMANELLO: So let's talk about
7 number nine.

8 ATTORNEY MCNULTY: Okay. So number nine.

9 CHAIRMAN ROMANELLO: Thank you. Let's talk
10 about number nine.

11 ATTORNEY MCNULTY: All right.

12 CHAIRMAN ROMANELLO: And the proposal is to
13 modify number nine to Dr. Benson.

14 Want to read us the language?

15 DR. BENSON: "Evaluate patient every three
16 months in the first year, and then one to two times
17 per year to monitor for appropriate clinical
18 changes," or something.

19 DR. ACKERMAN: Well, just say, "then once
20 to twice a year thereafter."

21 CHAIRMAN ROMANELLO: Do our lawyers have
22 that?

23 DR. ACKERMAN: Dr. Mortensen was just
24 saying something. I caught her saying it, but I
25 don't know what she was saying about induction. You

1 want to --

2 DR. MORTENSEN: Yeah. Because initially
3 you had said -- the way you had worded it, but then
4 Dr. Benson said initially.

5 DR. ACKERMAN: Okay.

6 DR. MORTENSEN: So when you're being
7 induced through these medicines, you need in the
8 first year to be seen more frequently, because your
9 doses are going to have to be adjusted. But then if
10 you change providers and you're already on stable
11 treatment, you wouldn't need to be seen every three
12 months because you're already on that medication.
13 So it's just during induction that you would need
14 that.

15 DR. ACKERMAN: If we're putting a rule --

16 DR. MORTENSEN: But the way that he -- the
17 way that he --

18 DR. ACKERMAN: I think as a responsible
19 provider, if you have a new patient that wasn't
20 yours before, you would want to see that patient
21 more often once a year. If you're inheriting
22 somebody, even if they've been on the same
23 medications for 10 years, if I'm inheriting someone,
24 I see them more often for the first year because I
25 don't know them.

1 DR. MORTENSEN: I would do.

2 DR. BENSON: Absolutely. I agree with you.

3 In God I trust, everybody else, show me the data.

4 DR. ACKERMAN: Right. So as a rule, we
5 don't have to say that. So Dr. Benson, initially,
6 number nine, "Undergoes evaluation by a prescribing
7 physician or their designate every three months for
8 the initial year, and then at least annually
9 thereafter."

10 CHAIRMAN ROMANELLO: There's the motion.
11 Is there a second?

12 DR. KIRSH: Second.

13 CHAIRMAN ROMANELLO: Dr. Kirsh seconds.
14 All in favor?

15 (Unanimous ayes)

16 Opposed?

17 Motion passes.

18 DR. ACKERMAN: And then I would use the
19 same language for bullet 10.

20 CHAIRMAN ROMANELLO: Now for number 10,
21 Dr. Benson, you want to read us from the --

22 DR. BENSON: As far as suicide risk?

23 CHAIRMAN ROMANELLO: Yeah.

24 DR. BENSON: They don't specifically say
25 that. But I think, I mean, that's a major, major

1 risk. I think, you know, you want to definitely
2 make sure that people are being monitored for that.
3 And the long-term studies --

4 DR. ACKERMAN: Well, how often? We have
5 every three months.

6 DR. BENSON: I think what we have here is
7 -- maybe -- you know, like maybe you want to do a
8 range, but I think -- I don't see anything specific
9 in here in terms of that, but --

10 DR. ACKERMAN: Then why can't we just say
11 the same thing? "Every three months, initially, and
12 then at least annually thereafter."

13 CHAIRMAN ROMANELLO: Okay. Is that a
14 motion?

15 DR. ACKERMAN: Yes, sir.

16 CHAIRMAN ROMANELLO: Is there a second?

17 DR. KIRSH: Second.

18 DR. DI PIETRO: Second.

19 CHAIRMAN ROMANELLO: Dr. Kirsh,
20 Dr. Di Pietro.

21 All in favor?

22 (Unanimous ayes)

23 Opposed?

24 Motion carries. Anything else on this
25 form?

1 DR. BENSON: Well, this is the form that
2 has the Cyproterone acetate on Bates 298 and the
3 Finasteride discussion. I don't know if --

4 DR. ACKERMAN: Where did staff get that
5 from? Is it not available --

6 DR. BENSON: It's at the very bottom in the
7 last two paragraphs.

8 DR. ACKERMAN: -- in the United States or
9 is it illegal?

10 DR. DI PIETRO: It's not available.

11 DR. BENSON: It's not available. I don't
12 think the FDA -- I don't think it's even approved.
13 It's not an approved treatment. It's not available.

14 DR. ACKERMAN: So if it's not available, we
15 shouldn't even have it in there.

16 DR. BENSON: I think it's available in
17 Canada, but I don't know for sure.

18 DR. MORTENSEN: I left it on there only
19 because when I was searching, you can buy these
20 things from Canada, and you can buy certain things
21 without prescriptions. So I just wanted to make
22 sure that if they were looking at it, they were
23 aware of the risks.

24 DR. DERICK: You know, the public has been
25 so great with listening and allowing us to go

1 through these details and maybe they can speak to
2 that when we're done with it if they are receiving
3 those medications.

4 DR. ACKERMAN: But if it's something that
5 can't be prescribed by a physician, I don't think it
6 should be in this form.

7 CHAIRMAN ROMANELLO: Right.

8 DR. ACKERMAN: If it's something that a
9 Florida licensed physician cannot prescribe, it
10 shouldn't be in this form.

11 CHAIRMAN ROMANELLO: Agreed.

12 DR. MORTENSEN: Well, maybe you could just
13 add, "This is not prescribed in the United States."
14 Because maybe when they're doing their research
15 they're saying, "How come you're not prescribing me
16 this?" And you could say, "Well, because of the
17 side effects and it's not available in the United
18 States."

19 CHAIRMAN ROMANELLO: Dr. Mortensen, let's
20 hold and wait until we hear if there are any public
21 comments around this issue.

22 DR. ACKERMAN: Yeah. Keep track of the
23 issues that we want, because I think I'd like to
24 call on those people that maybe can speak to that
25 first when we do public comments. This and there

1 was something else about youth using Finasteride and
2 whatever else there was, I can't remember.

3 DR. MORTENSEN: We'll talk about the pill
4 version of that.

5 DR. ACKERMAN: The pill version of
6 testosterone. These are things that --

7 CHAIRMAN ROMANELLO: Anything else on this
8 form?

9 DR. ACKERMAN: I saw also here that
10 Casodex Bicalutamide is on here, wasn't on the kids
11 form. Matt, do you want to --

12 DR. BENSON: Say it -- I'm sorry, I was
13 reading something else.

14 DR. ACKERMAN: Bicalutamide --

15 DR. BENSON: Bicalutamide, yes.

16 DR. ACKERMAN: -- is on here. It was not
17 on the kid's form. Is that correct or was it there,
18 too?

19 DR. BENSON: Yeah. I mean, there's some --
20 there's some experience. I've prescribed
21 Bicalutamide to kids with testotoxicosis.

22 DR. ACKERMAN: Was it on the kid's form?

23 DR. BENSON: No. It wasn't on the kid's
24 form and it's one of those things that I don't think
25 it's being routinely used.

1 DR. ACKERMAN: Do we need to put it on the
2 kid's form? I don't want to make things more
3 complicated if -- this is just the preamble, anyway,
4 so it's not that --

5 DR. BENSON: I -- you know --

6 DR. MORTENSEN: Maybe we can see from
7 public comment who's using it.

8 DR. BENSON: Yeah. I'd probably wait.
9 Maybe we can hear from the public about Bicalutamide
10 in children, and then Finasteride and Cyproterone
11 acetate in the adults.

12 CHAIRMAN ROMANELLO: All right. So using
13 that as a placeholder for further discussion, we're
14 going to move on to the informed consent proposed
15 form found at Bates 308. "Testosterone Treatment
16 for Patients with Gender Dysphoria."

17 Again, recognizing that the changes that we
18 previously made on the forms will kind of flow
19 through to these forms, does anybody have any
20 additional comments or proposed modifications to
21 this form?

22 DR. DI PIETRO: My only question is -- and
23 I guess for Dr. Benson and Dr. Mortensen,
24 testosterone, since it's a controlled substance,
25 usually the provider has them come in more than

1 annually. So I don't know if we need to change the
2 verbiage based upon the sheer fact it's a controlled
3 substance, or do we just leave it as is and then
4 it's up to the physician to understand the rules of
5 opiate -- you know, not opiate but controlled
6 substance prescribing in the state?

7 EXECUTIVE DIRECTOR VAZQUEZ: Right. And I
8 think to that point, it's important to point that
9 out that all of the remaining standard of care
10 elements --

11 DR. DI PIETRO: Fair.

12 EXECUTIVE DIRECTOR VAZQUEZ: -- all the
13 other standards that relate to the practice of
14 medicine, even if it's involving gender dysphoria,
15 would still apply. This rule would not alleviate
16 any of those obligations or requirements at any
17 point.

18 DR. DI PIETRO: Then I'm okay with leaving
19 it as is. Just I wanted to be on the record with
20 saying it is a controlled substance, so normally
21 it's at least every six months for controlled
22 substances.

23 UNIDENTIFIED SPEAKER: Very good point.

24 CHAIRMAN ROMANELLO: Any other observations
25 or proposed edits to this form?

1 DR. BENSON: We're talking about 308 and
2 after, right?

3 CHAIRMAN ROMANELLO: Yes.

4 DR. BENSON: Let's look through. I
5 highlighted a couple of things, but I don't think --
6 we have the vaginal dryness issue here, again.
7 Might be good to use the same word verbiage that we
8 used with the pediatric one.

9 CHAIRMAN ROMANELLO: Okay. So that's a
10 motion by Dr. Benson.

11 DR. BENSON: It's on Bates 312.

12 CHAIRMAN ROMANELLO: Yep.

13 DR. DI PIETRO: I actually have one
14 addition. On -- sorry -- on Bates 310.

15 CHAIRMAN ROMANELLO: Well, let me take up
16 Dr. Benson's proposal on --

17 DR. DI PIETRO: Oh, I'm sorry.

18 CHAIRMAN ROMANELLO: -- Bates 312. Bates
19 312 at the top, we have vaginal dryness, and the
20 motion is to include the previous language. Tears
21 -- so that's a motion by Dr. Benson. A second by --

22 DR. MORTENSEN: Second.

23 CHAIRMAN ROMANELLO: -- Dr. Mortensen. All
24 in favor?

25 (Unanimous ayes)

1 Opposed?

2 Motion passes.

3 Dr. Di Pietro.

4 DR. DI PIETRO: I've got to find my page
5 again now, sorry. On Bates 310, "who should not
6 take," and then "It should be used with caution and
7 only after full discussion of risks by anyone who"
8 -- we need to add on there family history of --
9 actually, no, blood clot works. Never mind. I was
10 going to say pulmonary embolism, but blood clot
11 covers that. Scratch that.

12 CHAIRMAN ROMANELLO: Okay. Yep.

13 ATTORNEY MCNULTY: Mr. Romanello, there's
14 one on page 312 when you have a chance.

15 CHAIRMAN ROMANELLO: Ms. McNulty, yes.

16 ATTORNEY MCNULTY: Thank you. I think this
17 clarification needs -- the very last box on page 312
18 says, "Taking more testosterone than prescribed
19 could/may/will increase/will not" -- I mean, that is
20 awkward. I don't know what it should be. That's
21 the way the form is reading.

22 CHAIRMAN ROMANELLO: "Taking testosterone
23 more than prescribed" --

24 ATTORNEY MCNULTY: "Could or may."

25 CHAIRMAN ROMANELLO: -- "could" -- oh,

1 "could or may."

2 ATTORNEY MCNULTY: Maybe just both could
3 and may?

4 UNIDENTIFIED SPEAKER: And get read of
5 wills?

6 ATTORNEY MCNULTY: That way it just goes
7 "will increase health" --

8 CHAIRMAN ROMANELLO: "May increase health
9 risks, may not make changes happen more quickly."

10 DR. MORTENSEN: So I would just eliminate
11 the words "could" and "may."

12 ATTORNEY MCNULTY: Yeah.

13 DR. MORTENSEN: So that way it's "taking
14 more testosterone prescribed will increase health
15 risks, will not make changes."

16 CHAIRMAN ROMANELLO: Motion by
17 Dr. Mortensen.

18 DR. DI PIETRO: Second.

19 CHAIRMAN ROMANELLO: Second by Di Pietro.
20 All in favor?

21 (Unanimous ayes)

22 Opposed?

23 Motion carries.

24 ATTORNEY MCNULTY: Thank you.

25 CHAIRMAN ROMANELLO: Thank you,

1 Ms. McNulty. Anything else on this form?

2 Hearing nothing more on this form, going to
3 go to the form found at Bates 317. "Surgical
4 Treatment for Adults with Gender Dysphoria." Again,
5 we've made all the changes that are going to flow
6 through tot his form. Any further proposed
7 modifications, or observations, or proposed changes
8 here?

9 DR. BENSON: I think --

10 CHAIRMAN ROMANELLO: Dr. Benson.

11 DR. BENSON: -- one of the things that we're
12 starting to learn about vaginoplasty in people who
13 are blocked in earlier puberty is that the penile
14 tissue with which they use to surgically create a
15 vagina can sometimes be too small. So they then go
16 to other tissue sources now, like the colon, to
17 create a vagina. And so this is just a, if you've
18 been blocked from early on, you know, it can be a
19 much more difficult procedure and more risks of
20 major complications. So it may be good to have some
21 verbiage in here regarding that. That if you were
22 blocked from early on in puberty, your penile tissue
23 may be --

24 DR. ACKERMAN: Inadequate.

25 DR. BENSON: -- inadequate for the surgical

1 procedure. And then I'm sure that, you know, that
2 would be discussed by the surgeon and everything,
3 but it's -- do you see where that is, Bates 317?
4 It's under "Vaginoplasty."

5 ATTORNEY MCNULTY: Maybe not sufficient
6 versus inadequate?

7 DR. BENSON: Insufficient.

8 ATTORNEY MCNULTY: Insufficient.

9 DR. BENSON: Yeah.

10 UNIDENTIFIED SPEAKER: "May not be
11 sufficient."

12 DR. DERICK: Can you tell me one more time
13 where you are on the document?

14 DR. BENSON: Bates 317 under
15 "Vaginoplasty." There's bullets under "Genital or
16 bottom surgery. Orchiectomy, vaginoplasty,
17 phalloplasty."

18 ATTORNEY DIERLAM: And can you just one
19 more time read in the proposed sentence? I guess
20 you're talking about adding a sentence under the
21 "Vaginoplasty"?

22 DR. BENSON: "For those of you who are
23 treated with puberty blockers in childhood, an
24 additional complication of this surgery could be
25 related to inadequate penile tissue which may

1 necessitate the use of" -- sorry. I know, I do this
2 on a daily -- well, not surgery, but -- "treatment
3 with puberty blockers can lead to insufficient
4 penile tissue that may necessitate the use of
5 other" --

6 DR. ACKERMAN: Tissue sources.

7 DR. BENSON: -- "tissue sources, such as
8 the colon to create a vagina." Or something like
9 that.

10 ATTORNEY MCNULTY: Well, we need the
11 precise language.

12 UNIDENTIFIED SPEAKER: They're not as good
13 and fast as like Dragon or anything, so you got to
14 get a little bit more deliberate.

15 ATTORNEY MCNULTY: So "can lead to
16 insufficient penile tissue" --

17 DR. BENSON: "That would necessitate the
18 use of other tissues such as the colon to create a
19 vagina."

20 Monica, any suggestions there?

21 DR. MORTENSEN: I think that seems
22 reasonable.

23 DR. BENSON: You know, I don't know if it
24 would be -- if this is kosher, or if it could ever
25 happen but is it possible that -- I'm not a

1 urologist, I'm not a surgeon. Is it possible that
2 we could ever have a -- two or three people that do
3 this for a living to actually, at some point, look
4 at it and make sure that it's as robust as possible
5 for the surgeons that --

6 CHAIRMAN ROMANELLO: We're going to come
7 back and do a permanent rule. This is an emergency
8 rule.

9 DR. BENSON: Okay.

10 CHAIRMAN ROMANELLO: And we will start this
11 process all over again and have public comment
12 again.

13 DR. DI PIETRO: When that happens, I have a
14 contact in Miami, and this is her sole job --

15 CHAIRMAN ROMANELLO: We can invite those
16 folks. Yeah.

17 DR. DI PIETRO: -- is gender dysphoria
18 surgery, so I'm happy to invite her.

19 DR. ACKERMAN: We've invited some of these
20 people in the past --

21 CHAIRMAN ROMANELLO: We have.

22 DR. ACKERMAN: -- and they've chosen not to
23 participate.

24 CHAIRMAN ROMANELLO: So I want to -- Bates
25 317, the dot point "Vaginoplasty." Dr. Benson's

1 motion is to add language at the end of that dot
2 point that reads --

3 Mr. Dierlam.

4 ATTORNEY DIERLAM: I believe that this may
5 be -- I think I have it. Please correct me if I'm
6 wrong, Mr. Benson. I believe it was, "Continued
7 treatment with puberty blockers may result in
8 insufficient penile tissue that could necessitate
9 the use of other tissues to create a vagina."

10 DR. BENSON: What I would say, "For those
11 of you who may have been treated with puberty
12 blockers, or, you know, as a child, this is when
13 it's an issue." It's not typically an issue if you
14 started transition at 16 or 17. It's not an issue
15 then. It's an issue if you started puberty blockers
16 as a young child like 8, 9, 10.

17 CHAIRMAN ROMANELLO: Okay. So with that
18 addition, we have a motion by Dr. Benson. Is there
19 a second?

20 DR. MORTENSEN: Second.

21 CHAIRMAN ROMANELLO: Dr. Mortensen. All in
22 favor?

23 (Unanimous ayes)

24 Opposed?

25 Motion carries.

1 Any other observations here?

2 DR. BENSON: What is -- I do have one more
3 question. Bates 318, there's a question that says,
4 "What are some potential complications of surgery?"

5 CHAIRMAN ROMANELLO: Yep.

6 DR. BENSON: There's a bullet list.
7 "Changes in sexual sensation," et cetera. "Decrease
8 in function." What are we referring to? Could
9 we --

10 CHAIRMAN ROMANELLO: Wait, where are you?

11 DR. BENSON: Decrease in -- under "What
12 are some potential complications of surgery?"

13 ATTORNEY MCNULTY: 319.

14 CHAIRMAN ROMANELLO: Decrease in function,
15 right.

16 DR. BENSON: Because we talk about changes
17 in sexual sensation --

18 CHAIRMAN ROMANELLO: Right.

19 DR. BENSON: -- infection, nerve damage.
20 Decrease in function, do we know what we're
21 specifically?

22 DR. ACKERMAN: I think we can strike that.

23 CHAIRMAN ROMANELLO: Dr. Mortensen?

24 DR. BENSON: It just seems redundant or
25 something.

1 Do you know, Monica?

2 DR. MORTENSEN: I think it was related,
3 also, to urinary complaints. But I'm okay with
4 striking it.

5 DR. BENSON: Well -- yeah.

6 DR. ACKERMAN: Urinary function.

7 CHAIRMAN ROMANELLO: So motion by
8 Dr. Mortensen to strike the dot point "decrease in
9 function."

10 DR. ACKERMAN: Yeah. Function is just too
11 ambiguous.

12 CHAIRMAN ROMANELLO: Second by Dr. Benson.
13 All in favor?

14 (Unanimous ayes)

15 Opposed?

16 Motion carries.

17 ATTORNEY DIERLAM: And if I may, just on
18 the next page --

19 DR. ACKERMAN: Although, I would -- you
20 know, instead of "Trouble with bladder emptying," I
21 would just say -- you know, maybe combine those, the
22 function and that together. You know, "Diminishment
23 of bladder function -- or urinary function."

24 DR. BENSON: Yeah.

25 DR. ACKERMAN: Because it's not just

1 bladder emptying, it's -- you know, it's flow rate,
2 it's initiation of urination.

3 DR. BENSON: We did have people testify
4 about blood clots in their urine with this
5 treatment, so --

6 DR. ACKERMAN: Right. So instead of
7 "Trouble with bladder emptying," just say
8 "Diminishment of bladder function."

9 CHAIRMAN ROMANELLO: So the motion is to
10 change the dot point on Bates 318 from "Trouble with
11 bladder emptying" to --

12 DR. ACKERMAN: "Diminishment in bladder
13 function."

14 CHAIRMAN ROMANELLO: That's a motion by
15 Dr. Ackerman, a second by Benson. All in favor?

16 (Unanimous ayes)

17 Opposed?

18 Carries.

19 DR. ACKERMAN: Well --

20 DR. DI PIETRO: I have one more two.

21 DR. ACKERMAN: -- I just want to back pedal
22 a little bit. Bladder function or urinary function?

23 DR. MORTENSEN: Well, they have some
24 urinary complaints, as well.

25 DR. ACKERMAN: Right. So maybe just

1 "Diminishment in urinary function."

2 DR. MORTENSEN: Or urinary disfunction. Or
3 problems urinating.

4 DR. ACKERMAN: Right. "Problems
5 urinating."

6 CHAIRMAN ROMANELLO: So you want to add a
7 second --

8 DR. ACKERMAN: Add another bullet "Problems
9 with urination."

10 CHAIRMAN ROMANELLO: So motion by
11 Dr. Ackerman --

12 DR. ACKERMAN: Ackerman to add another
13 bullet saying, "Problems with urination."

14 CHAIRMAN ROMANELLO: Second by Dr. Di
15 Pietro. All in favor?

16 (Unanimous ayes)

17 Opposed?

18 It's added.

19 DR. DI PIETRO: And --

20 CHAIRMAN ROMANELLO: Dr. Di Pietro.

21 DR. DI PIETRO: -- one more bullet point,
22 sorry. Last bullet point where it says, "Side
23 effects of anesthesia, including death," I think we
24 should add, "Side effects of anesthesia and
25 infection, including death" or -- infection is a big

1 part of this surgery. It's always a surgical --

2 UNIDENTIFIED SPEAKER: The same page.

3 DR. DI PIETRO: Where is it? Oh,
4 infection. I'm sorry. Read right over it. Thank
5 you.

6 DR. ACKERMAN: Never mind.

7 DR. DI PIETRO: Dr. Ackerman, never mind.

8 CHAIRMAN ROMANELLO: Okay. Anything else
9 on this form? We're going to get to the AG and
10 staff in a second, I promise you. No?

11 Donna? Chris?

12 ATTORNEY DIERLAM: Yeah. So my only
13 comment, and it's on -- I believe it's the fifth box
14 on Bates 319, it states, "I understand that if I my
15 breast augmentation surgery." I think it should be,
16 "I understand that if I have my breast augmentation
17 surgery."

18 ATTORNEY MCNULTY: Not my. Just substitute
19 have for my.

20 ATTORNEY DIERLAM: Right. "So if I have
21 breast augmentation surgery."

22 ATTORNEY MCNULTY: Yes.

23 DR. ACKERMAN: Scribner's -- Scribner's
24 error.

25 ATTORNEY DIERLAM: Yes.

1 CHAIRMAN ROMANELLO: Staff? Danielle?

2 EXECUTIVE DIRECTOR TERRELL: Yes, sir. If
3 we can go back to -- and I apologize, I don't have
4 the Bates numbers. This is the "Masculinizing for
5 Adults Testosterone" form. On the third page when
6 we talk about the specific criteria, it seems number
7 two was repeated, and I just want to strike that.

8 CHAIRMAN ROMANELLO: Read what you're -- so
9 I'm --

10 EXECUTIVE DIRECTOR TERRELL: Oh, I
11 apologize. Minors -- "Masculinizing for Minors." I
12 apologize.

13 CHAIRMAN ROMANELLO: "Masculinizing for
14 Minors."

15 ATTORNEY MCNULTY: The third page?

16 EXECUTIVE DIRECTOR TERRELL: Yes, on the
17 third page. If you'll read the second and third
18 criteria are the same. There was just a repeat in
19 there that I would like to --

20 DR. DI PIETRO: Under which --

21 EXECUTIVE DIRECTOR TERRELL: Under the
22 specific requirements for minors to receive and
23 continue hormone replacement therapy.

24 DR. DI PIETRO: Page 285.

25 EXECUTIVE DIRECTOR TERRELL: 285.

1 DR. DI PIETRO: Oh, okay. Yeah, that's
2 duplicative.

3 EXECUTIVE DIRECTOR TERRELL: Yes. I just
4 wanted to get a motion, so that we could correct
5 that.

6 DR. DI PIETRO: I'll motion to strike
7 number two, Bates 285.

8 CHAIRMAN ROMANELLO: Motion by Dr. Di
9 Pietro.

10 DR. DERICK: Second.

11 CHAIRMAN ROMANELLO: Second by Dr. Derick.
12 All in favor?

13 (Unanimous ayes)

14 Opposed?

15 Carries.

16 DR. ACKERMAN: I have one more.

17 CHAIRMAN ROMANELLO: You what?

18 DR. ACKERMAN: I have one more.

19 CHAIRMAN ROMANELLO: Yeah, please. Which
20 one, Dr. Ackerman?

21 DR. ACKERMAN: Page 319, box 1, 2, 3, 4, 5,
22 6.

23 CHAIRMAN ROMANELLO: This is surgery.

24 DR. ACKERMAN: Right. On the surgery one.

25 CHAIRMAN ROMANELLO: Bates 319, yes.

1 DR. ACKERMAN: Box six, "I understand my
2 surgery -- risk factors." Those are breast cancer,
3 right, the breast cancer risk factors one?

4 CHAIRMAN ROMANELLO: Yes.

5 DR. ACKERMAN: So it says, "I.e." bracket
6 one, bracket to. Technically, it should be "E.g."

7 CHAIRMAN ROMANELLO: Okay.

8 DR. ACKERMAN: For example, not that is.
9 I.e. is that is, meaning those are the only two.
10 E.g. is for example. There's more than just those
11 two.

12 CHAIRMAN ROMANELLO: I appreciate the --

13 DR. ACKERMAN: Bates 319. Did you ask me
14 where? Yeah, Bates 219.

15 ATTORNEY DIERLAM: We're on hard copies.

16 CHAIRMAN ROMANELLO: Hold on, hold on.

17 ATTORNEY MCNULTY: Page 3 of 6.

18 DR. ACKERMAN: Of the surgery. Page 3 of 6
19 of the surgery, that fifth box down where it talks
20 about bracket one or bracket two.

21 ATTORNEY DIERLAM: I.e., e.g.

22 DR. ACKERMAN: It should be e.g. not i.e.

23 CHAIRMAN ROMANELLO: Nice catch.

24 DR. ACKERMAN: We're physicians here, we
25 know Latin.

1 DR. DERICK: I know, between you and I, the
2 two chairs are the grammar police.

3 CHAIRMAN ROMANELLO: Any other
4 observations? Thank you for the catch.

5 DR. ACKERMAN: I would think the lawyers
6 would know the Latin.

7 CHAIRMAN ROMANELLO: Ms. Terrell?

8 EXECUTIVE DIRECTOR TERRELL: Yes, sorry.
9 One more. If you will go back to the form we were
10 just one with the --

11 CHAIRMAN ROMANELLO: Which one was that?

12 EXECUTIVE DIRECTOR TERRELL: --
13 testosterone for minors, "Masculinizing Minors" is
14 what it's called.

15 CHAIRMAN ROMANELLO: Yep.

16 EXECUTIVE DIRECTOR TERRELL: We need to add
17 one and it has -- what happened was one got added
18 and one got taken away, and it's the same as the
19 other forms. "Has pubital changes resulting in an
20 increase in gender dysphoria," which is what the
21 other forms have, this one didn't have it.

22 DR. MORTENSEN: Oh, I copied it over.

23 DR. DI PIETRO: So I'll make a motion to
24 accept that, to pull it over from the other form.

25 DR. ACKERMAN: Second.

1 CHAIRMAN ROMANELLO: That's a motion from
2 Dr. Di Pietro, second by Dr. Ackerman. All in
3 favor?

4 (Unanimous ayes)

5 Opposed?

6 Motion carries.

7 Any further comments or observations by the
8 committee members with respect to any of the
9 informed consent forms?

10 I want to thank you all for the thoughtful
11 deliberation and the catches in Latin and grammar
12 and syntax that we did. We landed the plane within
13 two hours. Congratulations. We're going to take a
14 10-minute break and we're going to come back and
15 we're going to do the rules.

16 DR. ACKERMAN: Can you review with us the
17 agenda?

18 CHAIRMAN ROMANELLO: I'm sorry?

19 DR. ACKERMAN: Can you review the -- before
20 we take the break, just for the benefit of the
21 audience --

22 CHAIRMAN ROMANELLO: Right. We're going to
23 come back and talk -- so we'll take a 10-minute
24 break. We're going to come back and do rules, the
25 two rules, and then we're going to take public

1 comment.

2 UNIDENTIFIED SPEAKER: Until 4:30?

3 CHAIRMAN ROMANELLO: Until 4:30, and then
4 we'll take --

5 DR. ACKERMAN: And the rules shouldn't take
6 too long.

7 CHAIRMAN ROMANELLO: No.

8 DR. ACKERMAN: Because the rules are very
9 short.

10 CHAIRMAN ROMANELLO: Correct.

11 Ten-minute break.

12 (Recess taken)

13 CHAIRMAN ROMANELLO: I'm going to call the
14 joint committee meeting back to order. Thank
15 everybody for keeping it to 10 minutes. Appreciate
16 that. Before we move on to the actual rules, staff
17 had -- I think Mr. Vazquez had some questions about
18 the titling or the naming of the informed consent
19 form. So I'll turn it over to Mr. Vazquez with the
20 questions.

21 EXECUTIVE DIRECTOR VAZQUEZ: Just one quick
22 point. The titles seem to be consistent with the
23 exception of the "Treatment with Testosterone for
24 Adults," I believe it is. Is that correct that it
25 should be "Testosterone Treatment for Patients with

1 Gender Dysphoria," or should it be "Masculinizing
2 Medications for Patients with Gender Dysphoria"?

3 DR. ACKERMAN: I think it should be
4 Masculinizing.

5 DR. DI PIETRO: Second.

6 CHAIRMAN ROMANELLO: All in favor?

7 (Unanimous ayes)

8 Opposed?

9 None. You've got a poll. Got it. Okay.

10 We're now going to turn to a consideration
11 of the actual rules, and we'll start with Bates 294,
12 which is the draft rule. "Sex Reassignment Standard
13 of Practices in Minors." And I'm going to start
14 with board counsel who had some technical
15 observations, proposed changes, and then one that is
16 going to flow through from the informed consent
17 discussion earlier.

18 So Ms. McNulty.

19 ATTORNEY MCNULTY: Thank you,
20 Mr. Romanello. On Bates page 295 --

21 DR. ACKERMAN: Donna, before you begin
22 that, just again for our benefit -- pretend I don't
23 know anything, but I do, but maybe for the
24 audience's benefit, this rule is a rule that we put
25 forth to allow minors to continue their medication

1 -- for those minors who are already in the program,
2 who are already undergoing gender affirming care, to
3 continue that care. That's what this emergency rule
4 is for. Right?

5 ATTORNEY MCNULTY: Yes. And it adopts --
6 it does two things for the minors. It sets forth
7 standards of practice and incorporates the informed
8 consent forms you all just decided about.

9 DR. ACKERMAN: Right. And this is for
10 those minors that were -- whose sex reassignment
11 healthcare was commenced before and was still active
12 as of May 17, 2023.

13 ATTORNEY MCNULTY: Correct.

14 DR. ACKERMAN: Okay. Just wanted to make
15 sure that I understand that, and that's also for the
16 benefit of the public that's here today.

17 ATTORNEY MCNULTY: And that is by statute.

18 DR. ACKERMAN: Right. Not our decision.
19 This is by statute. Thank you. Ms. McNulty, I'm
20 sorry.

21 ATTORNEY MCNULTY: No. Thank you for that
22 big picture. It's helpful.

23 On Bates page 295 under subsection 4,
24 "Standards of practice," the line before subsection
25 8, "Patient evaluations," there's a -- it just says,

1 "Clinical determinations," and I suggest that that
2 be deleted, because that really is repeated in
3 subsection B. So it says, "Clinical
4 determinations." I think it's unnecessary and
5 should be stricken.

6 DR. ACKERMAN: Move to strike.

7 CHAIRMAN ROMANELLO: Motion to strike by
8 Ackerman, second by Derick. All in favor?

9 (Unanimous ayes)

10 Opposed?

11 Passes. Next.

12 ATTORNEY MCNULTY: Then also in number 4 on
13 the following page, it says, "The patient will have
14 adequate psychological and social support during
15 treatment." Again, as you've done previously, to
16 strike the word adequate.

17 DR. ACKERMAN: Move to strike adequate.

18 CHAIRMAN DERICK: Second.

19 CHAIRMAN ROMANELLO: All in favor?

20 (Unanimous ayes)

21 Opposed?

22 Passes. Next?

23 ATTORNEY MCNULTY: The next, as was
24 discussed previously, subsection G says, "Bone DEXA
25 scan." To clarify as you did before to have it read

1 "Bone density scan (DEXA scan) -- or DEXA -- DEXA
2 scan."

3 DR. ACKERMAN: Just DEXA.

4 ATTORNEY MCNULTY: Just DEXA.

5 DR. ACKERMAN: Bone density scan or bone
6 density study? What did we say before?

7 ATTORNEY MCNULTY: Scan.

8 DR. DI PIETRO: Motion.

9 CHAIRMAN ROMANELLO: Motion by Dr. Di
10 Pietro, second by Dr. Kirsh. All in favor?

11 (Unanimous ayes)

12 Opposed?

13 Motion passes. Next?

14 ATTORNEY MCNULTY: And that's it.

15 UNIDENTIFIED SPEAKER: Do we have to adjust
16 C?

17 DR. ACKERMAN: Yeah.

18 CHAIRMAN ROMANELLO: Yeah. We modified on
19 Bates 296, sub (c). We had modified that language
20 in the consent forms.

21 ATTORNEY MCNULTY: Well, did you do that
22 for minors? This is just for minors, not adults.

23 UNIDENTIFIED SPEAKER: We did not.

24 ATTORNEY MCNULTY: You only did that for
25 adults, is my understanding. Oh, for the covering

1 physician?

2 UNIDENTIFIED SPEAKER: Yeah. The
3 physician, I think we decided on six months, not
4 three.

5 DR. ACKERMAN: Can we just say, "a
6 physician"?

7 UNIDENTIFIED SPEAKER: The covering
8 physician.

9 CHAIRMAN ROMANELLO: C is patient visits
10 and the quarterly evaluations.

11 DR. ACKERMAN: The physician or covering
12 physician.

13 UNIDENTIFIED SPEAKER: Right.

14 DR. DERICK: Can we just carry over the
15 language that we did --

16 CHAIRMAN ROMANELLO: So Dr. Derick is
17 making a motion to carry over that language from the
18 informed consent.

19 DR. ACKERMAN: Second.

20 CHAIRMAN ROMANELLO: Second by

21 Dr. Ackerman. All in favor?

22 (Unanimous ayes)

23 Opposed?

24 Carries. Any other questions or proposed
25 changes to the rule?

1 DR. BENSON: I do have a question on Bates
2 295. There's "A board approved informed consent
3 form is not executed until" -- and then there's A,
4 B, C, D. When we have like studies with children,
5 we often have a parent permission form which is a
6 consent form, and we actually are mandated a lot of
7 times by the IRB to make a different ascent form
8 that's usually one page or less that is in like very
9 basic -- you know, very simple, basic language.

10 I'm just curious why do they have us do --
11 what does it mean when you say, "Assent to the
12 informed consent form"? This isn't -- because we
13 have the parents' permission to do it. It's just
14 the kid signing their signature on the form, that's
15 what you mean by that?

16 ATTORNEY MCNULTY: Yes. And that's what
17 you just did in the forms.

18 DR. BENSON: Okay. Yeah. I understand
19 that, I'm just -- it's not typical. It's not
20 typically done that way.

21 DR. ACKERMAN: Well, what do you typically
22 do?

23 DR. BENSON: We have like a separate assent
24 form for a child under 12.

25 DR. ACKERMAN: Okay. They don't sign it.

1 But this is different. This is much more --

2 DR. BENSON: Yeah. This is different. And
3 then the witness, is that a pretty standard thing,
4 too?

5 ATTORNEY MCNULTY: Well, this is -- the
6 medical boards have two other informed consent forms
7 by rule, and each of those have a witness to it. It
8 could be anybody, of course, and I didn't -- we
9 thought we would just put it in there, just if you
10 wanted to be consistent with what you have done in
11 the past. Doesn't mean you have to do that. It's
12 easier to take it out if you don't want it, but
13 that's just been done for the other informed consent
14 for the cataract surgery and medical marijuana
15 forms.

16 DR. BENSON: I think it's good to be
17 consistent. I mean, I don't have a problem with it.

18 DR. DI PIETRO: Yeah. I mean, every
19 consent I've ever seen in the hospital has a
20 witness, so --

21 CHAIRMAN ROMANELLO: Anything else?
22 We're going to move on to the adult rule.

23 DR. ACKERMAN: 323.

24 CHAIRMAN ROMANELLO: Thank you,
25 Dr. Ackerman. At Bates 323. I'll ask board counsel

1 if they have any technical modifications that they
2 want to propose?

3 ATTORNEY DIERLAM: We do not.

4 CHAIRMAN ROMANELLO: Thank you.

5 Committee members?

6 DR. ACKERMAN: And 30,000-foot view of this
7 again, like I did before --

8 CHAIRMAN ROMANELLO: Yep.

9 DR. ACKERMAN: -- was for adults. They
10 don't already have to be in the program. They can
11 be an adult who wants to undergo sex reassignment
12 healthcare can, by statute, and this is just saying
13 that they -- in order to do that, you have to have
14 appropriate informed consent.

15 UNIDENTIFIED SPEAKER: Required by statute.

16 DR. ACKERMAN: Or what's that?

17 UNIDENTIFIED SPEAKER: I said which is
18 required by statute.

19 DR. ACKERMAN: Which is required by
20 statute.

21 CHAIRMAN ROMANELLO: Any other observations
22 or proposed modifications to rule --

23 DR. ACKERMAN: And what this effects is
24 those adults who are already in the program that
25 want to modify their drugs, need to make sure this

1 -- this form needs to be signed before the drugs or
2 surgery can happen. So there's adults in Florida
3 right now whose surgery has been canceled because
4 this form does not exist. And so it's imperative
5 that we get this form out, so those people can have
6 the surgery as they want to.

7 CHAIRMAN ROMANELLO: Okay. If there is
8 nothing else on the rule, we're going to start the
9 public comment portion of the meeting. I want to
10 start -- we're going to start by asking those
11 members of the public who have specific observations
12 or comments on those questions that the committee
13 had during its conversation about the consent forms
14 and the rules. So we talked about experiences with
15 respect to oral testosterone, and we talked about
16 other drugs who I'm going to botch the pronunciation
17 of, but Dr. Ackerman has the --

18 DR. ACKERMAN: And during the break, I went
19 out into the audience for a little bit --

20 CHAIRMAN ROMANELLO: Yep.

21 DR. ACKERMAN: -- and shared with them,
22 because -- to kind of clarify with them the four
23 issues that I remembered that had come up. There
24 was a fifth one. What was the fifth one that
25 someone said?

1 CHAIRMAN ROMANELLO: I had four.

2 DR. ACKERMAN: Right. And so I think some

3 of them -- help me. Who was speaking to me?

4 Someone wanted to -- you, come on up a second.

5 CHAIRMAN ROMANELLO: So as we start to do

6 that, we're going to ask folks to come up to the

7 microphone and state your name. You'll be granted

8 the opportunity to comment up to three minutes.

9 DR. ACKERMAN: The four things we wanted to
10 know about was --

11 CHAIRMAN ROMANELLO: Asking you to speak on

12 the rule or on those issues that we've solicited

13 comment on. Any comments that are outside the rule

14 or outside those items will be considered out of

15 order. And there may be a risk of forfeiting your

16 time if you make a public comment that is out of

17 order.

18 I've got to emphasize that folks who misuse

19 their allocated time to disrupt the proceedings will

20 be deemed out of order and risk being asked to

21 leave. I appreciate the group's cooperation in

22 helping us to maintain a respectful and constructive

23 environment during the public comment section of the

24 meeting.

25 So with that --

1 DR. ACKERMAN: Let me just say the four
2 things again for them.

3 CHAIRMAN ROMANELLO: Please.

4 DR. ACKERMAN: So the first one is, is
5 there widespread use or any use of testosterone in
6 oral form?

7 The second question that we had -- and
8 endocrinologists help me if I misstate any of this
9 -- is there use of Bicalutamide, Casodex, in the
10 pediatric population?

11 The fourth question is, is there use of
12 Finasteride, also more commonly known as Proscar --
13 that's for hair loss -- in the male pattern baldness
14 in the pediatric population.

15 CHAIRMAN ROMANELLO: Oh, that's right.
16 Yeah.

17 DR. ACKERMAN: And the fifth -- the fourth
18 thing was, there was a drug here -- and help me with
19 the -- it was a masculinizing drug, right?

20 UNIDENTIFIED SPEAKER: Cyproterone acetate.

21 DR. ACKERMAN: That's a masculinizing drug?

22 DR. BENSON: Yeah. It -- no. It's a drug
23 that it's very similar to 17-hydroxyprogesterone,
24 which is one of the adrenal steroids that basically
25 binds the androgen receptor in competition with

1 testosterone and dihydrotestosterone.

2 DR. ACKERMAN: Oh, it's used for
3 feminizing.

4 DR. BENSON: Yes.

5 DR. ACKERMAN: I'm sorry. So it's
6 Cyproterone acetate, and apparently, it's not
7 available in the United States, so we're questioning
8 is there use of this? Is it being prescribed by
9 physicians, or is it just being recommended by
10 physicians?

11 And was there another thing, Dr. Derick?

12 DR. BENSON: I think it was just four.

13 DR. ACKERMAN: Just those four. Okay.

14 CHAIRMAN ROMANELLO: All right. And so
15 with that, you're recognized.

16 KATIE DANEHY-SAMITZ: Thank you. Thank you
17 for your time. Katie Danehy-Samitz, vice
18 president/founder of Women's Voices of Southwest
19 Florida. I'm sorry, I'm a little confused. I'm not
20 a doctor, I'm an activist. I know that, you know,
21 we're the one that -- to, I guess, get you to come
22 out from behind and answer those questions. But I
23 have nothing to offer this part of the conversation
24 and in lieu and consideration of the people behind
25 me that have this experience may have answers. And

1 the fact that we turned out -- like we filled out
2 forms for this, I'm just a little confused by like
3 the proceedings. So for this question, should
4 people be getting in line to speak?

5 CHAIRMAN ROMANELLO: Do you have a comment
6 that you would like to make about the rule?

7 KATIE DANEHY-SAMITZ: No, no. I was
8 confused about why I was called up.

9 CHAIRMAN ROMANELLO: Thank you.
10 Is there anybody who would like to make a
11 comment on the rule? Come up to the microphone,
12 please.

13 ANDRE MONTANEZ: My name is Andre Montanez
14 (phonetic). I am part of -- coming from Orlando
15 Heart Community Center. I am also part of the
16 Women's Voices of South Florida, and Equality
17 Florida. I was just a little confused when we had
18 the cards. So I want to explain something about the
19 rule, but you just asked question about the
20 medicines. I can tell that by my own experience,
21 but I'm not a doctor. But I was thinking here we
22 have the right to speak like we do with common
23 cards.

24 But anyway, you want to know about the
25 Finasteride, you had mentioned that one. Yeah.

1 That medicine is given to us for -- it's prescribed.
2 I was prescribed from the nurse practitioner I have
3 that. I hope that they can keep doing the
4 prescription because they really know about what
5 they're doing. And I received Finasteride as a
6 testosterone blocker.

7 They had another one, it's (indiscernible).
8 I'm sorry. I don't know doctors, so I don't know
9 the names. But because I suffer a little bit of
10 blood pressure. They don't want to combine that
11 because I've got my own -- my medicine for blood
12 pressure. So they decide to give me Finasteride,
13 and really my -- sorry, my testosterone came and
14 really blocked that until I got my Estradiol. I
15 just started with pills in estradiol. And they
16 working really good for more than five years. Now I
17 have to do an injection. I don't have anymore the
18 Finasteride because I don't need it. My levels of
19 testosterone are low.

20 I also did a surgery. (Indiscernible).
21 How we surviving this because (indiscernible). And
22 I got something that's like -- like the real -- you
23 know, the medical name (indiscernible). And I did
24 that and so my testosterone is coming totally down,
25 so I need Estradiol to survive.

1 And yes, they check my blood test every
2 three months because it's part of the -- every year
3 they do every kind of exam. Like every single year
4 (indiscernible). So I don't know -- I don't want to
5 go why they -- this is complication with this
6 (indiscernible).

7 I don't know, you cannot change the life
8 right now, but we still need the nurse practitioner
9 to do this because they really know what they do. I
10 think you're doctors, and you -- my cardiologist
11 that was before my transition, I was there, and
12 normally the nurse practitioner doing everything to
13 me. And another doctor trusting the nurse
14 practitioner. So I don't you can get us opportunity
15 in this emergency rule that we can use our
16 prescription from nurse practitioner.

17 I was denied my prescription last week in
18 Walgreens, like Walgreen pharmacy, because I don't
19 follow your rules. Because you get the rules, it's
20 still valid, and I had to fight with them to prove
21 the Board of Medicine give the emergency whatever if
22 it's signed before May 16th -- maybe I confused the
23 date --

24 DR. ACKERMAN: May 17th.

25 ANDRE MONTANEZ: I can have my medicine.

1 So please do that because we need these not have
2 more confusions everywhere. I really want to be
3 alive and continuing my life as a human like
4 everybody.

5 DR. ACKERMAN: So hold on, don't leave.
6 The question --

7 CHAIRMAN ROMANELLO: Thank you for your
8 comment. I appreciate it.

9 Dr. Ackerman, we're not going to go back
10 and forth with questions.

11 DR. ACKERMAN: Can I ask him a question?

12 CHAIRMAN ROMANELLO: No, go ahead.

13 DR. ACKERMAN: Because this is about
14 Finasteride.

15 ANDRE MONTANEZ: Yes, please.

16 DR. ACKERMAN: So did you receive
17 Finasteride as a minor?

18 ANDRE MONTANEZ: No.

19 DR. ACKERMAN: Okay.

20 ANDRE MONTANEZ: Because you don't have me
21 -- no. Because I started my transition older one in
22 the 90s. In the 80s, when I was younger,
23 unfortunately, we didn't have the opportunity that
24 kids have to save the life. Unfortunately, they
25 don't have in my time.

1 DR. ACKERMAN: I'm sorry, you started your
2 transition as an adult or a minor?

3 ANDRE MONTANEZ: Yes, as an adult.

4 DR. ACKERMAN: Adult, okay. Thank you.

5 ANDRE MONTANEZ: Thank you.

6 DR. MORTENSEN: I have a question.

7 CHAIRMAN ROMANELLO: Yep.

8 DR. MORTENSEN: There was testimony last
9 time that I think someone had quoted 80 percent of
10 all the transgender care was being performed by
11 nurse practitioners. So I know by statute, the
12 initial visit has to be done by a physician. So I
13 think that was the point that's being made. It
14 would be interesting to know, in general, like how
15 many people that are on these treatments have never
16 seen a physician.

17 CHAIRMAN ROMANELLO: I agree. Yeah.

18 So I can I also call up to the microphone
19 -- and forgive me if I don't get the names
20 pronounced rightly -- is -- ma'am, you can stay --
21 Vanessa Galindo-Jackson, Dean Price, and Erica
22 Imaoka.

23 Ma'am.

24 EMA ROY: Hi. I'm Ema Roy (phonetic). You
25 asked people to come forward about Cyproterone

1 acetate, and I was prescribed Cyproterone acetate as
2 a child. I was prescribed it as gender affirming
3 therapy. I'm a cis female. I had polycystic
4 ovarian disease that was chronic. I need eight
5 abdominal surgeries to remove cysts even with the
6 medication. So yes, I took Cyproterone acetate.
7 It's an anti-androgen because I had so much male
8 testosterone in my body.

9 I'm coming forward to say that because
10 based on the consent today that 500 pages that my
11 child read last night, I wouldn't have been able to
12 get that therapy. And because of the side effects
13 of polycystic ovarian disease, I would probably be
14 dead from heart disease at the moment. I would not
15 have had my two children. So not having access to
16 that care would have been forced sterilization, and
17 I'm delighted to have had two children.

18 I should have the same rights as a cis
19 female, as transgender females. I don't know why my
20 situation isn't in question here. I guess
21 technically this would make me intersex. You know,
22 you asked the audience to come forward about their
23 experiences with these medications, and I did. But
24 I don't know why you think that this is an
25 appropriate forum and not at my doctor's office, or

1 with my gynecologist, or with my endocrinologist.

2 I still don't know why we're here. This is
3 not the business of the state's governor appointed
4 board. But yes, it helped me with polycystic
5 ovarian disease. And by the way, I still have my
6 other speaker card that me, like everybody else,
7 filled out for the other parts of the 500 pages
8 related to disability. How you want people with
9 autism, et cetera, to be excluded. So I still want
10 to be called for that part. Does anybody have any
11 questions?

12 CHAIRMAN ROMANELLO: Thank you. I
13 appreciate your comment and we'll call you back when
14 we get back to your card. We'll certainly take your
15 comments into consideration as we deliberate further
16 this afternoon. Thank you.

17 EMA ROY: Thanks.

18 VANESSA GALINDO-JACKSON: Hello, I'm just
19 confused. Am I allowed to speak on what I
20 originally had intended, or can I not? Unless it --

21 CHAIRMAN ROMANELLO: Are you Vanessa?

22 VANESSA GALINDO-JACKSON: I am. Yes.

23 CHAIRMAN ROMANELLO: Welcome to the
24 meeting. Appreciate it.

25 VANESSA GALINDO-JACKSON: I appreciate you

1 guys.

2 UNIDENTIFIED SPEAKER: The question -- just
3 clarify, I think we're transitioning into normal
4 comments now, right? We're not talking about the
5 four questions.

6 CHAIRMAN ROMANELLO: Ma'am, you can speak
7 about whatever you want.

8 VANESSA GALINDO-JACKSON: Okay. Well,
9 first, hello. My name is Vanessa Galindo-Jackson.
10 I'm an occupational therapy doctoral student and I
11 take a Hippocratic oath, must like you do. So I
12 hope as you consider your choices, that you reflect
13 on the ethical standards that are sound and
14 equitable decisions. Standards that I think of such
15 as beneficence, which requires taking action to
16 promote good, and then non-maleficence, which
17 requires the avoidance of actions that would cause
18 harm. Right. This is the crux of our standards,
19 the whole do no harm.

20 But based on the previous board meeting and
21 kind of some of the comments that were mentioned
22 today about studies where individuals experience
23 adverse effects, I feel it's important to remind you
24 that we must work within the context of due care
25 which states that the benefits of care outweighs and

1 justifies the risk in order to achieve the goal of
2 their care. For example, we do know that
3 chemotherapy is really hard on the body, and we know
4 it can cause harm, but yet, it's a recommendation we
5 make every day. And we allow our clients the
6 freedom to choose that method. It's the power of
7 autonomy, the freedom our clients have to choose.

8 Now, I understand that we are at the mercy
9 of these atrocious bills that are already in place,
10 but please remember that all clients we serve
11 deserve the upmost respect and care. We take a
12 Hippocratic oath for a reason, regardless of the
13 laws and policies in place.

14 Moving forward, I challenge you, please
15 stand up for your clients not just when it is
16 presented to you in the face, but at all the
17 conferences you attend, the board meetings you sit
18 at, and so on. Please do not remain silent, as you
19 are complicit to the pain and agony that these
20 individuals experience. Afterall, these people are
21 not -- you are not just making decisions for them as
22 their patients that you serve, but they may very
23 well be your family, your friends, and maybe, just
24 maybe, your respected colleagues.

25 That's really all I have as far as this,

1 but I did want to bring up another point, since I
2 have just a few more seconds. The previous speaker
3 just mentioned about comorbidities. I was looking
4 at your rules, and I don't know if they've been
5 revised but it doesn't make sense to state "Does not
6 suffer from psychological comorbidities that
7 interfere with the diagnostic work." Why not
8 instead maybe suggest something like, "Any
9 psychological comorbidities might be managed or
10 overseen by a qualified mental health practitioner,"
11 something of the sort.

12 CHAIRMAN ROMANELLO: Thank you. We
13 appreciate your comments and certainly will take
14 them into consideration as we deliberate.

15 So next up is Dean Price. We have Erica
16 Imaoka. Again, apologies for the pronunciations.
17 Calling up on deck, please, Paul Erins (phonetic),
18 and Aaron James Clark.

19 DEAN PRICE: Hello. My name is Dean Price,
20 and I was wondering if I can defer to my son? He
21 has an appointment at 4:00 and we're going to have
22 to leave, so in case we didn't both get called. Is
23 that --

24 CHAIRMAN ROMANELLO: Sure.

25 DEAN PRICE: Thank you very much.

1 OCEAN PRICE: Hi. My name is Ocean Price
2 (phonetic), and I am a transgender man. I am 21
3 years old, and I've been going -- I've been
4 undergoing gender affirming hormone replacement
5 therapy for two years at this point. And I have
6 never once regretted my decision to undergo gender
7 affirming care. I've never had any sort of major
8 complications or side effects or anything like that.
9 And being able to access that care was really life
10 changing for me.

11 And at the beginning of the summer, I had
12 spoken to a surgeon, and I was supposed to receive
13 top surgery at the end of this month but
14 unfortunately, due to the -- due to the new
15 legislation requiring the consent forms, it ended up
16 having to be canceled because we didn't have the
17 consent form.

18 And that ended up being really disruptive
19 to my life, and I'm sure that a lot of other people
20 are going through similar things, as well. And so I
21 just wanted to say that I really hope that the
22 consent form gets done as soon as possible and that
23 it's -- it doesn't require any -- a lot of
24 unnecessary steps that are not medically supported
25 before accessing treatment that we would have been

1 able to access anyway.

2 And I also did want to say -- I wanted to
3 add a couple of other things, as well, that -- based
4 on what you had mentioned. First of all that I'm on
5 AndroGel. I know that had been mentioned. A big
6 reason that's not prescribed as much is because it
7 typically costs more.

8 And then I also wanted to state that I
9 think something important to add to the consent form
10 for testosterone, especially, is that it's not birth
11 control. Even though it often stops menstruation
12 it --

13 CHAIRMAN ROMANELLO: Ocean, in order to get
14 everybody who wants to speak their time, we're going
15 to have to hold everybody to three minutes, and
16 you've exceeded that. I appreciate you coming
17 before the committee and offering your comments.
18 We'll certainly take them into consideration as we
19 continue to consider the rules and the consent forms
20 today. I appreciate your time. Thank you.

21 OCEAN PRICE: Okay. Thank you.

22 DR. ACKERMAN: Just to clarify, these
23 consent forms should be all good to go in a week,
24 right?

25 CHAIRMAN ROMANELLO: We're going to come

1 back next week, and we will consider --

2 DR. ACKERMAN: Assuming things go as
3 planned.

4 CHAIRMAN ROMANELLO: Exactly.

5 ATTORNEY MCNULTY: And then after that
6 meeting, we'll have to have time to actually file
7 them. But with emergency rules, once they are filed
8 with the Department of State, they are effective the
9 day they're filed.

10 DR. ACKERMAN: Right. So for those of you
11 that care, 10 days, 2 weeks from now, it should all
12 be filed and good to go.

13 CHAIRMAN ROMANELLO: So we should have
14 Erica, Paul, Aaron, and then calling up Seneca
15 Bristol Manatee, I think -- and again, forgive me
16 for the pronunciations.

17 Ma'am, you're recognized.

18 ERICA IMAOKA: Hi, I'm Erica Imaoka. Not
19 too shabby on the name pronunciation. I'm an
20 advance practice nurse here in Florida. I work for
21 Folx Health providing telehealth gender affirming
22 care. I don't prescribe oral testosterone. We
23 don't at Folx, it's not part of our protocol.

24 But my question, I guess -- well, I know,
25 actually, you can't go back and forth. But I guess

1 my comment would be then, A, I didn't get
2 clarification, I don't think, on like the DEXA scans
3 for adult, what time would require that. If it's
4 immediately after starting hormone therapy or if
5 that's going to be only post operatively, or what
6 that recommendation or requirement would be.

7 And also, if the consent form -- and I'm
8 sorry if it's in there, but I didn't get to read it
9 -- includes the opportunity for advance practice
10 nurses to continue care and only the prescribing
11 portion outside of the informed consent is done by
12 physicians. We didn't really have physicians doing
13 care at Folx. We do now to meet the requirements of
14 the statute.

15 But many of advance practice nurses want to
16 continue to see our patients, so just wanting to get
17 clarification if it will be in the informed consent
18 that they can still receive care by advance
19 practitioners and only particular parts are required
20 by the physicians.

21 CHAIRMAN ROMANELLO: Yeah. So our rule is
22 for physicians and physician's assistance. That's
23 who we have jurisdiction over. It's the Board of
24 Nursing that would have jurisdiction over nurses
25 and --

1 ERICA IMAOKA: And so the consent form is
2 specific only to getting the initial informed
3 consent in person, not any other part of their care;
4 is that correct?

5 DR. ACKERMAN: Right.

6 ATTORNEY MCNULTY: Or if they -- separate
7 consent is required for any new prescription for a
8 product that they haven't taken before.

9 CHAIRMAN ROMANELLO: Right.

10 ATTORNEY MCNULTY: So if they switch drugs.
11 But like Mr. Romanello said, this is for -- you
12 know, you've got the statutory requirement. If you
13 have questions regarding the statutory
14 interpretation you need to seek the advice of legal
15 counsel.

16 ERICA IMAOKA: Okay. Thank you.

17 DR. ACKERMAN: And surgery needs its own
18 form. So there's three consent forms, hormone
19 blocking, masculinization versus feminization, and
20 then surgery. They all have a consent form.

21 CHAIRMAN ROMANELLO: Thank you, Ms. Imaoka.
22 I appreciate it.

23 ERICA IMAOKA: So was the DEXA scan
24 requirement included in the adult form?

25 ATTORNEY MCNULTY: It's required -- it's in

1 all the forms.

2 ERICA IMAOKA: And that's for five years
3 annually after starting therapy?

4 DR. ACKERMAN: Yes. Yes. Five years,
5 annually, and then PRN -- as needed.

6 CHAIRMAN ROMANELLO: If Dr. Aaron is -- we
7 have Aaron James Clark, Seneca Bristol Manatee, and
8 then asking John Harris Maurer up to the microphone.

9 PAUL ERINS: Good afternoon, members of the
10 board. My name is Paul Erins; I live in
11 Tallahassee, and I'm a physician retired from the
12 Florida Department of Health where I was the medical
13 director for the HIV/AIDS program for 18 years. And
14 also, from 2001 to 2005 I was chair of the
15 Department of Health Institutional Review Board, the
16 IRB. So I've evaluated a lot of consent forms.
17 I've got five points I wish to make.

18 The form states, "I know enough to give
19 informed consent to take, refuse, or postpone taking
20 these medications." But there's no information if
21 stopped about whether the medications need to be
22 tapered, or what physical or mental changes are
23 likely to occur. There needs to be added
24 information about the pros and cons of
25 de-transitioning and what is necessary for stopping

1 safely.

2 Secondly, the form states that the
3 medication is off-label, not approved for this use
4 by the FDA. I think it's only fair to add, "But it
5 has been used effectively to treat gender dysphoria
6 for decades by licensed, reputable clinicians who
7 specialize in gender affirming care." Otherwise,
8 this is not fully informed consent.

9 Third, for a patient whose primary language
10 is not English, the interpreter certifies as the end
11 that they are "fluid in English." In this setting,
12 especially, fluid needs to be changed to fluent,
13 f-l-u-e-n-t.

14 CHAIRMAN ROMANELLO: Good catch.

15 PAUL ERINS: Next, I realize these are
16 emergency consents, but they are just not ready for
17 prime time. I ask you please to workshop them
18 further before publishing, with representative
19 gender diverse individuals, with specialist docs.
20 And I think your questions this afternoon have
21 reflected the need for that. And in consultation
22 with the Florida Bioethics Network whose MD/PhD
23 cochairs are at the University of Miami and the
24 University of Florida.

25 And finally, since the Florida statute and

1 Medical Board now officially recognize the validity
2 of full spectrum gender dysphoria care for adults
3 with informed consent and at least continuing
4 medication treatment for minors with parental
5 consent and assent, I urge you by formal resolution
6 to add your voice to that of the courts in
7 advocating for Medicaid reimbursement for such care
8 for an estimated 9000 Floridians who are otherwise
9 losing coverage. And I thank you for the
10 opportunity to testify.

11 CHAIRMAN ROMANELLO: Thank you for your
12 comments. We'll take them into consideration as we
13 deliberate these rules.

14 Aaron James Clark, Seneca Bristol, John
15 Maurer, and Jessica Wilson (phonetic).

16 You're recognized.

17 AARON JAMES CLARK: Good afternoon, members
18 of the board. My name is Aaron James Clark. I am
19 the former treasurer of Rainbow Democrats.
20 Recently, I resigned from my position because as a
21 transgender man, I would like to transition, and I
22 can no longer do that. I'm going to have to move in
23 order to get the care that I need.

24 Also, on the topic of comorbidities, I have
25 been chronically ill for my entire life. I was born

1 sick. And I really would urge you to consider to
2 please have separate psychological and medical
3 management for individual cases that are going under
4 the gender dysphoria comorbidity umbrella. I also
5 would like to -- if I am allowed to -- someone on
6 the board had mentioned the Dutch study. I have the
7 data in my hand. Am I allowed to present that in
8 brief to you?

9 CHAIRMAN ROMANELLO: If you have -- if you
10 want to make a public comment, this is the
11 opportunity to do it.

12 AARON JAMES CLARK: Okay. I wanted to make
13 sure that that was okay with all of you.

14 CHAIRMAN ROMANELLO: Sure.

15 AARON JAMES CLARK: So for the 2022 Dutch
16 study, 820,063 transmen and women were referred to
17 the Amsterdam VU University Medical Center during
18 the period time of 1972 to 2017. And this study
19 does not show increased suicide rates. And
20 specifically, by 20 times that of their peers of 10
21 to 15 years after reassignment, which is what I
22 typically hear from the study.

23 The data shows that over a period of 45
24 years, which is 1972 to 2017, the suicide deaths for
25 transwomen were about 64 of 100,000, and the suicide

1 deaths of transmen were 29 for 100,000. I'm sure
2 you all are very competent at math. But the suicide
3 rates did not increase over that period of time.

4 During 2013 to 2017, there was actually a
5 decline in suicide rates for the study participants.
6 It reached 43 over 100,000 transwomen, to 34 over
7 100,000 transmen. And suicide rates were found to
8 be 3 to 4 times higher than the average population.

9 CHAIRMAN ROMANELLO: Aaron, thank you for
10 your comments. We've got to -- in order to get to
11 as many people as we can --

12 AARON JAMES CLARK: No, you're fine. But
13 that's basically what the gist is, so --

14 CHAIRMAN ROMANELLO: Thank you. Appreciate
15 your comments.

16 SENECA BRISTOL: Hello. I'm Seneca
17 Bristol. Manatee is my county. I'm the vice
18 president of the U Chapter of Women's Voice of
19 Southwest Florida. Let's get something right.
20 Everything you're spreading is just misinformation.
21 This isn't to protect children, this isn't to
22 protect anybody. But you know what real information
23 has shown? According to HCP, suicide risks reduce
24 by 70 percent in transgender, nonbinary, et cetera,
25 youth and young adults when gender affirming care is

1 accessible.

2 According to --

3 CHAIRMAN ROMANELLO: Ms. Bristol, do you
4 have any comments related to the rules or the
5 informed consents that we've been discussing all
6 afternoon?

7 SENECA BRISTOL: Yes. I mean, I'm just
8 trying to give you all information. I'm trying to,
9 you know, help you all.

10 CHAIRMAN ROMANELLO: Do you have comments
11 related to the informed consents or the rules that
12 we've discussed this afternoon?

13 SENECA BRISTOL: Am I not doing that? Yes.

14 CHAIRMAN ROMANELLO: Could you make those
15 comments then, please.

16 SENECA BRISTOL: Okay. Yeah. According to
17 National Library of Medicine, it is shown that 82
18 percent of transgender folks have considered killing
19 themselves, and 41 percent have attempted suicide.
20 If you take this away, kids will kill themselves.
21 Okay. You need to look at your guys' selves in the
22 mirrors and realize the truth. And respectfully,
23 but not really, you need to put your white hoods on
24 and stop choking up lies and tell people the truth.
25 You want the trans community to be wiped out like

1 the Nazis. The only difference is --

2 CHAIRMAN ROMANELLO: You're out of order,
3 Ms. Bristol.

4 DR. ACKERMAN: I want to make sure I
5 understand --

6 CHAIRMAN ROMANELLO: Mr. Maurer.

7 DR. ACKERMAN: -- we're putting forth the
8 consent form --

9 CHAIRMAN ROMANELLO: No. Mr. Maurer is up.
10 We're going to have Jessica Wilson followed by Chels
11 Davis, I think is the name. Again, sorry for the
12 pronunciations. Followed by Monica DePaul
13 (phonetic).

14 JOHN HARRIS MAURER: Good afternoon, joint
15 committee. My name is John Harris Maurer and I
16 represent Equality Florida, the state's largest
17 civil right organization dedicated to securing full
18 LGBTQ equality. Respectfully, the proposed consent
19 forms are rife with incorrect and misleading
20 information and exceed the board's delegated
21 rulemaking authority. Equality Florida appreciates
22 that these forms must be finalized and adopted
23 urgently because the state legislature has created a
24 crisis of care for transgender Floridians, but this
25 product is insufficient.

1 The proposed rule and forms include
2 multiple substantive burdensome new requirements and
3 stipulations that the legislature never adopted or
4 approved. They impose undue and costly barriers to
5 care that are not about individualized assessment
6 and care.

7 With respect to adults' care in particular,
8 this is not an informed consent form. This is an
9 end run to create a new and unduly restrictive
10 standard of care. The legislature only required
11 these boards to adopt adult informed consent forms
12 that "inform the patient of the nature and risks in
13 order for a patient to make a prudent decision."
14 Yet, here are multiple examples of new "specific
15 requirements" for individuals to receive and
16 continue HRT treatment that are not informational or
17 on the nature and risks.

18 "The patient must be the criteria for
19 gender dysphoria. Gender dysphoria must be marked
20 and sustained. Patients may not suffer from certain
21 psychological comorbidities. Patients must have
22 adequate psychological and social support during
23 treatment. Mandatory evaluation by the treating
24 physician every three months. Mandatory suicide
25 assessment by a licensed medical care professional

1 every three months. Mandatory lab testing every six
2 months. Mandatory annual bone density scanning.
3 Mandatory mental health assessment by a board
4 certified, Florida licensed psychiatrist or
5 psychologist. And mandatory continued counseling
6 with a licensed mental health care professional."
7 This exceeds the board's authority and is likely to
8 lead to another lawsuit like the one recently
9 rejecting board rules.

10 The forms and process for minors similarly
11 suffer from misinformation and undue additional
12 burdens like a prohibition on delegating
13 responsibility for obtaining informed consent and
14 requiring additional witness signature. These are
15 about creating new burdens to care and not about
16 patient well-being.

17 The forms require more input from experts
18 with deep expertise in providing gender affirming
19 care. There are simply too many inaccuracies or
20 inconsistencies. Like meeting the requirement for
21 gender dysphoria to continuing care, when alleviating
22 that gender dysphoria is the purpose of being and
23 staying in care. Or referring to medication that's
24 not even available in the United States as we've
25 already talked about. Please revise these forms

1 with input from proper experts with the urgency
2 required by these state-imposed circumstances.

3 I'll also add, please do check the records.
4 I don't believe a motion was adopted on changing the
5 DEXA scan frequency for adult testing, if that will
6 be revisited. And also, the adult's regular
7 evaluation risk assessment requirement should be
8 based around induction and not just a change in
9 physicians.

10 We have adults who have been thriving in
11 care for years, potentially more than decades. The
12 fact that they may have to change physicians because
13 our providers are leaving the state because of the
14 state legislature isn't a reason that those adults
15 should have to subject to quarterly testing just
16 because they're changing provider. Please revise
17 the rules and take that into consideration.

18 CHAIRMAN ROMANELLO: Thank you for the
19 observations. We'll follow up on those as we
20 deliberate further this afternoon.

21 JESSICA WILSON: Hi, good afternoon. My
22 name is Jessica Wilson, and I am here as a mom of a
23 trans son. The legislators' only requirement -- I
24 understand you're mandated to create these forms.
25 The legislators' only requirement, however,

1 restricting trans adults from receiving care was
2 that they see a doctor instead of a nurse
3 practitioner, and that they sign informed consent
4 forms while in that doctor's presence saying that
5 they understand what the gender affirming care will
6 do. There is nothing in the statute that requires
7 blocking access to those with comorbidities or
8 psychiatric conditions.

9 I shared in previous Board of Medicine
10 meetings that my son has mental health diagnoses and
11 tried to end his life at least once. At least once
12 that I know of. And one of his many
13 hospitalizations resulted in a gender dysphoria
14 diagnosis at age 13. He has undergone years of
15 therapy and started testosterone last year. Since
16 beginning his medical transition, thoughts of
17 suicide have greatly diminished. He's thriving,
18 successfully employed, and a wonderful, attentive
19 dad to my granddaughter. His mental health
20 diagnoses have not gone away though.

21 If you proceed with blocking access to
22 those with psychological comorbidities, you will be
23 taking away life saving healthcare from adults who
24 need HRT to live. This was supposed to be about
25 protecting the kids but what you are proposing is

1 going to erase the trans population from Florida.
2 Many of those who can leave, are leaving. Many
3 already have. You at the board are overstepping the
4 already egregious law by establishing additional
5 barriers above and beyond what the statute requires.
6 These forms are not informed consent forms. They
7 are new requirements which are not outlined by the
8 law. It's a massive overreach by the boards. Stop
9 playing politics and do the job you're actually
10 mandated to do.

11 CHAIRMAN ROMANELLO: Thank you. Appreciate
12 the comment.

13 Calling up to the line Lucina Fenner
14 (phonetic), Stephen Esocough (phonetic), and Felix
15 Proia (phonetic). And thank you for spelling out,
16 Mr. Proia, the pronunciation of your name.

17 CHELS DAVIS: Good afternoon, my name is
18 Chels Davis. I'm a school counselor at the
19 secondary level. So I specialize in caring for
20 adolescents in the academic, career, and social
21 emotional aspects of their lives. My job is to get
22 my students graduated, help them explore career
23 options, and to help them reach adulthood alive.

24 This last point has become more difficult
25 this past year, and that's why I've come to speak

1 with you. I need your help to do my job well.
2 School counselors and medical professionals both
3 live, eat, and breath Maslow's Hierarch of Needs, so
4 please hear me when I say transgender kids don't
5 feel safe in Florida. There is a foundational need
6 going unmet at a state level. This past year has
7 left our most vulnerable Floridians shaken.

8 CHAIRMAN ROMANELLO: Ms. Davis, the purpose
9 of today's hearing is to talk about informed consent
10 forms that we've developed, and rules that we've
11 been tasked to do. I'm certainly happy to hear
12 those observations and comments with respect to the
13 rules.

14 CHELS DAVIS: Yes, sir. I was just
15 building up, sorry. Dr. Benson mentioned the risk
16 of suicide in transgender minors. I am compelled to
17 add clarification to that conversation specifically.
18 With transgender people, adults and children alike,
19 their level of suicidality is directly related to
20 their level of perceived support, their sense of
21 safety. This is from external forces, not internal.
22 When they feel supported by their family, when they
23 feel supported in their community, they don't want
24 to die. When they don't feel supported, they are
25 more likely to kill themselves. That's what we're

1 all trying to avoid here, and I think that's
2 something we have in common.

3 A family's support for their transgender
4 child is lifesaving and insulates the child from
5 suicidality. A transgender person having a
6 practical path to medical transition in their
7 community is similarly lifesaving. We're talking
8 about access. Please help me keep these kids safe,
9 help me keep them alive.

10 We need straight-forward caring rules.
11 Care in this state has had a major interruption, as
12 we've noted, and that is dangerous. It would be
13 wrong to implement rules which needlessly hinder
14 access to lifesaving medical care. Unethical
15 hinderances only endanger lives. WPATH, the World
16 Professional Association for Transgender Health,
17 standards have existed for decades. Those standards
18 are a robust and valid reference, but I only heard
19 them mentioned once in this conversation. Please
20 consider the proposed rules carefully and to give
21 our vulnerable populations the accessible care they
22 need. Thank you very much.

23 CHAIRMAN ROMANELLO: Thank you.

24 MONICA DEPAUL: Hi. I'm Monica DePaul.
25 I'm an English teacher; I also happen to be trans.

1 There's a lot of talk about studies over here. Let
2 me tell you, it took me five minutes to look on
3 Google and find a study showing that trans kids are
4 happier after they transition. It wasn't hard. It
5 was in the Journal of the American Medical
6 Association. So I noticed that none of the studies
7 that you all were talking about seemed to have any
8 citations with them. So I'm just going to assume it
9 came from some talking had on Fox News.

10 Now, I noticed that you included the
11 language of "subtle improvements" as sort of like
12 the only positive thing that would occur. That is,
13 to put it lightly, BS. Mainly because, I mean, I
14 have been on hormones for 10 years. When I meet new
15 people, they don't even know I'm trans. Usually, I
16 don't even have to mention it because why? The
17 amount of improvements that I have experienced are
18 far more than just subtle. Before I transitioned, I
19 had this brain fog that is gone now. I can actually
20 think. I can actually be myself. I don't have to
21 pretend to be someone else. That is not a subtle
22 improvement.

23 And now, here you are telling me that I
24 have to change my doctor, I have to go through all
25 of this, I have to sign an informed consent form

1 that has just lies on it. Lies. You all are lying.

2 That I have to agree to that despite me having been

3 doing this for 10 years. And only now is it

4 suddenly a problem. Only now is this suddenly that

5 I have to agree to all of this. We all know why.

6 It's because one man wants to be President and none

7 of you are willing to argue with him.

8 I knew I was a girl when I was nine, and

9 this is back in the '90s. I knew who I was. Now,

10 granted in the '90s, it would have been impossible

11 for a kid to get gender affirming care, and my

12 parents would never have taken me seriously.

13 On the matter of comorbidities, my ADHD has

14 nothing to do with my transition, at all. Those are

15 two very separate matters. And if you're going to

16 prevent people from accessing gender affirming care

17 because they have other like mental issues,

18 honestly, that's pretty fucked up.

19 CHAIRMAN ROMANELLO: You're out of order.

20 We're not going to accept that sort of language.

21 MONICA DEPAUL: You're all out of order.

22 CHAIRMAN ROMANELLO: Thank you. Next up is

23 Lucina Fenner. Esocough on deck, Proia. And

24 calling up Lola Smith.

25 ESOCOUGH: This is Esocough. I don't know

1 where Fenner is.

2 CHAIRMAN ROMANELLO: Okay.

3 ESOCOUGH: This is just my honest reaction
4 hearing the restrictions or hurdles that have been
5 inserted into this informed consent. It is
6 government overreach. It is being perpetrated
7 against one of the most targeted communities that we
8 are in need of protecting. You aren't protecting
9 anyone. What child whose parents and doctors are
10 not already informed enough to do the work to make
11 sure they're getting the care they need, what adult
12 whose doctor in tandem with that adult are not able
13 to decide what care they need? What additional
14 safeguards are you putting in here that is genuinely
15 protecting anyone who doesn't have a medical
16 professional by their side?

17 You are limiting access and
18 sensationalizing a lifesaving treatment that has
19 been around for decades. It's been around since the
20 '30s. There was a body of knowledge that was
21 destroyed by a particular group that we would be
22 referencing today if only that group had not been so
23 adamantly anti-trans. Because of that kind of
24 bigotry that has infected this state, and possibly
25 even this body, Americans will be harmed. Do the

1 right thing. Thank you.

2 CHAIRMAN ROMANELLO: Felix Proia, Lola
3 Smith, and Brandy Scappalis (phonetic).

4 FELIX PROIA: Good afternoon. Thank you
5 for coming to South Georgia, aka Northeast Florida,
6 and providing me the opportunity to provide comment.
7 My name is Felix Proia, and my pronouns are they and
8 them. I live and work in Duval County as a school
9 psychologist and I receive gender affirming care.

10 I cried tears of joy when I booked my first
11 appointment, feeling more empowered and cared for
12 than other. I am livid that the new prescriptions
13 and procedures are on hold until a consent form is
14 approved by this board. And taking this moment to
15 then put further rules is overreaching and harmful.

16 I am an adult living a life and this new
17 consent form that is what I'm hearing today is
18 overreaching from what the state had already put on
19 adults. I will consent to my care with a physician,
20 and I am an adult living a life that will be
21 impacted by these proposed restrictions to my care.
22 But what choice am I left with? I ask you to
23 consider my freedom from government oversight for
24 personal decisions.

25 This is my medication. It's medicine. The

1 discussion about my medical care should not be by a
2 governor-appointed board, it should be between my
3 doctor, and that's it. Being transgender is
4 beautiful. There is nothing inherently dangerous
5 about being transgender. I have gender euphoria, I
6 do not have gender dysphoria. And maybe that's
7 going to preclude me from getting care because of
8 the consent form that is being proposed. I will
9 consent to gender affirming care with a doctor. I
10 believe these forms are just wrong, wrong, wrong.
11 Thank you.

12 CHAIRMAN ROMANELLO: Thank you for your
13 comment. We appreciate it.

14 Lola Smith, Brandy Scappalis, and Madison
15 Natalya Hilt (phonetic).

16 LOLA SMITH: My name is Lola Smith. I'm 12
17 years old and I am nonbinary. And I am here today
18 with Women's Voices of Southwest Florida. You've
19 been speaking an awful lot lately about staying
20 within the scope. Our comments don't count nor
21 matter if they are not within the scope of what you
22 deem the subject is at hand. Yet, the rules and
23 steps you have laid out for the transgender adults
24 seeking treatment also do not consider the scope.
25 These hurdles you have created for folks

1 seeking care are beyond the financial and personal
2 scopes of many of the people required to fulfil
3 them. People have jobs, families, and commitments.
4 By demanding they commit so many hours and finances
5 to these continuous and unnecessary reviews, you are
6 ensuring many individuals will never receive the
7 care they need.

8 In creating an impossible road to care, you
9 are all participating in the active genocide of
10 transpeople here in Florida. Stop trying to paint
11 what you are doing as compassion or a compromise.
12 You cannot put a flower in an asshole and call it a
13 vase. Thank you.

14 CHAIRMAN ROMANELLO: Brandy Scappalis,
15 Madison Natalya Hilt, and Julie Mench (phonetic).

16 BRANDY SCAPPALIS: I am Brandy Scappalis.
17 I'm here today both as a social worker, PhD student
18 who has spent the last two years researching this,
19 reading all of the medical and mental health
20 literature, as well as someone who has been
21 receiving gender affirming care for over five years.

22 I wanted to comment on three main things.
23 Number one, several of the things on here are new
24 substantially burdensome requirements that are not
25 part of standard practice in providing or assessing

1 gender affirming care needs. And that includes the
2 x-rays, the bone density scan requirements, as well
3 as some of the -- like the annual mental health
4 assessments and suicide risk assessments. Those
5 will impose substantial financial burdens on
6 patients, and it will also impact insurance
7 companies when they cover this.

8 My employer provided health insurance. The
9 cost for a bone density scan, for just a copay would
10 be \$300. And that requirement for anyone is a
11 substantial burden on finances if it's an annual
12 requirement even for only five years. That's a
13 substantial amount of money.

14 Additionally, I wanted to comment on item
15 three on the informed consent form that gender
16 dysphoria be marked and sustained. The purpose of
17 gender affirming care is to alleviate gender dysphoria.
18 So someone who is being properly treated for gender
19 dysphoria will no longer have marked and sustained
20 gender dysphoria because of that treatment.
21 Therefore, that is only valid for the initial
22 assessment. After that, the goal is to see the
23 reduction of gender dysphoria as a result of
24 treatment.

25 And finally, I noticed that the forms

1 considered today don't include consent for surgery.
2 These are hormone treatment forms. Many people have
3 already been denied access to surgeries that were
4 already planned prior to the passage of the bill,
5 and we definitely need surgical informed consent
6 forms as well. Thank you.

7 CHAIRMAN ROMANELLO: Thank you for your
8 comment.

9 MADISON HILT: Hello, Board. Madison Hilt;
10 I'm from Clay County, Florida. The real issues that
11 I have with the proposed informed consent forms,
12 really numbers 5 and 13 are my biggest issues.
13 Number 5 stating that we can't have any mental
14 health comorbidities. That's kind of like a cat
15 chasing its own tail, right. When somebody has
16 gender dysphoria, one of the biggest things that
17 affects them is depression and increased suicidal
18 ideation. We know this. It's been demonstrated in
19 multiple studies, multiple peer reviewed studies.
20 And as a matter of fact, it's listed in the
21 Endocrine Society positional statement and their
22 standards of care that was cited in this rulemaking
23 session.

24 Removing that care from people with any
25 kind of psychological comorbidity is going to just

1 increase their suicidality exponentially. I would
2 -- I mean, I know it's pretty obvious I'm not a
3 doctor, but I have been involved with medicine for
4 quite a while. My father was chronically sick, I'm
5 chronically sick, so on, Type I diabetes.

6 Anyway, that provision is going to just
7 make people hurt themselves even more. I would
8 highly suggest that you all follow the other
9 guidelines that are in the Endocrine Society's,
10 which are pretty conservative guidelines for the
11 treatment of transpeople. It says that you all need
12 to have a multi-module approach with a team of
13 physicians. It does not say that you need to
14 exclude people if they have a mental health issue.
15 Because studies have shown that suicidality upticks,
16 rather than goes down, if they lose that.

17 And number 13, a psychologist or a
18 psychiatrist having to assess once a year. That's a
19 bit burdensome when only 10 to 12 percent of the
20 mental health practitioners in the state of Florida
21 are psychologists or psychiatrists and your LMHCs
22 and LCSWs are way better trained in a lot of cases
23 at treating gender dysphoria because there's a lot
24 of them that specialize in it.

25 Effectively, what this is going to be is if

1 you all pass this as it's stated right now is it's
2 going to be a ban on care for trans adults. Because
3 this is almost the same exact language that they
4 used in Missouri. So you're going to see the courts
5 strike it down. We're going to be back here doing
6 this whole song and dance again. You all just
7 follow the Endocrine Society standards. Just for
8 one second think about the Hippocratic oath, care
9 about your patients, and show the trans Floridians
10 in this room that you want to help them, not make
11 rules that are going to cause them to leave or hurt
12 themselves. Thank you.

13 CHAIRMAN ROMANELLO: Hey, thank you for the
14 comments. They were helpful and I appreciate them,
15 really.

16 Julie Mench, Max Fenning (phonetic) -- who
17 has exceptional penmanship -- and Bryce Hackmeyer
18 (phonetic).

19 JULIE MENCH: Hello. Julie Mench. So one
20 thing that has struck me this entire time listening,
21 other than the willful misquoting of studies and
22 seemingly apparent lack of knowledge of the topic
23 that you were here to discuss, is your absolute, you
24 know, dismissal of any positive outcome of gender
25 affirming care.

1 Now, you can look behind me and I can show
2 you a room full of people that will tell you that
3 gender affirming care is lifechanging and a
4 wonderful thing. Our lives have only been made
5 better by gender affirming care, which has been, you
6 know, regulated and a practice for -- like they
7 said, since the '30s, with Christine Jorgensen being
8 one of the first Americans to undergo transgender
9 reassignment. And there was no reason for these
10 bills, these laws. Medically, there weren't.
11 Politically, well, we all know the answer to that.

12 So I really am just horrified to see that
13 everything has just been a negative comment about
14 gender affirming care from this board that is tasked
15 with making ruling on gender affirming care.

16 And speaking on the comorbidities of mental
17 health. Imagine going to a doctor, "Oh, hi. I'm
18 sorry, You have a glioblastoma. It might be
19 operable but it's fatal if we don't. But you seem
20 to be really depressed about this, so let's give you
21 six months of mental counseling to get rid of your
22 depression before we can get rid of your tumor that
23 is causing your depression."

24 You know, these things -- every tactic
25 you're trying is just saying you're deliberately

1 trying to block gender affirming care. You know,
2 it's not inapparent to us. We are very aware that,
3 you know, nobody on this board seems to be pro
4 gender affirming care despite the overwhelming
5 evidence, the thousands and thousands of papers
6 saying how effective it is. Millions of people
7 telling you how effective it is. But yet, deaf
8 ears.

9 So I mean, how is one really supposed to
10 read that? You know, as someone receiving gender
11 affirming care, how am I supposed to respect your
12 opinion that is so anti my existence? I would
13 really ask you to go and ask yourselves that.

14 And another thing I'm going to say is that
15 I've known many transpeople. I'm a trans activist.
16 And I have never heard them suicidal until State
17 Bill 254. So you are willfully causing harm with
18 your bills and your rulings, and I want you to look
19 into that and hold up your Hippocratic oath. Thank
20 you. I seed the rest of my time.

21 CHAIRMAN ROMANELLO: Thank you.

22 Max Fenning, Bryce Hackmeyer, and Kit M.
23 (phonetic), followed by Omar Martinez (phonetic).

24 MAX FENNING: Hello and thank you for
25 complimenting my impeccable handwriting. Hello, my

1 name is Max Fenning, and I am the president of
2 Prism, a youth-led nonprofit that works to expand
3 access to LGBT inclusive education and sexual health
4 resources for young people in South Florida.

5 As someone who works closely with trans
6 youth, I know the impact that gender affirming care
7 can have. Trans healthcare including puberty
8 blockers and hormone replacement therapy is safe,
9 well-tested, and most importantly, lifesaving.
10 Gender dysphoria can be debilitating. Transgender
11 youth are twice as likely to attempt suicide as
12 their cis gender peers, but suicidality drops
13 sharply when gender affirming care is paired with an
14 affirming and accepting environment. That's why
15 almost every major medical association has formed a
16 clear consensus that gender affirming care can lead
17 to positive outcomes for trans youth.

18 And not only that, the proposed informed
19 consent forms for both minors and adults is an
20 egregious obstacle course of hurdles and fiery hoops
21 to jump through. So while I appreciate the efforts
22 today to temper some of those restrictions in
23 discussion, this is still not reasonable informed
24 consent. It's a process that represents a
25 culmination of months of fear mongering and

1 dehumanization of transpeople of all ages and all
2 backgrounds, and our state diluting transpeople's
3 humanity to a political agenda of woke
4 indoctrination.

5 But transness is not a political agenda.
6 LGBTQ people do not want our lives, our bodies, and
7 who we love politicized. It should be the decision
8 between a child and their parents, or an adult
9 patient and their doctor. Trans healthcare saves
10 lives and it's why we've seen several injunctions
11 against both your rulemaking as a board and several
12 components of SB254, the legislation that
13 necessitated this process today.

14 I urge you to reconsider some of the most
15 cumbersome components of these informed consent
16 forms, especially those that exclude folks with
17 other mental health diagnoses, to ensure access to
18 this care for all transpeople who need it in our
19 state. Thank you for your time.

20 CHAIRMAN ROMANELLO: Thank you, Max.

21 BRYCE HACKMEYER: Sorry, I'm in heels. Hi,
22 my name is Bryce Hackmeyer and I'm the health and
23 technology director of Women's Voices of Southwest
24 Florida and cofounder of the Justice Advocacy
25 Network.

1 First of all, I'd like to remind the boards
2 that the Florida State Legislature in its drafting
3 of SB254 utilized arguments from both the Florida
4 Boards of Medicine and Osteopathic Medicine as well
5 as from the Florida Agency for Healthcare
6 Administration, AHCA.

7 The claims made by the surgeon general and
8 AHCA which triggered the board's rulemaking on
9 gender affirming care in the first place back in
10 August of 2021, had been debunked -- or 2022, excuse
11 me -- have been debunked extensively in court. See
12 Dekker v Weida, which I have already submitted to
13 the public record, as politically motivated and
14 discriminatory. I have many concerns regarding the
15 requirements for continuing HRT but will only delve
16 into a few for the interest of time.

17 First of all, what psychiatric
18 comorbidities impede diagnosis and treatment of
19 gender dysphoria? How expensive would it be to be
20 evaluated by both a psychiatrist and/or a
21 psychologist in order to continue HRT? Please
22 elaborate on specific comorbidities and also
23 research the expenses associated with such
24 evaluations.

25 Second of all, I don't believe decreased

1 bone density is a significant side effect of
2 testosterone HRT, but I could be wrong. There
3 exists less costly and invasive methods to gauge
4 bone mineral density than bone density scans, such
5 as peripheral blood cell counts. Specifically, red
6 blood cell, white blood cell, and platelet counts
7 when controlled for confounding factors are
8 positively associated with T scores, a measure of
9 bone density.

10 A complete blood count differential
11 including platelets, a routine blood test taken
12 during physical checkups can provide this data at no
13 extra cost to the patient. These relationships
14 elucidate the close connection between hematopoiesis
15 and bone formation. To those alarmed by the
16 decreased bone formation -- or decreased bone
17 density side effect of a particular form of HRT, I
18 would say that calcium supplements go a long way.

19 All informed consent forms I've seen
20 deliberated by these boards possess statements of
21 bias and opinion. E.g. -- not i.e., low quality
22 studies, purely speculative. Although you all are
23 welcome to your personal opinions on these studies,
24 I do not believe a consent form should contain
25 biased statements such as these.

1 The Boards of Medicine are currently
2 proposing additional restrictive and expensive
3 hurdles on all transpeople who seek lifesaving care.
4 These introduced requirements place undue burden,
5 both temporarily and physically, on providers and
6 their patients. I highly suggest that prior to the
7 development of official and if possible, emergency
8 consent forms members of the boards reevaluate all
9 previous claims made regarding gender affirming care
10 and conduct truthful scientific analysis of the vast
11 body of research currently available, free of cherry
12 picking, showing these patients the respect and
13 basic human dignity they deserve. Otherwise, you
14 will waste Floridian taxpayer money defending your
15 baseless claims in court.

16 I encourage each board member to remember
17 that these boards represent more than just board
18 members and their research but the entirety of the
19 practice of medicine in our beautiful state. Please
20 take all necessary courses of action to debias
21 yourselves to ensure Floridian gender affirming care
22 patients may pursue and continue their care in
23 peace. Thank you.

24 CHAIRMAN ROMANELLO: Thank you.

25 Kit M., followed by Omar Martinez, and

1 Katelyn Denehy-Samitz.

2 KIT M.: Hi, Kit. Yeah. So what's being
3 pretty clearly communicated is that what is and
4 isn't in the topic isn't entirely arbitrarily
5 decided by you all on whether you like the comment
6 or not. This is the most consistent way to
7 determine whether or not you are going to interrupt
8 randomly in the middle of a comment. For example,
9 you lied about suicide in the informed consent forms
10 but when corrected on suicide statistics, that is
11 suddenly off topic because they were mean to you.

12 There is no reason to believe in your
13 honesty. I mean, just look at your disgusted faces.
14 The public book for this meeting, first off, was
15 corrupted, which was very ironic (indiscernible)
16 this whole situation.

17 CHAIRMAN ROMANELLO: Kit, do you have
18 anything to offer on the rules or the informed
19 consents?

20 KIT M.: The context in which the rules are
21 made is necessarily relevant to the rules.

22 CHAIRMAN ROMANELLO: Do you have any
23 comments on the rules or the informed consents?

24 KIT M.: Yes.

25 CHAIRMAN ROMANELLO: Can you offer those

1 comments, please.

2 KIT M.: Over a dozen studies with a sample
3 size of -- with a sample size of 30,000 state the
4 efficacy of these in improving mental health and
5 decreasing suicidality, yet you lyingly state that
6 treatment with gender affirming care will not
7 prevent serious psychological events such as
8 suicide. If you're going to claim that this is not
9 on topic, this is directly from your consent form.

10 You are the most transparently corrupt
11 governmental body, but you appeal to an imagined
12 sense of decorum, again, with the relevancy of each
13 and every single comment, which again seems to be
14 entirely arbitrarily decided by whether or not
15 people are polite to you.

16 You cite organizations that have disowned
17 you repeatedly, such as the Endocrine Society, which
18 published an article in November of 2020 entirely
19 disowning the ruling as anti-science. Why require
20 both a DEXA scan and an x-ray every year, which
21 would cost approximately \$700 combined, even for
22 testosterone which increases bone density. The
23 point, very clearly, is to block poor people from
24 this which transpeople disproportionately are.

25 Why bar with -- and this is a direct quote

1 -- "any other active psychopathology"? This is not
2 from the informed consent forms, this is later on in
3 the public book, but it was relevant to be included
4 in the public and therefore, it would be relevant to
5 this meeting. This would include depression,
6 anxiety, ADHD, autism, et cetera.

7 Why recite the limonite lies of a social
8 contagion of rapid onset gender dysphoria? Why lie
9 about desistance rates by citing a 1968 study
10 calling the 12 patients "sissy boys and tomboyish
11 girls"? Why desperately hide your unanimous
12 DeSantis donations average \$20,000 per year, per
13 member, prior to being appointed by your whaler?
14 Grow a damn spine and own up to what you are doing.

15 CHAIRMAN ROMANELLO: Omar Martinez.

16 OMAR MARTINEZ: Yes. Good afternoon. My
17 name is Omar Martinez. I completed a dual degree in
18 law and public health. I also have a master's in
19 clinical research methods and completed a
20 post-doctoral fellowship. I have dedicated my
21 entire professional career to address health
22 disparities and inequities impacting sexuality in
23 minorities.

24 My work and the work of others have clearly
25 documented the impact of systemic factors including

1 the larger social context, policies like the one
2 passed in Florida, structural stigma,
3 discrimination, and racism that I suspect
4 disproportionately impact the transgender
5 population. We have also developed programs and
6 interventions that are resiliency based and really
7 highlight the beauty, the magic of the resilience
8 community.

9 Now, regarding the informed consent, in
10 developing these consent forms, I should actually
11 recommend considering the informed consent model,
12 also known as the affirmation element, to help
13 support the writing of this informed consent. The
14 model has been adopted by many healthcare
15 professionals. In particular, clinicians at the
16 Callen-Lorde Community Health Center in New York
17 City.

18 You have a duty to provide adequate and
19 accurate information to enable a person to make an
20 informed decision. The benefits have been clearly
21 established and this board -- this is where this
22 board has shown subjectivity, to my understanding,
23 and impartiality.

24 The truth is that data from more a dozen of
25 studies of more than 30,000 -- more than 30,000

1 transgender (indiscernible) and diverse youth
2 consistently show that access to gender affirming
3 care is associated with better mental health
4 outcomes and the lack of access to such care is
5 associated with higher suicidality, depression, and
6 self-harming.

7 A recent study, last year, 2022, published
8 by Tordoff and colleagues in JAMA with over 100
9 transgender youth found that mental health incomes
10 increase significantly with the medication aspects
11 of gender affirming care.

12 Another study published last year in
13 pediatric, but also (indiscernible) colleagues, with
14 over 300 -- 300 -- you want the data, you want the
15 sample size? You have it there -- transgender youth
16 found that the vast majority of those receiving
17 gender affirming cares do not regret transitioning
18 at all. Over 60, 60 high-quality, well-designed
19 studies published in reportable journals have
20 established the safety and efficacy of gender
21 affirming care.

22 The new requirements that you -- just
23 drafted are very problematic and not in line -- not
24 in line with the standards of gender affirming care
25 of data published in May of this year by JAMA, but

1 the World Professional Association of Transgender
2 Health.

3 I'm particularly concerned with requirement
4 number 10, requirement 13, requirement 5. I'm not
5 going to go into details. These requirement deviate
6 -- deviate from the standards of care. I'm actually
7 very concerned about the potential breach of the
8 standard of care and legal implications for this
9 board and medical professions. You're deviating
10 from well-established evidence and the standard of
11 care by providers.

12 CHAIRMAN ROMANELLO: Mr. Martinez, thank
13 you. Your time is expired. We appreciate your
14 comments, and we'll certainly take them into
15 consideration as we continue to discuss the rules.

16 Our final speaker of the afternoon is going
17 to be Katelyn Danehy-Samitz. Did I get that halfway
18 right?

19 KATELYN DENEHY-SAMITZ: Yeah. I feel like
20 other people -- yes, you did actually get it right.
21 But I think it's probably because of timing.

22 UNIDENTIFIED SPEAKER: Yeah.

23 KATELYN DENEHY-SAMITZ: Okay. Well, in the
24 interest of time, if I can keep it under three
25 minutes are we able to get another speaker since

1 it's 4:26 now.

2 CHAIRMAN ROMANELLO: You're going to be our
3 last speaker of the day. Thank you. So if you have
4 comments --

5 KATELYN DENEHY-SAMITZ: Regardless of the
6 4:30 cutoff?

7 CHAIRMAN ROMANELLO: You're going to be our
8 last speaker of the day. Thank you.

9 KATELYN DENEHY-SAMITZ: Awesome.

10 UNIDENTIFIED SPEAKER: It's not 4:30 yet.

11 KATELYN DENEHY-SAMITZ: It's not, but
12 that's fine.

13 Okay. Katelyn Denehy-Samitz, founder/vice
14 president of Women's Voices of Southwest Florida. I
15 would like to start off and apologize to you, sir,
16 because apparently, I'm not sure what
17 "masculinification" is but I don't think that hair
18 makes the man.

19 Actually, as well, too, something I usually
20 start off with and this is within the scope --
21 within the scope -- since I'm in a room full of
22 doctors, if anybody can help me and figure out how
23 to disjoint a human centipede, my email is on that
24 form. Please keep it. Send me an email,
25 admin@wvswfl.com.

1 So much to say and if I'm the last speaker,
2 that's great. Let me check on my notes here; I
3 might as well take my time.

4 Say that you're mandated to do this, and
5 it's been reviewed several times the fact that you
6 have been mandated to create the consent form. The
7 hate that you are warranting and making this care
8 that is lifesaving, which has been again shown over
9 and over again despite the cherrypicked references
10 -- oh, wow. I'm angry. I'm sorry. I'm not sorry.
11 I'm trying very hard to be cordial.

12 You admitted to cherry picking the research
13 that you choose to base these on. You are looking
14 at a room full of people who drove hours to be here.
15 I drove five hours here with my family, and we're
16 allotted -- nope, this is within the scope -- we are
17 allotted three minutes.

18 I would like to echo what Kit said and say
19 that everything -- every one of these person's
20 experiences is within the scope of what you are
21 doing, and by refusing to listen to them, by putting
22 your head in the sand for PR -- PR, putting your
23 head -- continuing to put your head in the sand, you
24 cannot allow Ron DeSantis to hide behind you and not
25 expect to have shit thrown at you. That's it. Have

1 a wonderful day. Oh, God is disappointed.

2 CHAIRMAN ROMANELLO: Thank you. Your
3 comments were incredibly helpful to the committee,
4 and we'll take them into consideration. Appreciate
5 it.

6 All right. We're now going to move towards
7 actual now consideration and a vote on the informed
8 consents and rules. And I'll ask Mr. Dierlam, just
9 a process. We did the informed consents first and
10 then the rules. Any --

11 DR. ACKERMAN: Do we have to act on the
12 rule first?

13 CHAIRMAN ROMANELLO: That's what I'm
14 asking. Right?

15 ATTORNEY DIERLAM: I don't think you have
16 to act on the rule separately. I would advise that
17 if the -- you know, first of all, the committee
18 needs to determine if it wants to reconsider any of
19 the prior discussions, make any changes to the
20 consent forms based on public comments.

21 If the committee is comfortable with the
22 consent forms as are, we would simply need a motion
23 to adopt. I believe it would be appropriate to do
24 the minor consent forms and rule language in one
25 vote, and then allow me to ask the sunset questions.

1 Then move forward with the exact same process for
2 the adults. You know, again --

3 DR. ACKERMAN: So Ms. McNulty, did you take
4 any notes? There were some issues that came up.
5 Should we --

6 ATTORNEY MCNULTY: Well, I mean, what in
7 particular are you looking for?

8 DR. ACKERMAN: I just remember --

9 DR. MORTENSEN: There was one about fluid
10 versus fluent.

11 DR. ACKERMAN: Yeah.

12 EXECUTIVE DIRECTOR VAZQUEZ: A technical
13 change, I think we can take care of.

14 DR. ACKERMAN: Okay. I just wanted to make
15 sure that we addressed that.

16 DR. DERICK: Okay. I have comments on the
17 adult consent form.

18 ATTORNEY DIERLAM: So are we going to start
19 with minor or --

20 CHAIRMAN ROMANELLO: Let's do minor first,
21 if we can. So we have the minor consent form and
22 then the minor rule. Any discussion that the
23 committee wants to make with respect to the consent
24 form or the rule that we discussed early, or any
25 responses or comments to the public comments that we

1 heard this afternoon?

2 All right. So if there's no comment, we
3 would entertain a motion to adopt the consent form
4 as amended and the rule.

5 DR. ACKERMAN: Move to adopt the consent
6 form as amended and the rule.

7 DR. DI PIETRO: Second.

8 CHAIRMAN ROMANELLO: Okay. There's a
9 motion by Dr. Ackerman, a second by Dr. Di Pietro.
10 Do we need to do the conforming questions
11 now or --

12 ATTORNEY DIERLAM: After we have a vote in
13 favor of the ruling.

14 CHAIRMAN ROMANELLO: Got it. All right.
15 All in favor of the motion?

16 (Unanimous ayes)

17 Opposed?

18 The motion passes.

19 ATTORNEY DIERLAM: So if you don't mind,
20 board members, I'll go ahead and ask the requisite
21 circ questions. The first question is: will the
22 proposed rule amendments have an adverse impact on
23 small business?

24 DR. DI PIETRO: I move that it will not.

25 DR. ACKERMAN: Second.

1 CHAIRMAN ROMANELLO: All in favor?

2 (Unanimous ayes)

3 Opposed?

4 Passes.

5 ATTORNEY DIERLAM: Is the proposed rule
6 amendment likely to directly or indirectly increase
7 regulatory costs to any entity, including the
8 government, in excess of \$200,000 within one year
9 after implementation?

10 DR. ACKERMAN: Move that it won't.

11 DR. DI PIETRO: Second.

12 CHAIRMAN ROMANELLO: All in favor?

13 (Unanimous ayes)

14 Passes.

15 ATTORNEY DIERLAM: Will this rule amendment
16 create an offense that would constitute a minor
17 violation under the rule?

18 DR. ACKERMAN: Move that it won't.

19 DR. DI PIETRO: Second.

20 CHAIRMAN ROMANELLO: All in favor?

21 (Unanimous ayes)

22 Opposed?

23 Passes.

24 ATTORNEY DIERLAM: And then the final issue
25 for consideration is a sunset provision and whether

1 or not the board wants to include one. I would
2 point out that A, this rule is required by statute,
3 and therefore, I don't know that a sunset provision
4 would be required. And B, it's also an emergency
5 rule, so --

6 DR. ACKERMAN: Move that there's no sunset
7 provision.

8 DR. DI PIETRO: Second.

9 CHAIRMAN ROMANELLO: All in favor?

10 (Unanimous ayes)

11 Opposed?

12 Passes.

13 Moving to the adult, any comments by
14 committee members? And I know that Dr. Derick had a
15 comment.

16 DR. DERICK: So starting on Bates 309, I
17 think that the audience actually had a lot of
18 compelling comments and I kind of just wanted to
19 walk through the issues related to the
20 qualifications for adults to receive and continue
21 HRT.

22 So I think if we go, number 1, meets the
23 criteria for gender dysphoria. That seems like
24 that's appropriate that they have gender dysphoria
25 if they're being treated for it.

1 DR. ACKERMAN: We're on 309?

2 CHAIRMAN ROMANELLO: Bates 309.

3 DR. DERICK: You know, there was a recent
4 knowledge that some people from a large transgender
5 group were sort of rubberstamping after a 20-minute
6 appointment with a provider. They were getting
7 letters to their insurance companies, you know,
8 saying that these people qualified, you know, for
9 these very serious, like (indiscernible), for
10 example, without really having a relationship with
11 those people. So I do think that -- and it wasn't
12 persistent, it had been like a month.

13 "Mental health and physical conditions that
14 could negatively impact the outcome of the treatment
15 have been assessed." So the comorbidity thing is
16 interesting. It sounds like from number 2, if
17 someone does have a mental health or physical
18 condition, and it's discussed, risks and benefits
19 are discussed, that that person could get the
20 treatment.

21 DR. DI PIETRO: Correct.

22 DR. DERICK: Right. I mean, it doesn't
23 preclude -- that one doesn't preclude it.

24 DR. DI PIETRO: Correct.

25 DR. DERICK: "3, gender dysphoria is marked

1 and sustained." I think the points that were made
2 from the audience, if you are already being treated
3 for gender dysphoria, you don't have sustained
4 gender dysphoria, so maybe that one is redundant to
5 the fact that you meet criteria for gender dysphoria
6 in general.

7 DR. MORTENSEN: That kind of speaks though
8 with hypertension, right. Like if you're taking
9 your medication, you don't have hypertension.

10 DR. DERICK: Yeah.

11 DR. MORTENSEN: So if they are taking their
12 medications, they still technically have gender
13 dysphoria.

14 DR. KIRSH: It's a diagnosis.

15 DR. MORTENSEN: It's a diagnosis.

16 DR. DERICK: I think maybe it's nuanced
17 with the way that it's written. But I mean, I think
18 that, you know, you wouldn't -- if someone was
19 stable and doing well, you wouldn't want to say that
20 they were -- someone said gender euphoric, which is
21 not gender dysphoria, so --

22 The next one, "Demonstrated capacity to
23 consent." That seems fine.

24 Number 5, "Does not" -- this one -- "does
25 not suffer from psychiatric comorbidity that

1 interferes with the diagnostic workup or treatment."
2 So this is saying that if you're a new patient who
3 is an adult and you have a psychiatric comorbidity
4 that would interfere with the diagnosis of gender
5 dysphoria then that would be taken into
6 consideration. I do think it's compelling. People
7 do have depression and other sorts of things that we
8 wouldn't want to state that they couldn't get their
9 treatments in adults, right. I mean, to me that
10 seems inappropriate.

11 DR. ACKERMAN: I think it's a
12 misunderstanding. I think that there could be a
13 psychiatric comorbidity but the fact that it has to
14 interfere --

15 CHAIRMAN ROMANELLO: Absolutely.

16 DR. ACKERMAN: -- with the diagnostic
17 workup or treatment. I mean, everybody has
18 multiple --

19 DR. DECKER: I mean, like if you have ADHD
20 and have gender dysphoria, it seems like those
21 things can be treated separately.

22 DR. ACKERMAN: Yeah. I agree.

23 DR. DECKER: If you have depression, gender
24 dysphoria, if you're treated maybe the depression
25 goes away or maybe it doesn't. Maybe it requires

1 additional treatment.

2 DR. ACKERMAN: I think it doesn't interfere
3 with the diagnostic workup or treatment.

4 CHAIRMAN ROMANELLO: Right.

5 DR. DECKER: "Number 7, demonstrates
6 knowledge and understandings of the risks." That
7 seems normal, or fine.

8 "Number 8, understands the effect of gender
9 affirming hormone treatment on reproduction."
10 That's just informed consent again.

11 "Number 9, undergoes evaluation by the
12 prescribing physician at least every three months."
13 And then also number 10, which is the suicide risk
14 assessment. You know, I sort of agree that, you
15 know, once the consent is --

16 CHAIRMAN ROMANELLO: But Dr. Derick, we
17 changed that, right.

18 DR. DERICK: No, I'm just reading the
19 former -- the timing was changed. But to me it
20 seems like in adults if they do informed consent in
21 person with a physician that maybe this is too
22 prescriptive in its language for adults.

23 Same with the bone scan and laboratory
24 testing and the annual mental health assessments.
25 You know, we were charged with creating a consent

1 form in adults to reeducate people on kind of the
2 newest stuff that's going on in this field because
3 it's -- you know, people here say we don't know the
4 studies, but we've read probably 20,000 pages of
5 studies. We've got 2 people up here who are
6 specialists in pediatric endocrinology, which is
7 like 4 years after college of medical school, and
8 then like 3 years of pediatrics, and then 2 years of
9 endocrine, or whatever it is. It's like a lot of
10 time. So these people, I mean, this is what they do
11 for a living. They see these patients and
12 everything else.

13 So I mean, I don't want people to think
14 we're not taking this seriously. We have very
15 serious concerns about some of these treatments.
16 But I do think that in adults in particular perhaps
17 some of the prescriptive appointments and all of
18 those things might be too much.

19 And I also think that would probably get
20 rid of the issue with the nurse practitioners
21 because then it would only be in the kids who were
22 in that window of time where they needed to have --
23 they got grandfathered in or whatever else, they
24 would need to be seen. But if we consider maybe
25 removing some of these other requirements that maybe

1 the access to their doctor, they should be seeing
2 their doctor regularly anyway.

3 So I don't know, I'm appreciative of the
4 public here. I think that, you know, the intent
5 always is to use all the knowledge that we have to
6 do the best job that we can with the data that's
7 presented and I think, unfortunately, there's just
8 such a chasm right now of, you know, you either
9 believe or don't believe and there's just so much
10 uncertainty related to all of this. So I appreciate
11 everyone's comments and I think that, you know,
12 perhaps we should consider removing some of these
13 requirements for adults.

14 CHAIRMAN ROMANELLO: Do you have any
15 specifics?

16 DR. DERICK: Yeah. I think -- yes, I do.
17 So if we go back through. I'm sorry to be so
18 tedious with this. But I think the mental health
19 comorbidity is -- if we're all on the same page
20 where we agree with the lawyers that if you do have
21 a mental health comorbidity it's just discussed as
22 part of the evaluation, it's not that you can't get
23 it if you have depression.

24 DR. ACKERMAN: Right. That's a
25 misunderstanding.

1 CHAIRMAN ROMANELLO: Right.

2 DR. DERICK: Okay. Because I think that
3 that's -- you know, that was a concern of a lot of
4 people that we heard.

5 You know, obviously --

6 DR. ACKERMAN: So we're leaving that as is.

7 DR. DERICK: Yeah. Able to give consent
8 and stuff like that, that should stay. I think
9 maybe number 9, number 10.

10 DR. ACKERMAN: Well, let's go through one
11 at a time. So number 9.

12 DR. DERICK: I'm saying that 1 seems
13 normal. 2 is okay. 3 is redundant. 4 is fine. 5
14 we've clarified. 6 is fine. 7 is fine. 8 is fine.
15 9 is -- I would -- we had changed it when we were
16 discussing it, before I heard public testimony on
17 it, to 6 months or something like that.

18 DR. ACKERMAN: We said three months for the
19 first year and annually thereafter.

20 DR. DERICK: Yeah. I feel like maybe that
21 one should be stricken. I think that the patient
22 probably as an adult will have a routine cadence of
23 visits anyway that doesn't necessarily need to be
24 mandated in this rule.

25 And the same thing with number 10, suicide

1 risk assessment. I did hear Dr. Benson, I'd like to
2 hear his opinion about if he thinks that this should
3 be a mandate, but I think that if it's good practice
4 for physicians who are prescribing this in adults
5 that it is an issue that hopefully they would do
6 that on their own.

7 The laboratory testing, same thing, and the
8 bone scan, same thing. I would consider not having
9 those. And then 13, annual mental health
10 assessment. And to be honest, I'm not saying these
11 things aren't important. They are very important.
12 I'm just not sure in the context of this task that
13 we were given that this should be included.

14 "Number 14, continuing counseling with a
15 licensed mental healthcare professional during
16 treatment," I think that one probably should be
17 taken out too. Not that that shouldn't happen, I
18 just am not sure it should be as part of this.

19 DR. MORTENSEN: It says, "with the
20 frequency recommended by the healthcare professional
21 though," so it's not like we're mandating that they
22 have to have it, we're just suggesting that if they
23 are seeing somebody and that person says, "You
24 really need to be seen more frequency," you do. And
25 if they say, "No, come back in a year, or two years,

1 or if you have problems."

2 DR. DERICK: I mean, I think that that one
3 is fine then if it's read that way. I mean, I think
4 it's appropriate if you have an annual mental health
5 assessment it can happen like maybe once, and if
6 it's needed to be done -- if people are happy and
7 they're not having problems with it and they're
8 adults and they're on stable medications for a long
9 period of time. I mean, I hear the access
10 arguments, I hear the cost arguments, I hear, you
11 know, a lot of those things and I feel that perhaps
12 in adults that we are -- our duty is to inform them
13 about the risks of the treatment, considering some
14 of these have become newly -- we're becoming more
15 aware.

16 You know, I know that the NHS in England
17 recently came out with even more stringent
18 guidelines related to not even promoting social
19 transitioning of children. So I mean, we're looking
20 at Europe, we're watching Europe. It's a constantly
21 evolving discussion. And so I think that the
22 refreshing of the informed consent -- and also, the
23 people's doctors are going to give them their own
24 informed consent, too. So they're going to get all
25 the consents. But yeah, so I think that that that

1 might --

2 DR. MORTENSEN: I think it would be fair to
3 strike some of it because as counsel had noted, the
4 physicians are required to handle the standards of
5 care and if you do look at the Endocrine Society
6 Guidelines and the World PATH guidelines, they do
7 recommend laboratory testing, bone mineral density,
8 all those other things. So you could strike it from
9 the consent because it falls on the physician to
10 follow those standards of care.

11 DR. DERICK: Maybe it would be --

12 DR. MORTENSEN: But it would be fair to
13 inform the patient to expect that these things are
14 the standard of care and that their provider might
15 be --

16 DR. DERICK: I like that idea. Instead of
17 saying it's a requirement that it would be included
18 in the informed consent that this is what you should
19 expect, or your -- this is what's considered
20 standard of care is to have these things done at
21 this sort of cadence. But not make it a requirement
22 where if someone doesn't have a bone scan they're
23 out of compliance if it's been, you know, 370 days.

24 DR. ACKERMAN: Well, the first line here
25 say above those numbers is "The specific

1 requirements for an individual," and then all these
2 things are in there. So we're requiring these. So
3 you want to loosen up on some of these requirements,
4 like number 9 and 10?

5 DR. DERICK: Yeah. I feel like -- sorry,
6 my computer shut like shut off. It's like --

7 DR. ACKERMAN: So number 9 says, "Undergo
8 an evaluation by a prescribing physician" -- and I
9 think we changed it -- "or their" --

10 DR. DERICK: Instead of making it a
11 requirement make it "It is suggested that you" --
12 blah, you know.

13 DR. MORTENSEN: So why not leave the things
14 that we need for specific requirements and then
15 create a second subsection that says, "The following
16 are recommendations" -- or the "The following may be
17 recommended by your physician" and then list the
18 other ones as recommendations?

19 DR. DERICK: I think that's a great
20 compromise. I think that that's something that I
21 think the audience would be supportive of.

22 DR. MORTENSEN: So we don't have to
23 reinvent the wheel on the consent.

24 DR. DERICK: You know, and I think that
25 it's --

1 DR. ACKERMAN: I think the economics of it
2 is important -- is a concern, yeah.

3 DR. DERICK: It's good medicine to do these
4 things, I just -- you know, if you require that they
5 can't get prescriptions filled if these things A, B,
6 and C haven't done, it's like a lot of burden to
7 make sure that you're not out of compliance and it
8 will make physicians nervous too to be prescribing
9 these medications to make sure that they're able to
10 comply.

11 DR. ACKERMAN: Right. But at the same
12 time, we need to protect the public and have some
13 requirements that -- I think there will be
14 physicians out there that will take advantage of
15 this and not see their patients and just -- you
16 know, they'll be doing telemedicine and not doing
17 these assessments in person. So I think we have to
18 have some requirement in there of a frequency that
19 they see a physician. So we said before every
20 three months, and I think we said during the
21 induction phase, or -- right? Help me with what we
22 had said.

23 CHAIRMAN ROMANELLO: First year.

24 DR. ACKERMAN: The first year, every three
25 months, and then annually thereafter. So you want

1 to strike that? You want to make it looser?

2 DR. KIRSH: Maybe the consideration might
3 be is some of the things that would have a major
4 impact financially, we put under recommendation by
5 the physician and the patient. And then those that
6 we believe are protective of the population we
7 continue the standard similar to meeting with the
8 physician on a regular basis at the beginning and
9 loosen that up as we already have in the end for the
10 adults. It's those things that may have the
11 financial impact that we may say is a
12 recommendation.

13 DR. DI PIETRO: But it shouldn't be about
14 financial impact. It should be about health,
15 safety, and welfare, right.

16 DR. KIRSH: Absolutely.

17 DR. DI PIETRO: And standards of care.

18 DR. KIRSH: Absolutely. But there is --

19 DR. DI PIETRO: So I mean, the standard of
20 care is a cardiac catheterization and it's way more
21 expensive than TPA. So I mean, it's -- although I
22 recommend -- excuse me. Although I understand the
23 financial aspects and even Dr. Ackerman and I were
24 looking up the cash pay prices on DEXA scan sitting
25 here. I mean, I get it. I deal with it every day.

1 I deal with uninsured patients in my hospital on a
2 daily basis. But when we're coming up with
3 standards and consents, it has to be standards of
4 care and health, safety, and welfare.

5 I am completely fine with leaving certain
6 requirements and then having a subtitle for things
7 as they stand and putting, you know, "These should
8 be expected as are recommended" if you want to put
9 by the board by the state -- however you want to
10 write it, I'm perfectly fine with that. But I don't
11 think they should be exclusively removed because I
12 think when things are in writing like this, it gives
13 the patient the opportunity to read things that
14 maybe their physician, if it's not a fantastic
15 physician, failed to mention to them.

16 DR. KIRSH: No. I happen to agree with you
17 but there are some things that, you know, is a
18 decision made by a group that may not look at the
19 full ramification, and so those things should be
20 recommended, as you said, and those things that we
21 believe is an absolute necessity, such as seeing the
22 patient on a particular period, is something that we
23 should keep that in the informed consent and fly it.

24 DR. ACKERMAN: Well, this is the standard
25 of care part, so let's -- I'd like to -- it would be

1 good to get through this and just do one at a time.

2 DR. DI PIETRO: But the other option could
3 be that the requirements apply to people who are new
4 adults to the treatments, and the people who are
5 currently under treatment, these are the
6 recommendations.

7 DR. KIRSH: How do you define that? That's
8 complicated. How would you define that from a --

9 CHAIRMAN ROMANELLO: Can I make a
10 suggestion? I'm not hearing a consensus on where
11 the committee wants to go on the issue. I'm hearing
12 a couple of different competing ideas, all of which
13 sound good. I think there is a general consensus to
14 somehow modify those requirements for folks who
15 receive hormone replacement therapy. I don't think
16 that we've coalesced as a group on where those
17 requirements or suggestions should reside.

18 As this is an emergency rule, this is not
19 going to be the last stop on this journey. We're
20 going to be back here for a permanent rule, and
21 we've already talked about some other items that
22 we've put kind of placeholders in this rule in that
23 we're going to reconsider and have much more time to
24 reconsider as we progress to the permanent
25 rulemaking. Is this an area where we could -- we've

1 got notes and a record of the conversation, is this
2 something that we can come back in the permanent
3 rulemaking process to take up?

4 DR. DERICK: I just think there's going to
5 be a gap between those two things and the physicians
6 aren't going to know what to do during A and B.

7 CHAIRMAN ROMANELLO: Okay. Fair enough.

8 DR. DERICK: I see both sides and I think
9 it's important to recognize that we can't lose our
10 transgendered patients to lack of follow up. And I
11 think that we're seeing a little bit of this
12 rubberstamping sort of large sprawl of transgendered
13 clinics where people have been on record saying that
14 they don't have any gatekeeping philosophy because
15 they believe everyone should be on these
16 medications. And I think that's something that we
17 really need to think hard about is that this is not
18 for everyone, especially in the kids. It's not --
19 it's good for some that need it and it also should
20 be considered that it might just take time to --

21 DR. BENSON: So I think the simple thing is
22 with the DEXA scan, I think if you really look at
23 the Endocrine Society Guidelines, they talk about a
24 lot of what we talked about. When to monitor
25 testosterone, when to get a hemoglobin and

1 hematocrit screening for osteoporosis. But for
2 trans males, the fracture risk is probably low if
3 they're staying on their testosterone. And for the
4 trans females, you know, again, similar monitoring,
5 checking testosterone, checking estrogen, shooting
6 for the physiologic range. But BMD testing at
7 baseline for that group, but the rest are low risk,
8 so you're requiring a DEXA scan that would be
9 something I think we could just eliminate for most
10 adults.

11 CHAIRMAN ROMANELLO: So then is there an
12 appetite? Because Dr. Derick has identified, and
13 we've circled in on numbers 9 through 14. Would
14 there be an appetite for the committee to consider a
15 new section, as Dr. Di Pietro pointed out, after the
16 specific requirements, another section that reads,
17 "The following requirements may also be recommended
18 by your physician," and we would take numbers 9 --

19 DR. ACKERMAN: Take out the word
20 requirements. "The following may be" --

21 CHAIRMAN ROMANELLO: Right. "The
22 following" --

23 DR. ACKERMAN: -- "may be also recommended
24 by your physician."

25 CHAIRMAN ROMANELLO: Okay. "The following

1 may also be recommended by your physician," and we
2 would take numbers 9 through 14 and put that in a
3 subsection?

4 DR. ACKERMAN: Yeah. I could live with
5 that. That would make it -- at least it's in there
6 and it makes it so they're not obligated to do it.
7 It's optional but, you know, if someone is not doing
8 any of those on a regular basis they could have --
9 it could be looked "frownly" upon. So I'd make the
10 motion to add an additional -- to after number 8,
11 put a space --

12 CHAIRMAN ROMANELLO: "The following may
13 also be recommended by your physician."

14 DR. ACKERMAN: "The following may also be
15 recommended by your physician for individuals who
16 receive and continue to receive HRT treatment."

17 DR. KIRSH: Second.

18 ATTORNEY DIERLAM: And that is for
19 masculinizing and feminizing forms? Obviously
20 wouldn't apply for the surgical forms but both for
21 the adults?

22 DR. ACKERMAN: Right. Masculinizing and
23 feminizing.

24 ATTORNEY DIERLAM: Thank you.

25 DR. ACKERMAN: "The following may be

1 required for individuals to receive or continue to
2 receive HRT treatment."

3 CHAIRMAN ROMANELLO: "The following may
4 also be recommended by your physician for an
5 individual to receive and continue HRT treatment."

6 DR. ACKERMAN: I wouldn't say "your." "The
7 following" -- you got to wordsmith it for me a
8 little bit. "The following may be recommended by
9 the physician." Because this isn't your, all this
10 is in third person or whatever. Yeah "by the
11 prescribing physician."

12 CHAIRMAN ROMANELLO: I have a motion by
13 Dr. Ackerman.

14 DR. DERICK: Second.

15 CHAIRMAN ROMANELLO: A second by
16 Dr. Derick. All in favor?

17 (Unanimous ayes)

18 Opposed?

19 It passes.

20 DR. ACKERMAN: Just fix the language there
21 to make it so that it's the proper tense.

22 CHAIRMAN ROMANELLO: So then are we going
23 to -- are there any other questions, or any other
24 observations, or motions that we want to make about
25 the informed consent --

1 DR. ACKERMAN: Yeah. Just regarding that,
2 I can tell you that in people that don't have gender
3 dysphoria that are treating with these drugs, I
4 think it should be required. I require it, so I
5 think it's a little -- you know, it's weird that
6 we're not requiring bone density studies with people
7 with estrogen blocking drugs, but that be as it may,
8 I just wanted to go on record saying that. I think
9 it's fine. They can do it ad-lib.

10 CHAIRMAN ROMANELLO: So with that, I would
11 entertain a motion to adopt the emergency rules as
12 amended, as well as the rule.

13 DR. ACKERMAN: Second. So moved.

14 DR. DI PIETRO: Second.

15 CHAIRMAN ROMANELLO: All in favor?

16 (Unanimous ayes)

17 Opposed.

18 If I said rule twice, I didn't mean to. I
19 meant to say the consent forms along with the rules.
20 So the consent forms as amended and the rule. A
21 motion and a second, all in favor.

22 (Unanimous ayes)

23 Opposed?

24 It passes. Mr. Dierlam's got -- yeah.

25 ATTORNEY DIERLAM: Will the proposed rule

1 amendments have an adverse impact on small business?

2 DR. ACKERMAN: No.

3 DR. DI PIETRO: Second.

4 CHAIRMAN ROMANELLO: All in favor?

5 (Unanimous ayes)

6 Opposed?

7 ATTORNEY DIERLAM: Is the proposed rule
8 amendment likely to directly or indirectly increase
9 regulatory costs to any entity including the
10 government in excess of \$200,000 within one year
11 after implementation?

12 DR. DI PIETRO: I move that it will not.

13 DR. MORTENSEN: Second.

14 CHAIRMAN ROMANELLO: All in favor?

15 (Unanimous ayes)

16 Opposed?

17 Carries.

18 ATTORNEY DIERLAM: Will this rule amendment
19 create an offense that would constitute a minor
20 violation under the rule?

21 DR. DI PIETRO: Move that it will not.

22 DR. ACKERMAN: Second.

23 CHAIRMAN ROMANELLO: All in favor?

24 (Unanimous ayes)

25 Opposed?

1 Carries.

2 ATTORNEY DIERLAM: And does the board
3 committee want to impose a sunset provision for this
4 rule or a rule amendment? All my prior comments for
5 the last rule apply again.

6 DR. DI PIETRO: I move that there should
7 not be a sunset.

8 DR. ACKERMAN: Second.

9 CHAIRMAN ROMANELLO: All in favor?

10 (Unanimous ayes)

11 Opposed?

12 Carries.

13 Again, I want to thank the committee for
14 its time and its dedication to the issue. I also
15 want to thank the members of the public who took the
16 time to be here today. Particularly those who have
17 come to multiple meetings and have commented on
18 multiple occasions. We certainly appreciate it.
19 And with that, we'll adjourn the meeting.

20 (END OF AUDIO RECORDING)

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1 CERTIFICATE OF TRANSCRIPTIONIST

2 I certify that the foregoing is a true and
3 accurate transcript of the digital recording
4 provided to me in this matter.

5 I do further certify that I am neither a
6 relative, nor employee, nor attorney of any of the
7 parties to this action, and that I am not
8 financially interested in the action.

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Julie Thompson

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Julie Thompson, CET-1036

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	130:14,23	101:10 159:13	162:15 187:10
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\$20,000	101:12 103:6	192:9	2023
192:12	194:8	1972	3:13 4:22
\$200,000	100,000	162:18,24	5:24 6:15 7:5
201:8 223:10	162:25 163:1,	1:00	133:12
\$300	6,7	6:15 7:5	20th
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Jane Doe

vs.

Joseph Ladapo

June 30, 2023



Med Def_000251

1

2 JANE DOE,

3 Plaintiff,

4 vs.

5 JOSEPH LADAP0,

6 Defendant.

7

8 CASE NO. 423CV114RHMAF

9

10

11

12

TRANSCRIPTION OF AUDIO RECORDING

13

FLORIDA BOARDS OF MEDICINE AND

14

OSTEOPATHIC MEDICINE JOINT

15

PUBLIC MEETING

16

JUNE 30, 2023

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18

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20

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TRANSCRIBED AUDIO RECORDING BY:

22

Julie Thompson, CET

23

24 Job No.: 323393

25

1 Thereupon,

2 The following proceeding was transcribed from an
3 audio recording:

4 * * * *

5 CHAIRMAN ACKERMAN: Good afternoon,
6 everyone. Welcome to our meeting today. Welcome to
7 our virtual meeting. It's good to see everybody
8 here today. I see a lot of our -- I see some of our
9 board members, and I'm glad you all could make it on
10 the virtual Zoom.

11 I'm calling to order a joint meeting of the
12 Boards of Osteopathic Medicine and the Board of
13 Medicine. This is a meeting specific to the
14 standards of practice for gender dysphoria and also
15 emergency rules regarding gender dysphoria.

16 Before we begin, I like to ask staff to
17 call roll.

18 SECRETARY: Thank you. Dr. Ackerman is
19 present.

20 Mr. Romanello?

21 VICE-CHAIR ROMANELLO: Here.

22 SECRETARY: Okay. Dr. Coffman?

23 DR. COFFMAN: Present.

24 SECRETARY: Dr. Derick?

25 DR. DERICK: Here.

1 SECRETARY: Ms. Garcia?
2 MS. GARCIA: Present.
3 SECRETARY: Dr. Hunter?
4 DR. HUNTER: Present.
5 SECRETARY: Dr. Pages?
6 DR. PAGES: Present.
7 SECRETARY: Dr. Vila?
8 DR. VILA: Present.
9 SECRETARY: Dr. Zachariah?
10 DR. ZACHARIAH: Here.
11 SECRETARY: Okay. Dr. Barsoum, Dr. Benson,
12 Dr. Diamond, Ms. Justice, Dr. Pimentel and
13 Dr. Wasylik have been excused.
14 And also present are Mr. Paul Vasquez,
15 Executive Director of Board of Medicine,
16 Mr. Christopher Dierlam, board council, Donna
17 McNulty, board council, Cassandra Phillips, senior
18 legal assistant, myself, Cherise Strickland, program
19 operations administrator, and Mr. Brad Dalton,
20 public information officer.
21 EXECUTIVE DIRECTOR TERRELL: Good
22 afternoon. I'll now take roll for the Board of
23 Osteopathic Medicine, if you are done, Ms.
24 Strickland?
25 SECRETARY: Yes, ma'am. I am.

1 EXECUTIVE DIRECTOR TERRELL: Okay.

2 CHAIRMAN ACKERMAN: Thank you,

3 Ms. Strickland

4 EXECUTIVE DIRECTOR TERRELL: For the Board
5 of Osteopathic Medicine, Dr. Kirsch?

6 VICE-CHAIR KIRSH: Here.

7 EXECUTIVE DIRECTOR TERRELL: Dr. Mortenson?

8 DR. MORTENSON: Here.

9 EXECUTIVE DIRECTOR TERRELL: Dr. Williams?

10 I know he was having some trouble getting
11 on. We will come back to him. If staff could look
12 for him on the back end to make sure his microphone
13 is activated.

14 Dr. Ducatel? Dr. Ducatel here?

15 EXECUTIVE DIRECTOR VASQUEZ: He was
16 earlier.

17 EXECUTIVE DIRECTOR TERRELL: Yeah.
18 Ms. Jackson?

19 MS. JACKSON: Present.

20 EXECUTIVE DIRECTOR TERRELL: And,
21 Mr. Creegan? I can see you, Mr. Creegan.

22 CHAIRMAN ACKERMAN: Mr. Creegan, you're
23 muted when you should have unmuted.

24 EXECUTIVE DIRECTOR TERRELL: Yeah. I can
25 hear you now. Okay, perfect.

1 And Dr. Di Pietro is excused from the
2 meeting. We do have a quorum.

3 I see Dr. Ducatel signing on right now.

4 Good afternoon, Dr. Ducatel.

5 DR. DUCATEL: Good morning.

6 CHAIRMAN ACKERMAN: I don't see him.

7 EXECUTIVE DIRECTOR TERRELL: And that does
8 give us a quorum for the Board of Osteopathic
9 Medicine.

10 We also have with us the program office
11 administrator, Carol Taylor, and myself, Director of
12 the Board of Osteopathic Medicine, Danielle Terrell.

13 And I will turn it over to Mr. Vasquez, I
14 think, for some instructions.

15 CHIARMAN ACKERMAN: Okay. So just to
16 clarify before we go to Mr. Vasquez.

17 So thank you, Ms. Strickland.

18 Thank you, Ms. Terrell.

19 We have a quorum from both boards currently
20 here; is that correct? Just to be sure.

21 Okay, good. I see the nods, "yes." Okay,
22 great.

23 EXECUTIVE DIRECTOR TERRELL: That is
24 correct.

25 MS. STRICKLAND: Yes.

1 CHAIRMAN ACKERMAN: Thank you, ma'am.

2 Okay. Mr. Vasquez, please begin with some
3 opening remarks.

4 EXECUTIVE DIRECTOR VASQUEZ: Thank you.

5 Good afternoon. It's Friday, June 30th,
6 2023. The time is 1:04 p.m. My name is Paul
7 Vasquez. I'm the Executive Director of the Florida
8 Board of Medicine.

9 This is a duly noticed meeting -- joint
10 meeting of the Boards of Medicine and Osteopathic
11 Medicine. This is a public meeting and is being
12 recorded. The audio will be available on the
13 Boards' websites next week.

14 I'll now go over some instructions so this
15 meeting will be successful and the board members
16 will be able to take care of the matters that are
17 before them today.

18 Board members are reminded to mute their
19 microphones, except when they have been recognized
20 by the Chair to speak. Anytime you are not muted,
21 background noises will interfere with the meeting
22 when others are speaking.

23 The public's microphones and cameras will
24 be deactivated during the meeting, except when a
25 member of the public has been recognized by the

1 Chair to speak. At that time, the person's
2 microphone will be activated. Once activated, the
3 person will have to unmute themselves in order to
4 address the Boards.

5 Each member of the public recognized by the
6 Chair will have three minutes to speak. At the
7 conclusion of the three minutes, the person's
8 microphone will be deactivated.

9 There is a court reporter in the meeting.
10 When anyone speaks to the Board, it's important that
11 you state your name for the record. This is
12 particularly important when the Board members make
13 and second motions.

14 Only one person should attempt to speak at
15 a time. Please do not speak over others. This
16 causes confusion for everyone and makes it more
17 difficult for the court reporter and for Board staff
18 that are taking meeting minutes.

19 Finally, please remember this is a public
20 meeting. When your microphone is unmuted or your
21 camera is activated, any side conversations and
22 activities will be recorded and become part of the
23 public record.

24 The Boards of Medicine and Osteopathic
25 Medicine are apolitical bodies that have the primary

1 mission of protecting the people of the state of
2 Florida. As with any issue before the Boards, the
3 board members will look to the available science and
4 appropriate standard of care, while putting aside
5 any personal feelings they may have on the issues
6 before them today.

7 I again want to take the opportunity to
8 thank the Joint Rules Legislative Committee and the
9 Boards for their continued efforts to address the
10 requirements of Senate Bill 254 titled, Treatments
11 for Sex Reassignment.

12 The Governor signed SB 254 into law on May
13 17, 2023, and it became effective upon signing. The
14 law, as enacted, requires the Boards of Medicine and
15 Osteopathic Medicine to do the following: adopt
16 emergency rules within 60 days pertaining to
17 standards of practice under which a patient younger
18 than 18 years of age may continue to be treated with
19 a prescription if such treatment for sex
20 reassignment was commenced before and is still
21 active on the effective date of the law.

22 In developing rules under this paragraph,
23 the Boards must consider requirements for physicians
24 to obtain informed consent from such patients,
25 parent and legal guardian. For such prescriptions

1 and treatments, the Boards must consider the
2 provision of professional counseling services for
3 patients by a board-certified psychiatrist licensed
4 under Chapter 458 or Chapter 459, or a psychologist
5 licensed under Chapter 490 in conjunction with any
6 prescription treatment.

7 The law also requires the Boards to adopt
8 emergency rules regarding informed consents to
9 inform patients 18 years of age or older of the
10 nature and risk of sex reassignment prescriptions or
11 procedures in order for the patient to make a
12 prudent decision.

13 At a Joint Rules Legislative Committee held
14 on June 1, 2023, the following occurred: an
15 emergency rule was developed to attempt to provide a
16 way for patients receiving sex reassignment
17 prescription to continue to receive such
18 prescriptions while the Board's work to implement
19 provisions of Sections 456.52 1, 2, and 6 Florida
20 statutes.

21 Pursuant to Section 456.52 Florida
22 statutes, the Committee began the process of and
23 made provision for the development of a standard of
24 practice and informed consents for minors continuing
25 to receive sex reassignment prescriptions and

1 informed consents for adults who will receive sex
2 reassignment prescriptions and procedures.

3 An interim meeting was scheduled for June
4 23, 2023, at 1:00 p.m. with the intention of
5 completing the emergency rulemaking mandated by
6 Section 456.52 Florida statute. The Boards of
7 Medicine and Osteopathic Medicine approved a
8 modified version of the Committee's emergency rule
9 on June 2, 2023, and June 20, 2023, respectively.

10 At a Joint Rules Legislative Committee held
11 last week on June 23, 2023, the following occurred:
12 a final draft of a practice standard for minors
13 receiving treatment prior to the effective date of
14 the law was developed. Final drafts of three
15 informed consent forms for minors were developed,
16 and final drafts of three informed consent forms for
17 adults were developed.

18 At today's joint virtual meeting of the
19 Boards of Medicine and Osteopathic Medicine, the
20 Boards will be considering the actions taken by the
21 Joint Committee last week.

22 In terms of how this meeting will be
23 conducted, it is the Committee's expectation that we
24 will have civil discourse while discussing the
25 issues on today's agenda. If necessary, the Boards

1 reserve the right to limit the participation of any
2 individual who chooses to disrupt the progress of
3 the meeting, so please conduct yourselves
4 accordingly.

5 Limited public comment will be allowed
6 today as time permits. As part of the registration
7 process for this meeting, members of the public were
8 given the opportunity to indicate their desire to
9 make public comments during this meeting.

10 As in the past, the following guidelines
11 will apply to public comments: interested parties
12 will be limited to three minutes to provide comment,
13 which may only be extended by the Chair if time
14 permits based on the number of proposed speakers.

15 If an interested party is part of a larger
16 group of persons, you're requested to identify one
17 individual who will speak on behalf of the group if
18 possible. And interested parties may use pseudonyms
19 if they do not wish to identify themselves on the
20 record.

21 Public comment will be received in the
22 order of registration. At the appointed time, the
23 Chair will call the names of those members of the
24 public who registered to speak. If you no longer
25 wish to speak, or if you're not available to speak

1 when your name is called, the Chair will move on to
2 the next name on the list.

3 Based on the number of individuals desiring
4 to speak, it is evident that not everyone who wishes
5 to speak will be able to speak, given the nature and
6 time constraints of the meeting. An email address
7 was provided in the official notice of this meeting,
8 which is available in the Florida administrative
9 register. The email address will be open for 24
10 hours after conclusion of this meeting to receive
11 written comments from anyone who was not able to
12 address the Boards today.

13 Thank you, Chair.

14 CHAIRMAN ACKERMAN: Thank you, Mr. Vasquez.
15 Excellent, excellent, excellent summary of what's
16 gone on over the past few months. Very much
17 appreciated.

18 So just to refresh your memories, we had a
19 meeting last week. Many of you were there. Many of
20 you were not, but many of you were there, were part
21 of the Joint Rules Making Committee. We had a very
22 productive meeting last Friday here in Jacksonville,
23 and we received lots of wonderful comment from the
24 public as well. And we incorporated a number of
25 changes, and we incorporated some of that comment

1 into the drafts we put together.

2 So what I'd like to do today is kind of go
3 through the draft emergency rules and the consent
4 forms and find out -- and discuss amongst ourselves
5 before we get to public comment.

6 Where we left it last week, we had a few
7 changes that we made to our documents at that time,
8 and staff was going to take those changes and
9 incorporate into those documents. And staff was
10 also going to look through those documents with a
11 fine-tooth comb and make whatever other changes
12 because of some small -- whatever's changed in
13 language that they need to make based on the
14 comments that we had.

15 And so we're going to let the staff give
16 some of those -- tell us some of those changes. I
17 think that'll help us to have a more appropriate
18 conversation.

19 So the first thing I'd like to do is look
20 at the emergency rule for -- the draft emergency
21 rule for minors. And that draft emergency rule for
22 minors is on Bates 67. And so I want staff to tell
23 us what pertinent changes we need to look at in that
24 document.

25 EXECUTIVE DIRECTOR VASQUEZ: Thank you,

1 Dr. Ackerman.

2 With regard to the rule relating to minors,
3 my notes indicate that in Subsection 4A, there was a
4 deletion of a word "prescribing" so that the
5 language would now read, "Physical examination of
6 the patient conducted by the physician must be
7 documented."

8 CHAIRMAN ACKERMAN: Based on Bates 69, for
9 those of you that are following in the agenda
10 viewer, the top of 69.

11 EXECUTIVE DIRECTOR VASQUEZ: And the other
12 changes would include some technical changes that
13 had to be made to the rules related to hyperlinks.
14 Just so everyone knows, when the consent forms
15 actually become effective when the emergency rule is
16 filed, they're going to be found on the websites for
17 the Boards. They're not going to be found through
18 the Department of State hyperlink because that's not
19 how emergency rules work. That's my understanding.
20 So we had to take out the hyperlinks to the
21 Department of State website.

22 And we also changed a title of one of the
23 consent forms, which also had to translate over into
24 the rule. And it's the masculinizing -- actually,
25 it's the testosterone treatment, I believe,

1 originally. We changed that to masculinizing
2 medications instead of testosterone treatment. And
3 so we'll also revisit that.

4 CHAIRMAN ACKERMAN: It's on page 68.

5 EXECUTIVE DIRECTOR VASQUEZ: It's going to
6 be --

7 CHAIRMAN ACKERMAN: Page 68.

8 EXECUTIVE DIRECTOR VASQUEZ: Okay. Thank
9 you.

10 CHAIRMAN ACKERMAN: In the emergency rule,
11 it's Bates 68. When you get to the consent form for
12 that, we'll talk about that.

13 EXECUTIVE DIRECTOR VASQUEZ: And that's the
14 only changes that I'm aware of in this particular
15 rule draft. Ms. McNulty may know of others, but
16 those are the ones I'm aware of.

17 CHAIRMAN ACKERMAN: Thank you, Mr. Vasquez.
18 Ms. Donna?

19 ATTORNEY MCNULTY: That is correct. And
20 the Department has actually obtained form numbers
21 for each of these forms. And when the rule is
22 published, those will be included as well as the
23 link to the Board's website. But we will not be
24 able to obtain those links until the day we file the
25 emergency rule, which will be next week, hopefully.

1 CHAIRMAN ACKERMAN: Thank you. Thank you.
2 So before we get to the -- we're going to
3 get to the consent forms in a second, but any of the
4 board members have any comments about the emergency
5 rule? And if you want to speak, I'm looking at you
6 all. You can raise your hand, or there is a
7 function on the Teams where you can raise your hand.
8 I don't know how that works. Let me try it, see if
9 you could see me raise my hand. You see me raise my
10 hand? I do it -- yeah. See that? That's pretty
11 cool. Can I take it down? There you go.

12 So you can raise your hand like that. So
13 see what I just did on mine? Hit that little hand
14 button, and there, see it comes up. So you can do
15 that too. Either that or just raise your hand on
16 the camera, and I'll see you like this.

17 DR. WILLIAMS: Yeah, I just --

18 CHAIRMAN ACKERMAN: Yes, Greg? We can't
19 hear you. Go ahead. Speak. Go ahead.

20 DR. WILLIAMS: This is Dr. Williams. I
21 missed the roll call. I wasn't able to -- I am
22 here.

23 CHAIRMAN ACKERMAN: Okay. And Mr. --

24 EXECUTIVE DIRECTOR TERRELL: Thank you,
25 Dr. Williams. I've noted that. We were having some

1 technical difficulties this afternoon with
2 Dr. Williams, but we got it worked out. So he is
3 present.

4 CHAIRMAN ACKERMAN: Mr. Romanello?

5 VICE-CHAIR ROMANELLO: Thank You,
6 Dr. Ackerman.

7 Hey. So, Dr. Ackerman, just from a process
8 perspective, is it your plan to discuss the rules,
9 take public comment, and then vote towards the end
10 of the meeting? Or how are we going to -- yeah.

11 CHAIRMAN ACKERMAN: So my plan is just
12 discuss the rules, discuss the consents both from
13 the children and the adults, then take public
14 comment, and then have some more discussion if need
15 be. And then after the discussion that we may need
16 to have, then have a vote on the whole package or
17 vote for them individually, whatever way we see fit.

18 VICE-CHAIR ROMANELLO: Yeah. Thank you.

19 CHAIRMAN ACKERMAN: You like that? That
20 works?

21 EXECUTIVE DIRECTOR VASQUEZ: And point of
22 clarification, Donna, correct me if I'm wrong. My
23 understanding is since both Boards have quorum, that
24 if there are changes or tweaks that You all want to
25 make in the discussion process at the beginning of

1 the meeting, you're able to take a vote on those
2 collectively and then vote separately at the end of
3 the meeting on the final approval of everything.

4 ATTORNEY MCNULTY: That is correct. So
5 that's correct if everybody understands. So if you
6 have a problem on form one, page three, and somebody
7 wants clarification, you can amend it. That way
8 everybody in the public sees what it is. You all
9 see it, but the ultimate vote will be at the end.
10 But agree.

11 CHAIRMAN ACKERMAN: Dr. Vila? Dr. Vila,
12 you're muted.

13 DR. VILA: Yeah. Dr. Ackerman, I'm sorry.
14 I was muted. I've read both of these rules, and I
15 think they're good rules. I don't have any
16 comments. I'm only just jumping in to make that
17 just in case the other board members also feel
18 pretty good. And again, I guess you don't want a
19 motion at this time; is that correct?

20 CHAIRMAN ACKERMAN: No. I think we'll take
21 a motion after the -- it doesn't really matter. We
22 could either take a motion now and then have the
23 public comment and vote on it later because it's a
24 motion on the table, or we can just do it all later.

25 DR. VILA: Yeah, no. It's fine. Just so

1 you get some feedback from the members.

2 CHAIRMAN ACKERMAN: Thank you.

3 DR. VILA: I'm comfortable with both rules.

4 Thank you.

5 CHAIRMAN ACKERMAN: Okay. Well, let's move

6 on then since no one else has their hand raised.

7 Let's move on to consent for minors.

8 So the consent form for minors, consent for

9 use of puberty blockers in minors, which is Bates

10 Number 4. So I'll open the -- well, first, we'll go

11 to the staff to see what changes were made in that

12 from the last meeting.

13 EXECUTIVE DIRECTOR VASQUEZ: Unless I'm

14 mistaken, I don't see any on my list for this

15 particular document.

16 CHAIRMAN ACKERMAN: Okay. Any comments

17 from any of the Board members? I have one comment

18 that I -- we'll get to you in a second.

19 I'll let you go first, Nick. Go ahead.

20 VICE-CHAIR ROMANELLO: Nope. I was just

21 going to thank Dr. Mortenson and Dr. Benson for the

22 work on the consent forms. We discussed them at

23 great length last week, and appreciate all of the

24 hard work and the effort of the folks who put in to

25 develop the consents as well as the public comment

1 last week that we used to help modify them last
2 week.

3 CHAIRMAN ACKERMAN: Okay. Just a couple
4 things that I have on here.

5 No, no, no. Not on this one. I had it on
6 the adult one, I think. I had a comment on that.
7 Some of the things that came up from public comment
8 before was issues like if you look on Bates number
9 6, there was some concerns that the number 3,
10 suffering from psychiatric comorbidity that
11 interferes with the diagnostic workup of treatment
12 that came -- there was a lot of public comment about
13 that. I think that language is good in there. The
14 public was concerned that any psychiatric
15 comorbidity would put a block in their ability to be
16 able to get to the proper treatment that they need.
17 But I think that it says that this comorbidity must
18 interfere. That's up to the judgment of the
19 treating physician whether or not that comorbidity
20 interferes.

21 And number 4 has psychological and social
22 support during treatment. That came out from the
23 public as well. There was concerns about that, and
24 I think that that's ambiguous enough that that
25 shouldn't cause any disruption or any inability to

1 get the treatment that they feel that they need.

2 But I'm very happy with this form as the way it's
3 been modified.

4 So then moving on. Consent for --

5 DR. DERICK: I'm going to -- sorry,
6 Dr. Ackerman.

7 CHAIRMAN ACKERMAN: Yes, Ms. Derick?

8 DR. DERICK: One, this is kind of a minor
9 technical issue, but the first one is this meets the
10 criteria for gender dysphoria. Would it be more
11 appropriate to say, "has met" the criteria for
12 gender dysphoria?

13 CHAIRMAN ACKERMAN: Yeah. I agree with
14 you, and I was -- I had more concerns about that in
15 the adult one. I was going to make a -- that was my
16 recommendation to change that on Bates -- I think
17 Bates 41 in the adult one because --

18 I think Dr. Derick is right here because
19 maybe these people had been gender dysphoric, but
20 now that they're treated, they may not have gender
21 dysphoria. So "has met" means that they were --
22 they had it before. So was that a recommendation
23 for change?

24 DR. DERICK: Yes, please.

25 CHAIRMAN ACKERMAN: Is there a second to

1 that motion? I guess the motion would be to --

2 instead of saying -- on Bates 6, number 1, instead

3 of "meets the criteria of gender dysphoria," "has

4 met" instead of meets --

5 VICE-CHAIR KIRSH: Chairman, I second that

6 motion. Dr. Kirsh.

7 CHAIRMAN ACKERMAN: All those in favor of

8 amendment, please signify by saying aye?

9 MEMBERS: Aye.

10 CHAIRMAN ACKERMAN: Opposed?

11 DR. VILA: Aye. I'm not opposed, I'm

12 sorry, Dr. Ackerman. I just --

13 CHAIRMAN ACKERMAN: I got it. I got a

14 thumbs up at the right time.

15 DR. VILA: Slow to unmute.

16 CHAIRMAN ACKERMAN: Okay, good. And so I

17 see some hands raised. Are these hands raised to

18 speak, I guess?

19 So, Bill, was that hand raised of yours to

20 speak, or was that a vote yes?

21 VICE-CHAIR KIRSH: Neither. I was just

22 notifying you I was going to (indiscernible).

23 CHAIRMAN ACKERMAN: Okay.

24 Dr. Hunter? Dr. Hunter, your hand is

25 raised? I don't see you.

1 DR. HUNTER: My hand is raised to speak.

2 CHAIRMAN ACKERMAN: Okay. Yes, sir.

3 DR. HUNTER: Well, first of all, I agree
4 with what you said earlier, Dr. Ackerman, in your
5 comments five minutes ago. I had one concern about
6 a phrase on Bates page 4 regarding mental health
7 providers where it says -- one, two, the third
8 paragraph down, "One option available was a
9 psychological therapy with a mental health provider
10 that has experience in treating minors with gender
11 dysphoria." And I think we could remove "with
12 gender dysphoria."

13 I'm not sure the Board should be mandating
14 what type of therapist a child or parent should be
15 going to. And, I mean, any therapist can address
16 the common comorbid mental health issues, the
17 depression, anxiety self-harm issues that are often
18 present, and to confine it. There's enough trouble
19 finding mental health therapists.

20 CHAIRMAN ACKERMAN: Okay.

21 DR. HUNTER: And I get a holistic mental
22 health therapist that can look at the whole -- the
23 child in totality, not just from a gender
24 perspective, may be beneficial. And that's up to
25 the family ultimately as to who they want to go see.

1 CHAIRMAN ACKERMAN: So let --

2 MS. DERICK: I second that motion.

3 CHAIRMAN ACKERMAN: So let me ask you a
4 question regarding that. So this is the first page
5 of this consent, which is Bates 4.

6 DR. HUNTER: Yes.

7 CHAIRMAN ACKERMAN: And that's that third
8 paragraph. You want to take out the -- you want to
9 just -- the first sentence, you want to just put a
10 period after "provider" and get out the -- take out
11 the "has experience," et cetera, et cetera. But

12 DR. HUNTER: Yes.

13 CHAIRMAN ACKERMAN: Okay. So on Bates 6 --
14 so that first page is kind of an overview of what
15 should be proper care. But on Bates 6, it
16 specifically says in Bates 6, number 12, "Will
17 require an annual mental health assessment by a
18 board-certified Florida licensed psychiatrist or
19 psychologist." I just want to make sure I
20 understand. That's a separate issue.

21 DR. HUNTER: 13, I think. Item 13, I
22 think, is what I'm addressing.

23 CHAIRMAN ACKERMAN: Okay. Because number
24 12, and correct me, counsel, if I'm wrong, but
25 that's by statute that it has to be a board-

1 certified psychiatrist or psychologist; is that
2 correct?

3 DR. MCNULTY: Your statute says "shall
4 consider."

5 DR. HUNTER: Right.

6 DR. DERICK: I think they're two separate
7 things though on the first page. It's talking about
8 like options of not pursuing that treatment. And
9 then on Bates 6, it's if you are undergoing that
10 treatment, you need to have mental health assessment
11 by a board-certified psychiatrist or psychologist.

12 CHAIRMAN ACKERMAN: Okay. So in interest
13 of time, let's move on this.

14 So then on Bates 4, in that line with
15 Dr. Hunter's recommendation, which was -- I'm sorry
16 -- motion, which was seconded. Is there any more
17 with the discussion on that one page?

18 Dr. Vila?

19 DR. VILA: Yeah. I would just modify the
20 motion so that it says "a mental health professional
21 with experience in minors." I would leave the
22 "experience in minors" in, and then I would just --
23 I would only omit the three words "with gender
24 dysphoria." I don't know how Dr. Hunter feels about
25 that.

1 CHAIRMAN ACKERMAN: Dr. Hunter?

2 DR. HUNTER: I think that I would -- I
3 don't have a strong feeling. I think as a
4 pediatrician, whether a 16, 17, 15 year old sees an
5 adult or child therapist depends on where they're at
6 developmentally. And I think they could be
7 adequately cared for by an adult therapist depending
8 on where they're at. So I'm not strong on either
9 side.

10 DR. VILA: All right. Was the original
11 motion to just delete at therapy "with a mental
12 health provider"? Is that where you're
13 recommending?

14 DR. HUNTER: Yeah. Well, I would just
15 "with a mental health provider" and leave it to the
16 family and the child --

17 DR. VILA: Okay. Thank you.

18 DR. HUNTER: -- and their primary care
19 physician to determine who might be best to address
20 the issue depending on the situation we're dealing
21 with in totality.

22 DR. VILA: Okay. I'm good with that.
23 Never mind, Dr. Ackerman.

24 CHAIRMAN ACKERMAN: Okay. Chris?

25 ATTORNEY DIERLAM: I just want to allow the

1 record to reflect, and I believe, I know the Board's
2 sentiment here, but are these changes changes that
3 the Board would like to carry throughout the
4 remaining forms as well? This is the same language
5 throughout the minor. So I just wanted to make sure
6 that when the Board is voting, they're voting to
7 make those changes throughout all of the consent
8 forms. Thank you.

9 CHAIRMAN ACKERMAN: Okay. So that's how we
10 did it last week, guys. And so unless there's
11 strong opposition to that, we'll make
12 (indiscernible) go all the way through.

13 DR. HUNTER: That's present in the
14 feminizing consent and the masculinizing consent.

15 CHAIRMAN ACKERMAN: I don't want -- I don't
16 want to have discuss it again.

17 DR. HUNTER: Yes.

18 CHAIRMAN ACKERMAN: Pat, before we go to
19 Donna -- actually Donna's hands raised three times.
20 So, Pat, is there anything else you want to say?
21 Your hand is still raised.

22 DR. HUNTER: I'm going to try to take it
23 down.

24 CHAIRMAN ACKERMAN: Okay, Donna.

25 ATTORNEY MCNULTY: Okay. Thanks. I'm new

1 to this hand raising thing. So I wasn't sure if it
2 was on or off. I couldn't tell. Also --

3 CHAIRMAN ACKERMAN: Probably two times.

4 ATTORNEY MCNULTY: Okay. You could --
5 okay. I'm not sure how to take them down, but okay.

6 So on the previous one we say "has met."
7 That also is in the actual rule language. So at
8 some point, I'm assuming -- is it correct you want
9 to change your rule language for the minors to say
10 "has met" instead of "meets the criteria"? Is that
11 correct as well? The actual rule language under --

12 CHAIRMAN ACKERMAN: Yeah, correct.

13 ATTORNEY MCNULTY: Four, V-1

14 CHAIRMAN ACKERMAN: Has met. Right. That
15 means they don't have to actively meet the criteria.

16 ATTORNEY MCNULTY: Understand.

17 CHAIRMAN ACKERMAN: That would -- it needs
18 to flow through everywhere.

19 ATTORNEY MCNULTY: Thank you.

20 CHAIRMAN ACKERMAN: I see another hand
21 raised. I just can't tell where it's -- ready for
22 participants to speak yet.

23 So I'm sorry, Mr. William Elijah, you can
24 raise your hand, but we're not ready for public
25 comment yet.

1 Anything else on the puberty blockers?

2 Okay. Seeing there is not, let's go into
3 the next form. Bates form -- Bates page 13,
4 "feminizing medications for patients with gender
5 dysphoria."

6 EXECUTIVE DIRECTOR VASQUEZ: All right, Dr.
7 Ackerman. Based on my notes, there was a change in
8 the title of this form to include the word
9 "parental." Instead of informed consent, it's
10 informed parental consent to make it consistent.
11 There was a strike in number 8. I'm trying to
12 remember exactly where that was, and you can help
13 me, Danielle, if you know better than me. But it
14 was the strike of the words "gender-affirming."

15 There was a provision that was not
16 currently in the blocked language. It was a
17 separate paragraph, standing alone, that had to do
18 with "should not" treatment options and "with
19 caution" treatment options. We moved those to the
20 blocks so that they would have to be initialed. And
21 that would be -- and again, I don't have Bates
22 numbers because I'm working on a hard copy. But
23 that's going to be under the risks of estrogen
24 section.

25 CHAIRMAN ACKERMAN: That would be Bates 18.

1 The risk begin on Bates 18.

2 EXECUTIVE DIRECTOR VASQUEZ: And it's the
3 same exact language. It's just being reformatted
4 into the blocks.

5 CHAIRMAN ACKERMAN: And before it was in
6 the overview in the beginning?

7 EXECUTIVE DIRECTOR VASQUEZ: It was not in
8 the overview, but it was in a section where it was
9 standing alone. It wasn't initialed. It wasn't
10 anything.

11 CHAIRMAN ACKERMAN: Okay. It's the house
12 --

13 EXECUTIVE DIRECTOR VASQUEZ: So we moved it
14 into the blocks.

15 CHAIRMAN ACKERMAN: A housekeeping item.

16 EXECUTIVE DIRECTOR VASQUEZ: Correct.

17 CHAIRMAN ACKERMAN: Okay.

18 EXECUTIVE DIRECTOR VASQUEZ: Thank you.

19 CHAIRMAN ACKERMAN: Anything else,
20 Mr. Vasquez?

21 EXECUTIVE DIRECTOR VASQUEZ: No. That's
22 all I have on this one.

23 CHAIRMAN ACKERMAN: Okay. Board members,
24 any discussion?

25 Dr. Coffman?

1 DR. COFFMAN: Should it be when you have
2 the initials, it says "parent legal guardian
3 required" for the one and then option for a section.
4 Should it be also required for the minor?

5 EXECUTIVE DIRECTOR VASQUEZ: My
6 understanding is that the statute only requires the
7 signature of one parent or a legal guardian.

8 CHAIRMAN ACKERMAN: No, no. The question
9 -- Dr. Coffman's question is: should we -- the minor
10 is required as well, right?

11 EXECUTIVE DIRECTOR VASQUEZ: Yes.

12 CHAIRMAN ACKERMAN: Should we have the word
13 "required" on the form where it says minor?

14 EXECUTIVE DIRECTOR VASQUEZ: We can make
15 that change on both of them if you want to.

16 CHAIRMAN ACKERMAN: Yeah. On all of them
17 we can put that there. I think it's a good idea.
18 It just keeps it all consistent. So the statute
19 requires only one parent.

20 EXECUTIVE DIRECTOR VASQUEZ: Correct.

21 CHAIRMAN ACKERMAN: So the other parent is
22 just out. But the statute also requires the minor
23 sign. So I think Dr. Coffman's point is excellent,
24 that we should put "required" there as well.

25 Is there any objection to that? If there's

1 not, we'll just move forward with that -- with the
2 affirmation.

3 Any other comments from the board members?
4 Dr. Hunter?

5 DR. HUNTER: Thank you, Dr. Ackerman.

6 On Bates page 16 -- and I believe this is
7 on the masculinizing form also -- box 3, "The
8 treatment will not change the minor sex
9 chromosomes." I would just ask that we remove the
10 word "chromosomes" because that is just more precise
11 language. Because sex can be defined many different
12 ways, anatomically, biologically, what type of
13 gamete you produce, your functional role in
14 reproduction. So just by removing chromosomes, it
15 makes the less -- makes the language more precise
16 and makes clear this treatment may bring your body
17 into alignment with your gender identity, but it
18 will not change your sex.

19 CHAIRMAN ACKERMAN: Where's Dr. -- what's
20 her name? Is she here? All right.

21 Dr. Mortenson, are you on the call?

22 DR. MORTENSON: Yes, I'm here.

23 CHAIRMAN ACKERMAN: What's your thoughts
24 about that?

25 DR. MORTENSON: I mean, to say that it's

1 not going to change. Your chromosomes would cover
2 all of the chromosomes. When we're saying sex
3 chromosomes, we're specifically discussing the XX
4 and the XY genes.

5 CHAIRMAN ACKERMAN: Right. So Dr. Hunter
6 says we don't need to even say chromosomes, just --
7 it will not change the minor's sex. I think this
8 language was originally developed by you, or in part
9 by you, you and Dr. -- I can't think of his name.
10 Sorry.

11 MR. HUNTER: Dr. Vincent.

12 CHAIRMAN ACKERMAN: Yeah, Dr. Vincent. So
13 I don't know who -- where that language came from.
14 So that's why I'm going to you because you're the
15 original -- one of the authors of this.

16 DR. MORTENSON: It's more of a biology
17 thing. When we discuss sex, it's XX from genetics,
18 XX and XY. So just because you're going on
19 medications that can feminize you or masculinize
20 you, it's never going to change your genetics of you
21 being XX or XY.

22 CHAIRMAN ACKERMAN: So do you agree with
23 that, Dr. Hunter, or not?

24 DR. HUNTER: My experiences with talking
25 with and knowing patients who have transitioned, and

1 particularly, I know quite a few females who thought
2 that they would start making -- with long enough
3 period of time on testosterone, they might start
4 making sperm. They didn't think their chromosomes
5 would change, but they thought they might start
6 making sperm.

7 So I think just saying your sex will not
8 change covers everything. I think it encompasses
9 any idea that your sex might change anatomically,
10 functionally, the gamete you will produce -- you
11 won't stop producing eggs and start producing sperm,
12 vice versa. I think the language is more precise to
13 say will not change the minor's sex, period. I'm
14 not --

15 EXECUTIVE DIRECTOR VASQUEZ: Dr. Ackerman?

16 CHAIRMAN ACKERMAN: Yes, Mr. Vasquez.

17 EXECUTIVE DIRECTOR VASQUEZ: This is the
18 important information. There is a definition of sex
19 in the statute.

20 CHAIRMAN ACKERMAN: Can you tell us this --
21 the definition?

22 EXECUTIVE DIRECTOR VASQUEZ: I'm looking
23 for my copy right now. Donna may have it available
24 before I do.

25 ATTORNEY DIERLAM: I have it if you like,

1 Dr. Ackerman.

2 CHAIRMAN ACKERMAN: Go ahead, Chris.

3 ATTORNEY DIERLAM: Under 456.001, Sub 8,
4 sex means, "The classification of a person as either
5 male or female based on the organization of the
6 human body of such person for a specific
7 reproductive role as indicated by the person's sex
8 chromosomes, naturally occurring sex hormones, and
9 internal and external genitalia present at birth."

10 CHAIRMAN ACKERMAN: So would it be easier
11 just to add another box, one that says chromosomes
12 and one that says sex?

13 DR. HUNTER: I think sex covers it all,
14 especially based on that definition. This is
15 Patrick Hunter.

16 CHAIRMAN ACKERMAN: Okay.

17 Dr. Mortenson, do you agree with that or
18 not?

19 DR. MORTENSON: I'm okay with that change
20 based on what that definition is.

21 CHAIRMAN ACKERMAN: Dr. Hunter, you want to
22 make a motion?

23 DR. HUNTER: I want to make a motion that
24 we remove the word "chromosomes" in the feminizing
25 and masculinizing forms so they're consistent and

1 more precise.

2 CHAIRMAN ACKERMAN: Is there a second?

3 DR. COFFMAN: Second. Dr. Coffman.

4 DR. VILA: Second also.

5 CHAIRMAN ACKERMAN: Yeah. And a reminder,

6 when this -- Staff, this will flow through the other

7 -- all the consent forms where that language is.

8 All those in favor?

9 DR. DERICK: I have a question.

10 CHAIRMAN ACKERMAN: Yes, Doctor.

11 DR. DERICK: Do you want to say sex as

12 defined in Statute 4, whatever it was?

13 ATTORNEY MCNULTY: I think that's more

14 accurate.

15 DR. MORTENSON: I like that.

16 ATTORNEY MCNULTY: I like that.

17 CHAIRMAN ACKERMAN: Sex as defined by

18 Florida statute? Sex as defined by Florida statute?

19 ATTORNEY MCNULTY: As defined by 456.001,

20 Subsection 8.

21 CHAIRMAN ACKERMAN: Dr. Hunter, you'll take

22 that as a friendly amendment.

23 DR. HUNTER: Yes.

24 CHAIRMAN ACKERMAN: Okay.

25 Dr. Vila?

1 DR. VILA: You know, my concern is that
2 when you put that in there to the lay person that's
3 reading it, that means nothing to them.

4 DR. HUNTER: Yeah. I would stop listening.
5 I would stop reading at that point as a parent.

6 DR. VILA: I think it's actually
7 counterproductive. It's just important -- what
8 we're trying to say here is it's not going to change
9 the biological sex at birth. And that's what -- and
10 so, if you just use -- leave it as the word "sex,"
11 it's not going to change it. It's going to change
12 -- this whole consent form goes through and explains
13 what it does change. That one line explains what
14 it's not going to change. And so I would be against
15 adding Florida statute reference or whatever. I
16 would just leave it as it's not going to change the
17 minor's sex.

18 DR. DERICK: I think you're probably right,
19 Dr. Vila, on that because then they have to cross-
20 reference a separate document.

21 DR. VILA: Yeah.

22 CHAIRMAN ACKERMAN: Dr. Pages?

23 DR. PAGES: I just have a question for
24 Dr. Hunter. So I don't see the downside to leaving
25 the word "chromosome" as it's written. Can you --

1 and -- I would leave it the way it is.

2 DR. HUNTER: I guess, as a parent, I --
3 even as a -- you just need to -- I think that
4 language needs to be as simple and as precise as
5 possible. And for a lot of people, they won't know
6 necessarily what chromosomes are, what their genes
7 are, what their genetics are. Most people define
8 sex by what your anatomical makeup is.

9 So I just say "sex" is more precise. It
10 covers your anatomy. It covers the gamete you
11 produce, whether you make sperm, whether you make
12 eggs. It covers your chromosomes. It covers every
13 possible interpretation of anyone reading this
14 document might think sex is.

15 DR. PAGES: So how about if you say sex or
16 chromosomes?

17 DR. HUNTER: I don't know that the "or
18 chromosomes" is necessary, because it's included,
19 depending on however the person want -- reading it,
20 how they want to define sex, how that person defines
21 it.

22 As physicians, we define -- we understand
23 sex as defined in all the ways we've been talking.
24 For the patient reading it, however they want. I
25 just think it needs to be clear that your body may

1 come in alignment with your identity, but your
2 innate sex will not change, however you define it.

3 DR. COFFMAN: Why not put "this treatment
4 will not change the minor's biological sex or
5 chromosomes?"

6 DR. PAGES: Correct. I agree with that.

7 DR. HUNTER: I think that's fine. I don't
8 feel strong. I mean, I think the idea that the
9 statute helps define it is also -- I mean, it the
10 statute isn't --

11 CHAIRMAN ACKERMAN: Right. But we're not
12 referencing the statute. This is in a conceptual --

13 DR. HUNTER: No, no, no, no.

14 CHAIRMAN ACKERMAN: I like Dr. Coffman's
15 language too.

16 DR. HUNTER: Yeah. Biological sex or
17 chromosomes, I can live with that.

18 CHAIRMAN ACKERMAN: Okay. Well, restate
19 that, Dr. Coffman?

20 DR. COFFMAN: I'd like to make a motion to
21 change the Block 3 on Bates page 16 to, "This
22 treatment will not change the minor's biological sex
23 or chromosomes."

24 DR. PAGES: I second that.

25 CHAIRMAN ACKERMAN: Any more discussion?

1 All those in favor?

2 MEMBERS: Aye.

3 CHAIRMAN ACKERMAN: All those opposed?

4 Thank you.

5 And, Staff, make sure that flows through to
6 all the documents that are pertinent.

7 Dr. Pages, your hand is still raised. If
8 you could figure that out, that'd be nice. It would
9 make it easier for me.

10 Anything else on this form on the
11 feminizing hormones for minors?

12 Okay. Moving on. Masculinizing hormones
13 for minors, Bates page 26.

14 Mr. Vasquez, take it away.

15 EXECUTIVE DIRECTOR VASQUEZ: Thank you.
16 It's the same issues as the other document. The
17 title was changed to include the word "parental" for
18 parental -- informed parental consent. There was a
19 strike of the words gender-affirming in one section
20 of the document. And then the "should not" and
21 "with caution" provisions were also put into the
22 blocks as in the other document. So that should
23 have covered everything.

24 CHAIRMAN ACKERMAN: Comments from the board
25 members on this form?

1 Okay. Good. So seeing that there aren't
2 any, let's move on to the emergency rule for adults.

3 Mr. Vasquez or Ms. McNulty?

4 EXECUTIVE DIRECTOR VASQUEZ: Other than the
5 technical changes that we previously discussed, I
6 don't believe there were any changes to this
7 document.

8 CHAIRMAN ACKERMAN: Okay. Any comments
9 from the board members on this document? It's very
10 similar to the other document.

11 DR. DERICK: I have a comment.

12 CHAIRMAN ACKERMAN: What is that?

13 DR. DERICK: So on Bates page 41, of
14 course, we had talked before about changing one to
15 "has met the criteria." But in the -- it seems to
16 me, and we discussed this, and I thought maybe we
17 agreed upon it last Friday, but that gender
18 dysphoria is marked and sustained might be
19 redundant. It should just be taken out. It's
20 number 3 on Bates page 41.

21 CHAIRMAN ACKERMAN: Well, we're not at that
22 page yet. I'm just doing the rule first. We'll go
23 -- we'll get there in just one second.

24 DR. DERICK: Sorry.

25 CHAIRMAN ACKERMAN: I'm on Bates 71.

1 Right. Mr. Vasquez? Donna? I'm on Bates

2 71. And we'll go on to that.

3 Mr. Vasquez, you didn't talk about that,

4 right?

5 EXECUTIVE DIRECTOR VASQUEZ: I'm not sure

6 what you're asking me, Dr. Ackerman.

7 ATTORNEY MCNULTY: Dr. Ackerman, are you on

8 the rule or the form?

9 EXECUTIVE DIRECTOR VASQUEZ: That should be
10 the rule.

11 CHAIRMAN ACKERMAN: I'm on the rule. I'm
12 on the rule, not the form yet.

13 ATTORNEY MCNULTY: Okay. So on the rule
14 it's the same changes that the title -- the --
15 making sure the titles are correct as mentioned with
16 the other items and the forms will -- we will be
17 inserting the correct form numbers. We will be
18 deleting the ability to obtaining the copies of the
19 forms from the Department of State.

20 Just so the public is clear, when the
21 emergency rule is filed, all the forms, adults and
22 minors, will be able to be obtained from the Board's
23 websites. And the link will be inserted in the rule
24 as it's filed.

25 CHAIRMAN ACKERMAN: Thank you. So we're

1 just doing the emergency rule right now.

2 Dr. Derick, we'll get to yours in just a
3 second. I don't imagine there's much discussion on
4 the rule because it's the same as the other one.

5 So now, let's go to the consent form for
6 feminizing hormones for adults, which begins on
7 Bates 38.

8 And, Dr. Derick, where are you? Bates
9 what?

10 DR. DERICK: Hold on one second.

11 CHAIRMAN ACKERMAN: And we'll get to you in
12 just one second. Just tell me the Bates number that
13 you were looking at because I want to get started.

14 DR. DERICK: 41, it was.

15 CHAIRMAN ACKERMAN: Okay. Good. So that's
16 within this -- that'll be on Bates 41 for you,
17 Dr. Derick.

18 But before you speak, Dr. Derick, Staff,
19 feminizing hormones for adults. So feminizing
20 medications for patients with gender dysphoria for
21 adults, beginning with our Bates 38, please review
22 the changes that have been made from the last
23 meeting.

24 EXECUTIVE DIRECTOR VASQUEZ: All right.
25 There is a strikethrough in gender-affirming in

1 number 8, which is on the third page of my document.

2 CHAIRMAN ACKERMAN: Bates 41.

3 EXECUTIVE DIRECTOR VASQUEZ: And the
4 "should not" and "with caution" provisions were
5 moved into blocks for the purposes of initialing,
6 which would be under risk of estrogen.

7 CHAIRMAN ACKERMAN: Risk of estrogen, which
8 is on Bates 43.

9 EXECUTIVE DIRECTOR VASQUEZ: And that's all
10 I have for the feminizing.

11 CHAIRMAN ACKERMAN: Okay. Dr. Derick?

12 DR. DERICK: Yeah, it's just more of a
13 technical correction I thought we agreed upon last
14 Friday, but maybe we didn't. Bates page 41, you
15 know, of course, we will change Number 1 to "has met
16 the criteria." But in light of that, it seems that
17 number 3 is redundant, that it's marked and
18 sustained.

19 CHAIRMAN ACKERMAN: I think you're correct.
20 We did discuss that, and I don't think we had much
21 discussion. I think people agreed with you.

22 You all remember, Mr. Romanello,
23 Dr. Kirsch?

24 DR. KIRSCH: Yes. I absolutely agree that
25 I think that was we discussed it.

1 CHAIRMAN ACKERMAN: Right. And you
2 recalled us removing that line?

3 DR. DERICK: I think we -- I'm not sure if
4 we voted on it, but I would like to -- if we didn't
5 make a motion to strike number 3. I think it's more
6 of a technical thing, but it seems redundant. And I
7 think people may be confused.

8 CHAIRMAN ACKERMAN: So Dr. Derick's motion
9 is to strike Number 3 on Bates page 41. Is there a
10 second?

11 DR. KIRSCH: I'll second that, Dr. Kirsch.

12 CHAIRMAN ACKERMAN: Thank you. Any
13 discussion regarding that?

14 DR. COFFMAN: Will that carry through on
15 all documents that have the same statement?

16 CHAIRMAN ACKERMAN: Yep.

17 DR. DERICK: Yes.

18 DR. KIRSCH: It should.

19 DR. COFFMAN: Okay. Second.

20 CHAIRMAN ACKERMAN: Thank you, Dr. Coffman.
21 Although, Dr. Kirsch actually seconded, but we'll
22 let you help him out.

23 All those in favor?

24 MEMBERS: Aye.

25 CHAIRMAN ACKERMAN: All those opposed?

1 UNIDENTIFIED FEMALE: Aye.

2 CHAIRMAN ACKERMAN: Thank you, all.

3 Any other comments on consent for
4 feminizing hormones for adults, which begins on
5 Bates 38 and goes to Bates 49?

6 Good. Seeing, there's not, let's move on
7 to consent for masculinizing hormones for adults,
8 beginning on Bates 50.

9 Mr. Vasquez?

10 EXECUTIVE DIRECTOR VASQUEZ: Thank you,
11 Dr. Ackerman.

12 There was a strikethrough of gender-
13 affirming in number 8 on the third page. The title
14 was changed, I believe, from testosterone treatment
15 to masculinizing medications for consistency, and
16 the "should not" and "with caution" provisions" were
17 moved into blocks so that they would be initialed.
18 And that's on page -- looks like page 6 of my
19 document.

20 CHAIRMAN ACKERMAN: Page 6 of yours, which
21 is, I think, Bates 55.

22 EXECUTIVE DIRECTOR VASQUEZ: I believe
23 that's everything.

24 CHAIRMAN ACKERMAN: Thank you, Mr. Vasquez.
25 Any other board members from other board

1 have any comments or concerns regarding this
2 document?

3 Good. Good. Good. Good.

4 Okay. So I think we're ready -- although
5 we'll do it in a little bit. We're ready -- I think
6 we're all pretty happy with what we have here right
7 now. It's 1:50 right now. I'd like to --

8 DR. DERICK: What about surgical?

9 CHAIRMAN ACKERMAN: Pardon me?

10 EXECUTIVE DIRECTOR VASQUEZ: We need to do
11 surgical.

12 DR. DERICK: Surgical treat -- the surgical
13 forms for adults.

14 DR. COFFMAN: We're on the surgery.

15 CHAIRMAN ACKERMAN: I'm sorry. I'm sorry.
16 I'm sorry. I'm sorry. Bates 60, consent for
17 transition surgery for adults.

18 Mr. Vasquez.

19 EXECUTIVE DIRECTOR VASQUEZ: I have nothing
20 on this one.

21 CHAIRMAN ACKERMAN: Okay. Any comments
22 from the board members?

23 (No audible response)

24 Great. Okay. It's 1:51 right now. And I
25 think it's appropriate time to open up to public

1 comment. Let's say it's 1:50 -- 2 o'clock. Why
2 don't we go until about 3:20 or if public comment is
3 truncated before that -- is over before that. I'd
4 like to give people three minutes apiece to speak.
5 I'm going to start with the first.

6 The last name is Lancaster. First name is
7 E. E Lancaster.

8 Okay. Now, some of these people, who in
9 the beginning have registered, we were not
10 completely clear whether or not they wanted to make
11 public comment. So since E Lancaster -- since
12 they're not speaking right now, let's go to the next
13 person. And that would be Joe Yocaba (phonetic).

14 Okay. No, Joe. Well, I know there's
15 someone here for sure who wants to speak, and I see
16 that she's on the call. So let's go to her. And
17 this is Representative Anna Eskamani. I know she's
18 there. I'll like to give deference to our members
19 of -- elected officials.

20 So, Representative Eskamani from Orlando,
21 are you here? You're raising your hand? That's
22 good. Maybe she's clapping. Someone's clapping. I
23 can't turn you on. So help me, Staff.

24 REPRESENTATIVE ESKAMANI: Hey.

25 CHAIRMAN ACKERMAN: There you are. There

1 you are. Thank you, Representative Eskamani.

2 You're on the line?

3 REPRESENTATIVE ESKAMANI: I am here. Thank
4 you so much for the opportunity to speak. And with
5 that said, I'm sorry I missed the last two Board of
6 Medicine meetings. I've been traveling this summer
7 for different work stuff. So I appreciate the
8 opportunity to share my public comments here
9 virtually.

10 So if you're ready, I'll get started.

11 CHAIRMAN ACKERMAN: Yes, ma'am.

12 REPRESENTATIVE ESKAMANI: Okay. Awesome.

13 So, again, my name is Anna V. Eskamani. Proud to
14 serve District 42 in the Florida State House
15 Representative, and of course, here to issue my
16 comment on these informed consent processes.

17 I first just want to provide context that
18 our LGBTQ plus patients right now in Florida are
19 really struggling, not just with the implementation
20 of a -- of another medical bill tomorrow, but also,
21 of course, the fact that this bill went into effect
22 upon signature has created complete chaos in the
23 medical field for many of our constituents not being
24 able to have their prescriptions filled. And of
25 course, many providers have stopped providing care

1 because they're waiting for these forms. So I do
2 appreciate the effort to expedite it because it
3 really is essential right now.

4 With that said, I'm disappointed by parts
5 of the forms and really troubled by what some parts
6 I see as misleading or at the very least,
7 politically motivated. In particular, the notion
8 that gender-affirming care is based upon very
9 limited poor quality research and is purely
10 speculative. I just don't think that type of
11 language is necessary, especially since we do have,
12 you know, very well established medical
13 organizations that support gender-affirming care or
14 at least provide, you know, important studies and
15 reference. And so I just feel like any language
16 that has a bias to it really shouldn't be in an
17 informed consent form.

18 And I do speak from experience. I worked
19 at Planned Parenthood before I ran for office. And
20 I put this in my comment for the earlier June
21 meeting that the only other, you know, medical field
22 that I see this type of onerous burdensome and
23 political motivated restrictions is abortion care.
24 And those are very political. It's not based on
25 guidance of medicine, but it is just a political

1 partisan preference.

2 With that said, I do want to just echo, I
3 heard some feedback about what type of mental health
4 provider should be able to give that approval for
5 gender-affirming care. And I believe the way the
6 law is written is that for minors, it's restricted
7 towards those specific licensed psychiatrists. But
8 that's not the case for adults. And whenever you
9 set those type of restrictions -- and you all know
10 this already, we don't have a lot of providers in
11 Florida for any area of specialty, let alone gender-
12 affirming care. But when you set those type of
13 restrictions, you're making it really hard for
14 people to navigate these hoops. And I hope that's
15 not the goal. But if it's not the goal, then you
16 need to open it up to allow other types of
17 providers, as statute lets you, to provide that
18 mental health assessment.

19 With that said, the way the forms stand
20 now, to me it seems pretty clear that it is designed
21 to create new barriers rather than prioritize
22 patient well-being. So I do urge changes to be made
23 to not create additional barriers that are not
24 required by statute. Statute does, of course,
25 require informed consent, but even some of these,

1 you know, hoops that you're creating for adults,
2 it's just not in statute to do that. So I really
3 encourage you to stick to what's in the book of the
4 law and don't go beyond that because it's just not
5 necessary.

6 So thank you so much for the opportunity to
7 comment.

8 CHAIRMAN ACKERMAN: Thank you. Thank you,
9 Representative. Thank you for your input. We'll
10 get back and look at that regarding the mental
11 health providers for adults when we have our
12 discussion a little bit later on.

13 Cora Merritt?

14 Next I have is Luke Monaco. Okay. Luke
15 Monaco appears to be coming on the line.

16 LUKE MONACO: Hello. All right. I think
17 that's working now. Are you able to hear me now?

18 CHAIRMAN ACKERMAN: Yes. And we have the
19 timer going for three minutes.

20 Thank you, sir.

21 LUKE MONACO: All right. Awesome. So I
22 saw you all a few weeks ago back in public at the
23 first meeting, and I'm honestly really impressed
24 with a lot of what's been said here, what's been
25 taken care of.

1 My big concerns are relating to how we are
2 navigating folks who are already patients and who
3 have already gone through these processes. For
4 example, myself, this is now a year like 12 that
5 I've been on testosterone and -- also 12 years since
6 I've had top surgery, for example. And I'm now
7 wondering, am I going to have to go through hoops of
8 finding a psychiatrist or a psychologist, when I
9 haven't seen someone in a very long time because I
10 have no mental health crisis or mental health
11 illness at all to deal with.

12 So that's a concern for me is does this
13 apply to only new patients, or is this for folks who
14 are already patients? And I know that some of the
15 language in there was a little bit fuzzy for me
16 personally as an outside perspective. So I would
17 just want to know if we're going to clarify that.

18 The other thing that I'm concerned about,
19 there was conversation earlier about it won't change
20 sex, for example. I would personally, from my
21 perspective, prefer you to just include the language
22 that's in the bill so that folks know what you mean
23 exactly by sex when they're reading this consent
24 form.

25 It also concerns me because there's a

1 conundrum between the words, saying that it will not
2 change sex when what the wording you used previously
3 in the forms are sex reassignment. So if it's not
4 changing sex, why are we now calling it sex
5 reassignment? So I would want that to be clarified.
6 I know that you struck out gender-affirming. Maybe
7 there's another verbiage you can use instead. I
8 wasn't really prepared to provide that comment,
9 because I wasn't sure that was going to be
10 discussed. But that would be my concern.

11 And then I also -- I think I've said enough
12 there. But hopefully that gives you some food for
13 thought and some things to think on.

14 Thank you so much.

15 CHAIRMAN ACKERMAN: Yeah. Thank you, Luke.
16 That's excellent. Before you leave, stay on there
17 for a second. One of the board members hand -- has
18 her hand raised.

19 LUKE MONACO: Absolutely.

20 CHAIRMAN ACKERMAN: And I don't know if she
21 wants to ask you a question on it.

22 Dr. Derick?

23 DR. DERICK: I just wanted to make a
24 comment, just because this is the second time this
25 has come up. I appreciate your thoughtful

1 suggestions.

2 If you look at the adult consent form, we
3 moved it so that it would -- said that those -- the
4 mental health assessments would be recommended and
5 not required. And so it -- I want to make sure,
6 because if we continue --

7 LUKE MONACO: Can you tell me the Bates on
8 that?

9 DR. DERICK: If you look at the consent for
10 feminizing hormones for adults, for example, which
11 is our Bates 41, which is page 4 of 12 of the PDF,
12 it separates the requirements in the
13 recommendations. And so that was contemplated and
14 discussed for many hours last week.

15 And so for adults, it is not our intent to
16 be obstructionist with continuation of care, rather
17 give recommendations related to standard of care
18 that we believe would be in the best interest of the
19 patient. But it's not, as written, a requirement.

20 And the other point to Representative
21 Eskamani's informed consent related to the lack of
22 data, I think that the discussion was also that --
23 it's not required that there's only one informed
24 consent. If there are different benefits that the
25 prescribing physician wants to highlight on a

1 separate informed consent, there can be, you know --
2 this is not the only consent form that could be
3 given to a patient, and so different perspectives
4 can be given by people who may have opposing
5 viewpoints on this.

6 So I just wanted to put that out there
7 because as we go through the discussion,
8 everything's been so helpful, and last week was very
9 helpful too from the public comment. But just so
10 that that's out there, that that's not a
11 requirement.

12 CHAIRMAN ACKERMAN: Thank you. Thank you,
13 Dr. Derick.

14 Thank you, Luke.

15 Next is Maury Rubin (phonetic).

16 Steven Rocca (phonetic) or Rocca. Jesse --
17 Steven. Okay. Almost skipped you, Steven.

18 Steven Rocca, go ahead. Are you on the
19 line? I see you're trying to get in. I saw Steven
20 a second ago. There we go. Maybe.

21 STEVEN ROCCA: Hello. Can you hear me?

22 CHAIRMAN ACKERMAN: Yes. Hear you fine
23 now. I'm starting your timer. Thank you, Steven.
24 Welcome.

25 STEVEN ROCCA: I'll keep mine brief.

1 Good afternoon, all. My name is Steven
2 Rocca. I am the policy director for Prism Florida,
3 a youth-led LGBTQ organization serving South
4 Florida.

5 The issue I would like to highlight is a
6 portion of the language used in the patient
7 information and informed consent section. Gender-
8 affirming care is not purely speculative as this
9 version of the form claims.

10 The first gender identity clinic was opened
11 by Johns Hopkins Hospital in 1966. People in trans
12 media have taken hormones for decades. And to say
13 that only subtle improvements were seen in patients'
14 mental health would be laughable if it weren't so
15 dangerous. That kind of thinking is what gets
16 critical healthcare ripped away from those who need
17 it most.

18 Gender-affirming care helped me, and I'm
19 nowhere near alone in that experience. It gives me
20 the confidence to walk through the world as the man
21 that I am without fear or debilitating self-
22 consciousness regarding the incongruence of mind and
23 body.

24 I demand the removal of this inflammatory
25 opinionated language from these forms. Medical

1 misinformation has no place in mind. Thank you for
2 your time.

3 CHAIRMAN ACKERMAN: Thank you, Steven.
4 Thank you for your input, and thank you for being
5 here today and taking time out of your day to join
6 us.

7 Jessica Wilson? Jessica Wilson?
8 Steven, if you could take your hand down,
9 that would be good too.

10 Jessica Wilson. Seeing that I don't see
11 Jessica Wilson.

12 Let's go to Brandi Scapalis (phonetic).

13 BRANDI SCAPALIS: Hi. My name is Brandi
14 Scapalis. And I have, for the past two years, been
15 a doctoral student in social work and --

16 CHAIRMAN ACKERMAN: Thank you for being
17 here today.

18 BRANDI SCAPALIS: -- have read a
19 substantial amount of the literature.

20 Can you hear me?

21 CHAIRMAN ACKERMAN: Yeah. We hear you
22 fine. I was saying -- I was thanking you for being
23 here.

24 BRANDI SCAPALIS: Okay. So I've read a
25 substantial amount of the medical and mental health

1 literature on this, and I'm going to echo what the
2 last speaker said. The section that says, "Medical
3 treatment of people with gender dysphoria is based
4 on very limited, poor-quality research with only
5 subtle improvements seen in some patients'
6 psychological functioning in some but not all
7 research studies. This practice is purely
8 speculative, and the psychological benefits may not
9 outweigh the substantial risks of medical treatments
10 and in many cases the need for life-long medical
11 treatments."

12 That is just not true. I've read thousands
13 of pages of literature. And actually, the research
14 on this goes back further than Johns Hopkins, a lot
15 further, to the early 20th century in Germany under
16 Magnus Hirschfeld. Unfortunately, that research was
17 destroyed by the Nazis as one of the earliest book
18 burnings. But this research is 100 years old, and
19 it is not speculative. It's over 100 years old.
20 It's not speculative, and it's not based on limited,
21 poor-quality research.

22 Now, I know where the state got this
23 language from, but that source is also considered to
24 be a biased source. It's not in the peer-reviewed
25 literature. And so the peer-reviewed literature on

1 this is substantial, and that goes for both the
2 medical and mental health literature. I would also
3 suggest removing that part of that section. Thank
4 you.

5 CHAIRMAN ACKERMAN: Thank you so much,
6 Brandi.

7 Next is Emily Gray. Emily Gray.

8 Lakely Love or Lakely Love. Please forgive
9 me if I mispronounce it. Last name Love, first name
10 Lakey, L-a-k-e-y.

11 Yarrow Koning. Yarrow Koning, K-o-n-i-n-g,
12 Koning. Here we go. Yarrow Koning, I see you.
13 That's a good thing. I think we're letting you in,
14 or we're trying to let you in. There we go. I see
15 you now. Welcome. Can you hear me okay?

16 YARROW KONING: Yes. Can you hear me?

17 CHAIRMAN ACKERMAN: Perfectly. Thank you,
18 ma'am.

19 YARROW KONING: Members of the Board, my
20 name is Yarrow Koning. Until just this month,
21 resident of Palm Beach County, but recently moved
22 out of state due in part to policies being discussed
23 at today's meeting. I've attended other Board of
24 Medicine meetings on this topic. This is the first
25 I've been permitted to speak, as public comments

1 were cut short at the other meetings I attended.

2 I wish I didn't have to spend my Friday
3 afternoon here listening to dehumanizing discussions
4 about critical healthcare that has improved my life
5 and the lives of so many people I love. It's
6 disheartening to engage in a public comment process
7 that feels mostly like political feeder, but I'm
8 here because I'm a trans educator who works with
9 youth; and I care about the well-being of all kids,
10 including trans youth.

11 I've personally had trans kids tell me they
12 can't wait to turn 18 and leave Florida to escape
13 political climate here, including being able to
14 access medication. I know families who are fleeing
15 the state because they're scared for the well-being
16 of their children. So I'm here to speak to you to
17 tell you things you already know because it's always
18 right to speak up in the face of injustice and
19 because trans people, kids and adults, deserve so
20 much better than this.

21 So here's the truth of the matter. In
22 short, the truth you already know, the point of
23 medicine is, or at least it should be, to help
24 people live happier, healthier, longer, more
25 fulfilled lives. Gender-affirming care does all

1 these things, and the barriers you continue to put
2 in place to access it means so many people will live
3 less happy, less healthy, shorter, and less
4 fulfilled lives.

5 The point of informed consent is, or at
6 least should be, to give patients accurate
7 information they need, not perpetuate misinformation
8 and scare them away from procedures for someone
9 else's political gain. The informed consent process
10 created here includes misinformation that some other
11 speakers have already referenced, and requirements
12 that would make it incredibly difficult, if not
13 impossible, for trans people to access gender-
14 affirming care.

15 The most ironic part of this all, though,
16 is that limiting access to gender-affirming care
17 will not stop kids from being trans or adults from
18 being trans. Trans people have always existed and
19 will always exist. Limiting access to gender-
20 affirming care doesn't protect anyone. It simply
21 makes life more difficult for kids and adults who
22 already face so much trans-focused violence in our
23 day-to-day lives. I have nothing further to say
24 today.

25 CHAIRMAN ACKERMAN: Thank you very much.

1 Thank you for coming today and joining us.

2 Kristin Krabelling. Kristin Krabelling.

3 Erica Imaoka, I-a -- I'm sorry -- I-m-a-o-

4 k-a, Imaoka. Erica Imaoka. There she is. Erica.

5 We'll give Erica a second.

6 ERICA IMAOKA: Hi.

7 CHAIRMAN ACKERMAN: Hi. Good afternoon.

8 Thank you. Thank you for being here.

9 ERICA IMAOKA: Thanks for the opportunity
10 to give comments. I was at the meeting last week,
11 so I'm glad to see that we are closer to having
12 something to put out. I'm an advanced practice
13 nurse here in Florida and provide gender-affirming
14 hormone therapy to adults.

15 So I just have a couple of comments. One
16 is on the psychological evaluation. It isn't in
17 that part where it's numbered, but it does still
18 live on page, I believe, it's 40, if I have the
19 documents correct, on page 40. It says what are the
20 requirements to receive hormone replacement therapy.
21 In the second paragraph, it says before beginning or
22 continuing HRT, you must undergo a thorough
23 psychological and social evaluation performed by a
24 Florida licensed, board-certified psychiatrist or
25 psychologist.

1 So --

2 CHAIRMAN ACKERMAN: Correct.

3 ERICA IMAOKA: -- just a little confusing
4 because the language is still in that space. So
5 just wondering if it's going to be removed, can it
6 be removed there too so there's not any confusion
7 about what the requirement is.

8 CHAIRMAN ACKERMAN: That's -- just to
9 respond to you. That's a little bit different.
10 That's by statute. That has to be a board-certified
11 psychiatrist or Florida-licensed psychologist to
12 begin or continue HRT.

13 ERICA IMAOKA: Okay. So then my -- I guess
14 my follow-up question to that is for those who are
15 continuing or already receiving HRT, what timeline
16 then do they have to have that completed in?

17 CHAIRMAN ACKERMAN: Someone help me here on
18 that.

19 DR. DERICK: Could I ask a question of
20 staff while you look this up, Dr. Ackerman?

21 CHAIRMAN ACKERMAN: Yeah.

22 DR. DERICK: Staff, is this -- was it part
23 of the statute for the minors only, or was it minors
24 and adults?

25 ATTORNEY MCNULTY: Dr. Derick, this is

1 Donna, if I may. It's for the minors the -- the
2 statute says the Board shall consider requirements
3 in the informed for professional counseling by
4 board-certified psychiatrists or the licensed
5 psychologist. So the informed consent for adults
6 does not say that in the statute. So on page 39 or
7 40 that you're discussing in the adults, is that --

8 CHAIRMAN ACKERMAN: Right. It's page 40.
9 It's consent to feminizing hormones for adults.
10 It's the third page of that document, Donna.

11 DR. DERICK: Well, that's, I think, an
12 important thing that Erica pointed out --

13 ATTORNEY MCNULTY: I do too.

14 DR. DERICK: -- and we can talk about it.

15 ATTORNEY MCNULTY: Yes.

16 DR. DERICK: So thank you, Erica, for
17 pointing that out. I guess we kind of missed that.

18 CHAIRMAN ACKERMAN: And Erica is not the
19 first one. I think one of the earlier speakers,
20 Representative Eskamani, brought up the same thing.
21 Someone early on said the same thing about that.

22 So we -- I think we'll -- thank you, Erica.
23 We'll talk about that when we get back to our
24 discussion.

25 ERICA IMAOKA: Okay. Thank you. And then

1 I had another one for -- on page 41 under number
2 eight. It says, "understand the effects of hormone
3 treatment on reproduction and they have explored
4 reproductive options." I guess I just want a little
5 bit of clarification because that is something that
6 -- I mean, as an advanced practice nurse, I know
7 like we're not probably going to be doing this part
8 anymore, but even when our physicians are
9 explaining, what does "explored" mean? Is there a
10 requirement to that or is it just as long as the
11 provider feels they have been given the information
12 on what that looks like or --

13 CHAIRMAN ACKERMAN: I think that's
14 intentionally ambiguous, I think.

15 ERICA IMAOKA: Okay.

16 CHAIRMAN ACKERMAN: Other folks can chime
17 in. I don't think you'll want us to put anything
18 more --

19 ERICA IMAOKA: No.

20 CHAIRMAN ACKERMAN: Be happy with the
21 ambiguity.

22 ERICA IMAOKA: Okay, great. I love that.
23 And then on page 67, and this isn't actually part of
24 the consent; but it was under the draft. So I was
25 just a little confused.

1 CHAIRMAN ACKERMAN: This is the consent --
2 Erica, this is the consent for tradition surgery for
3 adults? You said page 67.

4 ERICA IMAOKA: 67, yeah. I think that's
5 the page that it's on. Let me just scroll down real
6 quick. Sorry. This document is -- it's very slow
7 on my computer.

8 CHAIRMAN ACKERMAN: Yeah. That's just --
9 67 is just -- is a draft emergency rule.

10 ERICA IMAOKA: Okay. So then -- so if it
11 doesn't live in the actual consent, then it doesn't
12 matter. I guess I'm just wondering. So I guess
13 where I get confused is that it says that if someone
14 has already -- consent is not required for renewal
15 of a prescription. So does that mean if someone is
16 already established in care with like an advanced
17 practice nurse now they have to be with a physician,
18 but do they -- before they can get like a refill on
19 their prescription, do they have to be seen in
20 person immediately or can they get the refills so
21 that they're not out of medication before they have
22 that initial in-person visit established with a
23 physician?

24 CHAIRMAN ACKERMAN: Counsel?
25 My understanding is they can get it

1 renewed, but they can't get new drugs or increasing
2 of dosage.

3 ERICA IMAOKA: Okay.

4 ATTORNEY DIERLAM: And Dr. Ackerman, this
5 is board counsel Chris Dierlam. This really isn't a
6 proper forum for the board to be opining on specific
7 inquiries such as that. Really, the best way for
8 those issues to be handled would be the filing
9 through some sort of declaratory statement.

10 Also, whenever you reference the renewal or
11 filling of certain prescriptions, that's obviously
12 an issue that would fall under the jurisdiction of
13 the Board of Pharmacy. So again, I would just
14 caution the board from providing too much guidance
15 particular to the filling of prescriptions because
16 that's an issue that, again, we would need to
17 discuss with our counterparts, the Board of
18 Pharmacy. Thank you.

19 CHAIRMAN ACKERMAN: Erica, you need to wrap
20 up because we're over your three minutes. You want
21 to make a quick statement?

22 ERICA IMAOKA: No. That was all. I just
23 wanted to clarify those things. That's it. Thank
24 you so much.

25 CHAIRMAN ACKERMAN: Thank you. Thank you.

1 Dr. Derick, did you -- you had your hand
2 raised before. Anything else you wanted to say?

3 DR. DERICK: No. That was helpful. Thank
4 you.

5 CHAIRMAN ACKERMAN: Okay. Thank you,
6 Erica.

7 Sara Danker. Sara Danker, D-a-n-k-e-r.
8 And I know Sara Danker is on the line. I see her
9 -- I see her name. There she comes. There's Sara,
10 masked up in the ICU or something.

11 We can't hear you yet. Unmute, Sara.

12 SARA DANKER: Can you hear me now?

13 CHAIRMAN ACKERMAN: There you go. There
14 you go.

15 SARA DANKER: Okay.

16 CHAIRMAN ACKERMAN: Yep.

17 SARA DANKER: Okay, great.

18 CHAIRMAN ACKERMAN: Thank you for joining
19 us from the operating room, Sara.

20 SARA DANKER: Thank you for giving me the
21 opportunity to speak. Sorry for the setting. My
22 name is Sara Danker. I'm a board-certified plastic
23 surgeon in Miami. My practice is primarily gender-
24 affirming care. To start, I'll say that when I read
25 the surgical consent, I was quite relieved. So

1 thank you for doing the process some justice.

2 As somebody who's both participated in the
3 surgical care of hundreds of gender diverse patients
4 and somebody that's participated in research on the
5 topic, I do take great issue with the third
6 paragraph that has already been mentioned that
7 medical treatment is based on limited and poor-
8 quality data, and that improving psychological
9 functioning is subtle.

10 There are numerous prospective trials
11 demonstrating the satisfactory positive quality of
12 impacts on the lives of these patients.

13 Just this week I saw a patient from top
14 surgery. This patient was so ashamed and
15 uncomfortable with their chest prior to surgery that
16 they couldn't pick up their niece or nephew and
17 wasn't comfortable with their partner laying her
18 head on their chest.

19 One month after the surgery, the patient
20 took a shower with their partner for the first time.
21 So you know, tell me if you think that's not a -- or
22 that's a subtle improvement in functioning. And
23 from someone who's generally against this whole
24 process, I think that if it weren't for that
25 paragraph, this would be a very respectable

1 document. So that's my bit on that.

2 So another correction I have is for the
3 surgical consent under phalloplasty. It's important
4 to note that not all patients who get phalloplasty
5 has a urethra created or have their internal organs
6 removed. So it's possible to have phalloplasty
7 without removing their vagina or their internal
8 organs (indiscernible) only phalloplasty.

9 On page three, I recommend something
10 (indiscernible) nose and chin and jaw surgery
11 (indiscernible), swelling (indiscernible).

12 And on page five, the second item, I
13 recommend changing that the treatment will not
14 prevent -- saying that the treatment will not
15 prevent psychiatric events to may not prevent
16 psychiatric events.

17 And also, under bottom surgery, I think
18 that surgeon should decide the frequency of follow-
19 up visits. I can tell you weekly visits for months
20 after bottom surgery is neither feasible nor
21 necessary.

22 Lastly, I just want to state that since I'm
23 a plastic surgeon at an academic center, I see many
24 times where patients who have major life-threatening
25 complications and also regret surgery after major

1 cosmetic procedures. And so I just want to say that
2 maybe the time would be better spent trying to
3 protect those patients. They're the ones who are
4 truly at risk here, and we're really doing our best
5 to take care of our trans community.

6 So anyway, thank you for the opportunity to
7 talk. And I do give you all some credit for doing
8 the process some justice, but I think there's room
9 for improvement. So thank you.

10 DR. VILA: Dr. Danker, are you currently
11 operating on a patient?

12 SARA DANKER: I'm about to --

13 CHAIRMAN ACKERMAN: Thank you, Doctor.

14 SARA DANKER: -- but not -- not a gender
15 patient. Don't worry.

16 CHAIRMAN ACKERMAN: Thank you, Doctor.

17 DR. VILA: I mean, I just think it's highly
18 inappropriate. All of these comments you could have
19 sent to us. I'm an anesthesiologist, and I'd be
20 (indiscernible) so I think it's inappropriate.

21 SARA DANKER: Well, I'm sorry you feel that
22 way. I --

23 CHAIRMAN ACKERMAN: Thank you, Dr. Vila.

24 Can we please cut off -- can we please cut
25 off Dr. Danker?

1 SARA DANKER: Thank you.

2 CHAIRMAN ACKERMAN: Okay. Olivia Fine.

3 Olivia Fine. Okay.

4 How about Lane Alvarez. Lane Alvarez.

5 Lane is coming on. I think I saw Lane coming a

6 second ago.

7 LANE ALVAREZ: Hello. Can you hear me?

8 CHAIRMAN ACKERMAN: Yes, we can. Thank

9 you, Lane.

10 LANE ALVAREZ: Okay. Thank you. Yeah. It

11 just took a little bit for the mic to let me unmute.

12 CHAIRMAN ACKERMAN: Yeah. So many people

13 on, I think we have a delay. But thank you for

14 being here today.

15 LANE ALVAREZ: Okay. Thank you. I guess I

16 just want to reiterate a few of the points made

17 earlier, so I'll try to be quick. A lot of the

18 information that you have in these forms -- in the

19 beginning of the forms, as Representative Eskamani

20 and others have commented, is misleading and

21 inaccurate, and I think that's highly inappropriate

22 in a doctor's visit. We want to have science-based

23 information instead of political influenced

24 language.

25 The other thing is that looking at the

1 requirements that you have, it seems like a lot of
2 this is just putting onerous additional burdens on
3 those who are trying to seek care, okay. For
4 example, having the in-person visits instead of
5 telehealth visits, having all these extra
6 appointments for psychologists, for suicide risk
7 assessments every three months. I mean, I don't
8 understand why that can't be combined with the
9 visits with the doctor that you have every few
10 months anyway. So it just seems like lots of extra
11 money and time. It's going to make it harder for
12 people to get the care that they need.

13 People have been on puberty blockers and
14 hormones. This is not new. And yet, now we're
15 asking them to get regular DEXA scans once a year.
16 Minors have to get hand x-rays. That's all new.
17 And I don't understand the reason we need to have
18 these extra appointments that can just provide
19 blocking.

20 So I also am concerned about where you talk
21 about the psychological comorbidities. Specifically
22 are you talking about depression, anxiety, autism,
23 ADHD, anything that can be used to prevent people
24 who might have both those and gender dysphoria from
25 getting care that they need? I think that's not a

1 great idea because sometimes gender-affirming care
2 is exactly what is needed to alleviate some of
3 those. For example, depression and anxiety has been
4 shown to go down with hormone therapy. So I'm not
5 sure why we're setting up all these roadblocks. And
6 those were my basic concerns. Thank you for your
7 time.

8 CHAIRMAN ACKERMAN: Thank you, Lane. Thank
9 you for being here today.

10 Next I have is Jon Harris Maurer. Jon
11 Harris Maurer.

12 Saw Jay Kirkley pop up. Jay Kirkley, are
13 you with Jon Harris Maurer? Is that your hand
14 raised? That's your hand raised. Thank you.

15 Jon Harris Maurer.

16 We'll move onto the next one I have, which
17 is Brian Schleifer.

18 Whoa, whoa, whoa. Jon Harris Maurer is
19 here. I see that -- I see -- Jon Harris, are you
20 going to speak? We'll go back to Jon Harris.

21 Staff, is Jon Harris unable to get on, or
22 are you not letting him in?

23 DR. DERICK: Yeah. Jay Kirkley is with
24 Equality Florida so they might be in a group. Yeah.
25 Actually, he just popped up.

1 CHAIRMAN ACKERMAN: Okay. I see Jon
2 Harris. So who's speaking now; is this Jon Harris
3 or is this somebody else? You said your name was
4 Jay Kirkley.

5 (Indiscernible)

6 I don't see Jon Harris.

7 JON HARRIS MAURER: This is Jon Harris.
8 Are you able to hear me now?

9 CHAIRMAN ACKERMAN: Yes, I am. And who are
10 you with? Are you representing a group, Jon?

11 JON HARRIS MAURER: Yes. On behalf of
12 Equality Florida.

13 CHAIRMAN ACKERMAN: There. I see your face
14 now. Wow, great. Thank you for being here.

15 JON HARRIS MAURER: Absolutely. My
16 apologies for the technology issues. But --

17 CHAIRMAN ACKERMAN: So tell me something
18 before you start, was it us or is it you? I want to
19 know if our staff is doing it right.

20 JON HARRIS MAURER: I think that was on my
21 end. My apologies.

22 CHAIRMAN ACKERMAN: Okay, good. Okay,
23 good. Keep up the good work, Mr. Vasquez and your
24 staff.

25 JON HARRIS MAURER: I appreciate the

1 opportunity to comment. I will say Equality Florida
2 is deeply concerned that the proposed consent forms
3 are misleading and don't reflect the medical
4 consensus when it comes to gender-affirming care.
5 As the American Medical Association has stated,
6 every major medical association recognizes the vital
7 role of gender-affirming care and improving the
8 physical health and mental well-being of transgender
9 individuals.

10 Studies have consistently demonstrated that
11 providing gender-affirming care that is both age
12 appropriate and evidence based leads to improve
13 mental health outcomes. Yet, the proposed forms
14 require patients to sign off on a statement claiming
15 this treatment is "based on very limited, poor-
16 quality research" and "purely speculative." This is
17 untrue, and Equality Florida strongly believes that
18 Floridians deserve to be informed by science, not
19 partisan rhetoric that we're seeing in these forms.

20 For minors, the proposal includes multiple
21 substantive burdensome and potentially costly
22 requirements. These sort of requirements should be
23 left to the discretion of a prescribing physician
24 based on an individualized assessment.

25 Moreover, for adults, the proposal exceeds

1 the rulemaking directive of the legislature which
2 only directed the boards to adopt forms that "inform
3 the patient of the nature and risks." Instead, the
4 proposed form lists eight specific requirements for
5 you to receive and continue treatment.

6 Imposing requirements constitutes an
7 unauthorized standard of care. Those requirements,
8 one of which I understand may be removed, should be
9 converted to recommendations on the whole for a
10 prescribing physician to consider in making, again,
11 an individualized assessment.

12 Our concern is that these consent forms are
13 about creating new barriers to care and not about
14 patient well-being. Please do revise these forms
15 with input from proper experts with the urgency
16 required by these state-imposed circumstances.
17 Thank you. And we hope that you'll continue to
18 protect transgender Floridians and ensure that they
19 do have reasonable access to care.

20 CHAIRMAN ACKERMAN: Thank you, Jon. Thank
21 you, Jon.

22 Let's go back to Brian Schleicher.

23 Okay. Allen Grossman. Allen Grossman.
24 Are you here Allen? Maybe Allen didn't really want
25 to speak.

1 Mr. Vila -- Dr. Vila.

2 DR. VILA: Mr. Chair, if I can make a
3 recommendation that you announce the next two
4 speakers and then introduce the one that you're on
5 so that the follow-up speakers will have a chance to
6 get positioned. Thank you.

7 CHAIRMAN ACKERMAN: Thank you. Excellent
8 suggestion. I will do that.

9 So next is Kelly Barton -- I'm sorry. Next
10 is Katherine Campbell.

11 I ask Kelly Barton and Rene D. to stand by.
12 You'll be next.

13 So Katherine Campbell.

14 The other two I just mentioned, you can get
15 on, just don't speak until we're ready for you.

16 So no Katherine Campbell. How about Kelly
17 Barton?

18 Oh, Rene is there. We'll get to you in a
19 second, Rene, with all your flags. I like that. No
20 Kelly Barton.

21 So, Rene, the floor is yours. I know
22 you're there.

23 And while Rene gets teed up, let me call
24 the next couple, three names. I have Selene Adams,
25 Kate Steinle, and Jen Cousins.

1 So Rene D, come on. I saw you.

2 RENE DAVIS: Hello.

3 CHAIRMAN ACKERMAN: There's Rene.

4 RENE DAVIS: Can everybody hear me?

5 CHAIRMAN ACKERMAN: Perfectly. Thank you.

6 The floor is yours.

7 RENE DAVIS: All right. Hi, everyone. My
8 name is Rene Davis. I'm a resident of Brevard
9 County, and a local activist and represent dozens of
10 trans-Floridians here in the state, who I am in a
11 thread with right now that are actively listening to
12 this conversation. Thank you for having it be
13 public. They are providing a lot of sort of
14 firsthand accounts on their personal experience with
15 this. And they're very -- you know, very --
16 obviously, very interested in making sure these
17 forms are helping them get access to care and not
18 hindering it, and that they -- you know, that they
19 have the patient's well-being in interest.

20 So at some point, I'm probably going to
21 jump to those and read a couple of those stories. I
22 find them very compelling and relevant to this
23 discussion. Before I do that, I just want to echo a
24 few different sentiments that have already been
25 stated. Regarding the language on the form, reading

1 -- describing gender-affirming care is experimental.

2 I just want to put on record here, there's
3 a formal report and statement that came out, I
4 think, about two weeks ago, from the American
5 Medical Association, which, as you know, is a large
6 governing body in medical science.

7 And I just want to quickly read one of
8 their formal statements here. And I quote, it says,
9 "Due to widespread misinformation about medical care
10 for transgender and gender diverse teams, 18 states
11 have passed laws or instituted policy banning
12 gender-affirming care.

13 All right. These policies do not reflect
14 the research landscape. More than 2000 scientific
15 studies have examined aspects of gender-affirming
16 care since 1975." Right.

17 And I think others have mentioned that
18 there's also been gender-affirming care, you know,
19 as earlier as the '20s and '30s, which,
20 unfortunately, a lot of that information was lost by
21 the book burnings that took place during, you know,
22 the Nazi regime. And it's important to note that
23 the first treatment of HRT was actually done on cis
24 people back in the '30s. The first HRT treatment
25 for a cis woman occurred prior to the treatment for

1 trans women. Same thing for trans men and cis men.

2 So I think this -- it's very dangerous to
3 have this misleading rhetoric because if I'm a trans
4 person wanting to get care, I should know the
5 baseline risks based on the overall governing body
6 of research, right, not one or two cited studies
7 that are irregular from the body of research.

8 So I would also encourage this Board to
9 file a motion to strike the ability of the Board to
10 cite research and reference itself. I know some of
11 you have cited your own research to justify some of
12 the statements you've made, if those statements are,
13 in fact, true.

14 Every single valid body of scientific
15 research should have multiple forms of evidence from
16 multiple authors, from multiple institutions. So if
17 you want to sit here and impose this rhetoric that
18 gender-affirming care is experimental, I would ask
19 you to provide resources that cite that outside of
20 this Board's existing knowledge, just to -- you
21 know, that would be a little less biased.

22 CHAIRMAN ACKERMAN: Thank you, Rene.

23 RENE DAVIS: So --

24 CHAIRMAN ACKERMAN: Your time is up. Thank
25 you. Thank you for being here today.

1 RENE DAVIS: Thank you.

2 CHAIRMAN ACKERMAN: Thank you for your
3 time.

4 Next I have is Selene Adams. I don't see
5 Selene Adams teed up yet. After Selene Adams, I
6 have Kate Steinle, and then Jen --

7 SELENE ADAMS: Hi. I'm --

8 CHAIRMAN ACKERMAN: -- Cousins.

9 SELENE ADAMS: -- Selene Adams. Hi.

10 CHAIRMAN ACKERMAN: Okay. Hang on. Hang
11 on -- hang on, Selene.

12 Hang on one second. One second. I just
13 want to make sure Kate Steinle, Jen Cousins, and
14 Simone Chriss are ready to go next.

15 So Selene Adams, please begin.

16 SELENE ADAMS: Thank you. I have nothing
17 further to add than other people have spoken more
18 succinctly and with more bases so I would like to
19 yield my time. But I would like to very much
20 acknowledge and appreciate my fellow speakers for
21 bringing such concise thoughts to this hearing.

22 CHAIRMAN ACKERMAN: Thank you so much.
23 Thank you for being sensitive to our time today.

24 Kate Steinle.

25 Jen Cousins.

1 After Jen Cousins -- I'll give Jen a second
2 to come on -- we have Simone Chriss. Simone Chriss
3 has spoken to us before. Andrea Montanez is after
4 Simone Chriss. Andrea Montanez after Simone Chriss.

5 Jen Cousins. Okay.

6 Simone Chriss, are you there? Simone
7 Chriss represents Southern something. She's a
8 lawyer. Well, no. So I guess Simone Chriss isn't
9 here. So I'll ask for Andrea Montanez. Following
10 Andrea Montanez, I have Kendra Parris and Jerrica
11 Kirkley.

12 Okay. Andrea Montanez. Thank you.

13 Before Andrea speaks, again, I have Kendra
14 Parris, Jerrica Kirkley, and then Jay Kirkley.

15 So Andrea. Oh, there you are. I just saw
16 you last week. Didn't we talk?

17 ANDREA MONTANEZ: Yes. Good afternoon.

18 CHAIRMAN ACKERMAN: You're before me
19 everywhere.

20 ANDREA MONTANEZ: Yes. We find everywhere,
21 unfortunately. I hope, so we don't have to do
22 anymore because we're lonely.

23 CHAIRMAN ACKERMAN: Well, thank you.

24 ANDREA MONTANEZ: But anyway, my name is
25 Andrea Montanez. I use the pronoun she/her. I

1 represent Health Community Center and Women Voices
2 of South Florida. I would like to have the
3 attention of all of you today. I really cite to
4 most medical, but I want to address all you as a
5 whole body of the Board of Medicine.

6 I need you to know that we exist; that we
7 are affected by the healthcare physically, socially,
8 and financially, and this is too confuse for me and
9 my community.

10 This is a basic, basic medical needs we
11 have before because it's something we needed. You
12 are really making -- looking doctor look very bad in
13 Florida. You seem to think you are the only ones
14 who understand what is science. It seems you think
15 Floridians are not intelligent. Please, please
16 listen to your peers. Listen to who actually work
17 with us in the community. Listen to the nurse
18 practitioner. I still don't see why we don't have
19 the nurse practitioner when they take care of me for
20 couple of years.

21 And everything I see that. Listen to them
22 because they know about us, what kind of concern
23 for, what treatment we need, and we don't need to
24 change the name. This is basic. Still using your
25 medical authority to derail (indiscernible) your

1 profession.

2 When serving your duty as a Board, make
3 medical decision, not political ones, please. Show
4 that Florida that doctor has ethical principles and
5 (indiscernible) respect the Constitution of the
6 United States, the country coming for freedom, and I
7 ask for that. Please listen to your peers and
8 keeping working and something is going to helping
9 us. Not (indiscernible) this. Thank you.

10 CHAIRMAN ACKERMAN: Thank you, Andrea. And
11 good seeing you again. Thank you for your
12 participation every -- every week.

13 ANDREA MONTANEZ: Thank you, Doctor.

14 Next is Kendra Parris and then I have --
15 after Kendra, I have Jerrica Kirkley and Jay
16 Kirkley, and following the Kirkleys -- I assume
17 they're related. Following the Kirkleys, I have
18 Chris Newland. Okay. No Kendra Parris.

19 How about the Kirkleys, Jerrica or Jay, or
20 both? Oh, I see Chris Newland is getting ready.
21 That's good to see.

22 Kirkleys here? There we go. We got -- we
23 have Jerrica. Nice that you're here, ma'am.

24 JERRICA KIRKLEY: I'm Dr. Jerrica Kirkley.
25 I go by she/her pronouns, and I'm the cofounder and

1 Chief Medical Officer of Plume, also a trans woman
2 and recipient of gender-affirming care myself, and a
3 --

4 CHAIRMAN ACKERMAN: Stop -- stop one
5 second.

6 JERRICA KIRKLEY: Yep.

7 CHAIRMAN ACKERMAN: So Jen Cousins, I did
8 see that you're here. I'm going to get to you after
9 the Kirkleys. So just --

10 JERRICA KIRKLEY: Okay.

11 CHAIRMAN ACKERMAN: -- please stay on. I
12 know I skipped over you.

13 So go ahead, Dr. Kirkley.

14 JERRICA KIRKLEY: Yes. So we take care of
15 many transgender diverse folks across the country.
16 We do it via telehealth platform and have over
17 hundreds of years of gender-affirming care
18 experience on our team, and grateful for the
19 opportunity to speak at this meeting. Thank you.

20 So I want to speak to SB-254, but also to
21 the consent form specifically, and just note that
22 the law and the consent forms are in direct
23 opposition, as noted by many folks today, to
24 evidence-based guidelines for care and undermine
25 long-established medical standards of care and

1 practice protocols that we've had in place.

2 Gender-affirming care, as we know, is
3 supported by many major healthcare organizations,
4 just as Rene noted earlier, including the American
5 Medical Association, American Academy of Pediatrics,
6 the Endocrine Society.

7 And we do have a robust body of research
8 that continues to grow in supporting gender-
9 affirming care access and that it is lifesaving and
10 positively impacts many people, including over 2000
11 studies since 1975.

12 But this law and the consent form set a
13 dangerous precedent, as it fundamentally creates a
14 two-tiered health system in Florida where trans and
15 gender diverse individuals will not be able or will
16 be severely restricted in their ability to access
17 the care that they need as compared to cisgender
18 individuals.

19 Patients seeking gender-affirming care will
20 be segregated from the rest of the population, only
21 be allowed to be seen by an MD or a DO rather than a
22 NP or PA, who we know provide a significant portion
23 of primary care in gender-affirming care in Florida
24 and around the country.

25 In addition, these patients will be

1 required to be seen in person to get that consent
2 form, which is a major barrier in care. We know
3 that 85 percent of trans individuals in 2022 did not
4 go into a physical healthcare facility when they
5 needed to because of fear of discrimination and
6 mistreatment.

7 And to speak to the consent forms
8 specifically, I do agree that I would say -- I would
9 recommend removing the requirement of an evaluation
10 or letter from a psychiatrist or psychologist, as
11 that's not supported by the WPATH Standards of Care,
12 Version 8. WPATH version 8 also notes what is
13 recommended is a diagnosis of gender incongruence
14 and not a diagnosis of gender dysphoria. So I would
15 recommend striking gender dysphoria completely and
16 anchoring on the evidence-based guidelines that we
17 have, which recommend gender incongruence.

18 I would recommend removing the need for a
19 witness signature in the consent form for adults, as
20 this poses an unnecessary barrier.

21 And while these might not fall within the
22 statutes we're discussing today, I do encourage you
23 all to use your power and your privilege and your
24 positions on this Board to push back and not require
25 adult patients to sign an informed consent form that

1 is unprecedented. And really most medical practices
2 that we have, we don't require informed consent
3 forms be signed. That should be something that's
4 navigated by the physician or the clinician
5 providing that care and the patient themselves and
6 understanding how informed consent works best in
7 that situation.

8 And lastly, of course, that all clinicians
9 provide this care that is lifesaving. We have a
10 massive shortage in providing this care in a real
11 life-threatening situation for many trans and gender
12 diverse individuals, which includes nurse
13 practitioners and physician assistants.

14 So I really appreciate your time today in
15 taking the diligence to work on this consent form to
16 meet the needs of the trans and gender diverse
17 community. Thank you.

18 CHAIRMAN ACKERMAN: Thank you, Dr. Kirkley.

19 Now, I have two Kirkleys that wanted to
20 speak. I assume you're both together, and that was
21 it, or is there a second --

22 JAY KIRKLEY: No.

23 JERRICA KIRKLEY: Not -- not related.

24 CHAIRMAN ACKERMAN: Oh, not related. Okay.
25 So you are Jay?

1 JAY KIRKLEY: Yes.

2 CHAIRMAN ACKERMAN: Okay.

3 JAY KIRKLEY: No. I'm Jay.

4 CHAIRMAN ACKERMAN: Okay. I'm sorry.

5 Forgive my confusion. Hopefully you understand my

6 confusion. Okay. So now we're up to Jay. Jay

7 Kirkley.

8 JAY KIRKLEY: Yes, sir. Yes, Dr. Ackerman.

9 CHAIRMAN ACKERMAN: Okay. Thank you. So
10 hang on.

11 So, Jen Cousins, I know you're there. Let
12 me get through the two Kirkleys, and then we'll get
13 to you.

14 So Jay, go ahead, sir.

15 JAY KIRKLEY: Thank you so much. I want to
16 say good afternoon to the Board -- to both Boards.
17 My name is Jay, and I work with Equality Florida,
18 but I'm here of a personal capacity speaking, so not
19 with the organization. But I wanted to echo a lot
20 of the comments made by previous commentators. I
21 think they touched on a lot of things, and I'm going
22 to talk about them again.

23 One, specifically, is the initial second
24 paragraph that's been brought up a lot talking about
25 how it is based on very limited, poor-quality

1 research. I think this is what other people have
2 said is inputting a partisan lens to what gender-
3 affirming care is. It talks about acknowledging and
4 letting people know about both the benefits and the
5 harms that are -- that are offered in gender-
6 affirming care.

7 But this consent form neglects to include
8 benefits, significant benefits. It neglects to talk
9 about the positive things in a sufficient capacity
10 compared to all of these negative harms that may be
11 potentially caused by this gender-affirming care.
12 And so I think that is something the Board needs to
13 consider when writing this thing to include more of
14 the benefits and to show that these benefits allow
15 patients to flourish as they are.

16 I would also like to remind the Board about
17 these consent forms that youth patients right now
18 cannot start new care. It seems to me like these
19 consent forms are crafted in a way that is designed
20 to make a checkpoint before they start care. So I'd
21 like to remind the Board that these are youth that
22 are in the middle of their treatment and have been
23 blocked by this law and are waiting for this to
24 begin.

25 This isn't a block to make new patients

1 consider it. These are patients that have
2 considered it. They have started, and now they're
3 blocked in continuing their care. And these extra
4 additional barriers are simply just more barriers,
5 more time, more -- more things they have to do
6 before they can even begin.

7 And then finally, I'd just like to thank
8 you for the work that you've done in trying to craft
9 consent forms that appease all of our concerns, as
10 well as doing your job, and so I thank you for that
11 and the work that you've done. And that's it.
12 Thank you so much. Have a great day.

13 CHAIRMAN ACKERMAN: Thank you so much.
14 Okay. Chris Newland. We're up to you,
15 Chris.

16 No, I'm sorry. Jen Cousins. We're going
17 to Jen Cousins. I've been skipping over Jen Cousins
18 for a while. So, Jen Cousins, why don't you get
19 yourself teed up.

20 We have Chris Newland after Jen Cousins,
21 and I know Chris Newland is on the -- is in the
22 queue, and Joe Mario Pedersen. Joe Mario Pedersen
23 will be following that, and then William Elijah
24 Clark. And I know I saw William Elijah Clark
25 earlier on the line. So right now, we're on, as I

1 said, Jen Cousins.

2 JEN COUSINS: Hi. Good afternoon, Board.

3 I have to apologize. I had another meeting pop up

4 at the last minute so I'm only just getting into

5 this now. But I've been attending every single

6 meeting that you've had since this started last

7 year.

8 And first of all, I want to say, you know,

9 we really need you to think about the lives of the

10 people that bad practice here could destroy. I have

11 watched friends who are adults face barriers to

12 receiving their healthcare over the last month.

13 I've watched fellow parents just absolutely break

14 down over what they're going to do to protect their

15 children who they feel the State wants to just

16 destroy.

17 You know, I'm a big believer in hindsight

18 is 20/20, and I have to say that we all knew that

19 this bill was going to be passed into law as it went

20 through the legislature. There was no doubt about

21 it. And you know, I would like to say that I wish

22 you all had watched that and started working on

23 these forms beforehand, as soon as it passed its

24 final floor vote to start crafting these forms so

25 that we didn't wind up in this situation where we

1 had patients who could no longer access their
2 healthcare.

3 As a previous commenter said, you know,
4 these forms are full of all the horrible risks of
5 what could possibly happen if you should do gender-
6 affirming healthcare, but nobody is recognizing the
7 benefits. You know, I have personally watched
8 people transition and reap the benefits of gender-
9 affirming care.

10 And I just want you to remember when you're
11 doing all this that these are human lives that are
12 no different from your sons, your daughters, your
13 spouses, your friends, your neighbors, your
14 coworkers. These are all human people who deserve
15 to be treated respectfully and with care, and I
16 really want you to hold that into your hearts as you
17 go forward with all of this. Thank you.

18 CHAIRMAN ACKERMAN: Thank you, Jen. Thank
19 you very much for your time and thank you for being
20 here. I'm glad you were able to get your time to
21 speak and come back with us.

22 So Chris Newland. Following Chris Newland
23 is Joe Mario, William Elijah Clark, and then Ocean
24 Price.

25 So Chris Newland.

1 CHRIS NEWLAND: Thank you very much,
2 Mr. Chairman. And very quickly, I would like to
3 thank both the Boards for their work on this. And
4 especially want to thank staff for its efforts in
5 trying to get these forms up as quickly as possible
6 once you approve them today so that we can continue
7 to and start the care that these people need. Thank
8 you for your time and attention.

9 CHAIRMAN ACKERMAN: Thank you, Chris.
10 Thank you.

11 Joe Mario Pedersen, you're next. There's
12 Joe. And while Joe is getting teed up, after Joe is
13 William Elijah Clark, Ocean Price, and Bryce
14 Hackmeyer.

15 JOE MARIO PEDERSEN: Hello. Thank you very
16 much for taking my comment here. As you all said,
17 my name is Joe Mario. I'm actually a reporter from
18 Orlando. I work over at the NPR Member station,
19 90.7 WMFE. I've been covering this story. And I've
20 been looking for some clarity on a part of the bill
21 and was hoping you all might be able to provide some
22 of that clarity today.

23 Part of the bill dictates that only
24 physicians can be providers for care such as HRT for
25 transgender folk. And as I'm sure, you know, most

1 of you are aware, the majority of those who are
2 seeking that kind of care were doing so within
3 clinics, and nursing practitioners were the ones who
4 were providing that care. Under SB-254, that's no
5 longer possible.

6 And I've been trying to find out as to why
7 nursing practitioners have -- are no longer -- why
8 it's considered that nursing practitioners are no
9 longer able to provide that sort of care. And I've
10 received some very mixed answers on that. I was
11 wondering if the Board had been provided with any
12 sort of clarity from the bill's sponsors as to why
13 nursing practitioners no longer provide that care.

14 CHAIRMAN ACKERMAN: So Joe, we have -- this
15 isn't a forum for that.

16 ATTORNEY DIERLAM: Dr. Ackerman, if I may.
17 I beg your pardon. I really do not mean to be rude.
18 I do not mean to cut you off in any way at all, but
19 I believe it would be important that we direct this
20 individual to Mr. Brad Dalton. He's the
21 Department's --

22 CHAIRMAN ACKERMAN: Exactly. Chris --

23 ATTORNEY DIERLAM: -- Press Secretary.

24 CHAIRMAN ACKERMAN: Chris, just give me a
25 second. That's --

1 ATTORNEY DIERLAM: Okay.

2 CHAIRMAN ACKERMAN: -- exactly what --

3 ATTORNEY DIERLAM: Thank you. I apologize.

4 CHAIRMAN ACKERMAN: Right. This isn't a
5 forum for Q&A from the press. Brad Dalton is our
6 press liaison, whatever -- press secretary, whatever
7 his title is. But he's the one that's most -- has
8 the best ability to do this. But thank you for
9 being here and thank you for your comments and your
10 concerns regarding those Floridians that are of the
11 transgender community.

12 Move on to William Elijah Clark. I thought
13 I saw William Elijah.

14 WILLIAM ELIJAH CLARK: Hi. I'd like to
15 request that I speak after 2 o'clock. Thank you.

16 CHAIRMAN ACKERMAN: Who was that? Who's
17 speaking? Is that William --

18 WILLIAM ELIJAH CLARK: Wait. Not 2
19 o'clock. 3 -- yes, this is he.

20 CHAIRMAN ACKERMAN: Well --

21 WILLIAM ELIJAH CLARK: (Indiscernible)

22 CHAIRMAN ACKERMAN: -- Elijah -- I'm going
23 to put you at the end. If the end is after 3
24 o'clock --

25 WILLIAM ELIJAH CLARK: Yep.

1 CHAIRMAN ACKERMAN: -- that's great.
2 WILLIAM ELIJAH CLARK: (Indiscernible)
3 CHAIRMAN ACKERMAN: If it ends before 3
4 o'clock, you're SOL.
5 So Ocean Price.
6 WILLIAM ELIJAH CLARK: Yeah.
7 CHAIRMAN ACKERMAN: I'll get back to you
8 again. Don't worry, William. I got you.
9 Ocean Price. Ocean Price.
10 Bryce Hackmeyer. Bryce Hackmeyer.
11 Oh, Ocean Price is here. Hang on. Ocean
12 Price coming on.
13 So before Ocean speaks, I have three more
14 after Ocean, and that would be Bryce Hackmeyer,
15 Danielle Proculo, and Cameron Jones.
16 So, Ocean, please speak.
17 OCEAN PRICE: Hi. This is Ocean Price. I
18 was at the meeting last week as well. And first of
19 all, I wanted to say that I really appreciate a lot
20 of the changes that were made like towards the --
21 like throughout the last meeting. I feel like a lot
22 of stuff was clarified and a lot of things weren't
23 really necessary were removed, so I feel like that
24 went in a really positive direction.
25 And I'm really happy to see that it seems

1 like the consent forms, or at least the emergency
2 rule versions, will be ready soon so that,
3 hopefully, I will be able to move forward with my
4 top surgery, which, as I mentioned before, had been
5 canceled because of the lack of consent forms.

6 And I wanted to say that for moving forward
7 for like the final version of the form, I agree with
8 -- with what other people -- other speakers from the
9 public have said. I agree that the -- that the
10 evidence of the benefits of gender-affirming care
11 are not really speculative or limited or poor
12 quality.

13 I feel like the research that went into
14 this -- making this document has been very biased,
15 and I think that should be reconsidered going
16 forward with the final consent form. But I do feel
17 like for now it's really important to get a consent
18 form out so that people can continue their care or
19 receive their care that -- that they are already
20 planned on receiving to avoid further disruption of
21 people's lives.

22 I also think that it's important that if
23 you're going to say that sex cannot be changed in
24 the form that -- I believe it was Luke that said
25 that it should be defined in the form. I agree with

1 that because if the concern is that people will
2 believe that -- that it will change the reproductive
3 functioning, then that should be specifically
4 included because there are a lot of aspects of sex
5 that are changed by -- by hormone replacement
6 therapy.

7 And I also think that moving forward, sort
8 of going back to my first point, it's important
9 to -- to discuss it with doctors who specialize in
10 this field and work with transgender patients and
11 who are -- who have a better understanding of this
12 because, especially at the last meeting, I felt like
13 --

14 CHAIRMAN ACKERMAN: Thank you, Ocean.
15 Thank you, Ocean.

16 OCEAN PRICE: Sorry.

17 CHAIRMAN ACKERMAN: Your time is up.
18 You're doing great. And we appreciate your -- your
19 input. Thank you so much.

20 Bryce Hackmeyer. After Bryce Hackmeyer, I
21 have Danielle Proculo and Cameron Jones.

22 Is Bryce Hackmeyer here?

23 And staff, I just got an alert on my
24 screen, says five minutes left of my meeting. Do
25 you have to renew the license or something?

1 UNIDENTIFIED MALE: No, Dr. Ackerman. The
2 meeting will continue.

3 CHAIRMAN ACKERMAN: Okay, good. Good,
4 good, good. Just don't want this to all cut out.
5 Danielle Proculo.

6 BRYCE HACKMEYER: Dr. Ackerman -- sorry.
7 This is Bryce Hackmeyer.

8 CHAIRMAN ACKERMAN: Oh, thank you, Bryce.
9 Thank you for being here.

10 So after Bryce is Danielle Proculo and then
11 Cameron Jones. And then we'll go back to William
12 Elijah Clark.

13 So go ahead, Bryce.

14 BRYCE HACKMEYER: Awesome. Good afternoon,
15 members of the Joint Boards of Medicine. Thank you
16 for having us today. I'd like to start off by
17 thanking you all for the changes made last week
18 during the Joint Board's Rules and Legislative
19 Committee meeting. I am Bryce Hackmeyer. I am the
20 Health and Technology Director at Women's Voices of
21 Southwest Florida and as well as the cofounder of
22 Justice Advocacy Network.

23 I had a few concerns. Although there were
24 changes -- many changes made to the adult forms that
25 I appreciate, requirements moved into

1 recommendations, I do have -- I do take issue with
2 the third paragraph under patient information and
3 informed consent on all forms, which is a sentiment
4 echoed throughout this public comment with -- "with
5 words such as poor-quality research, subtle
6 improvements seen in some patients' psychological
7 functioning, very limited, poor-quality research,"
8 excuse me, as well as, "purely speculative in
9 practice."

10 And I did hear a physician on this board
11 mention earlier in this meeting that other
12 physicians can incorporate other opinions into their
13 own consent forms. And I do not disagree with that
14 statement at all. I guess my question would be why
15 is it that the Boards of Medicine, the Joint Boards
16 of Medicine, are taking this opinionated stance
17 regarding practice throughout the state of Florida.

18 While, you know, individual practitioners
19 may choose to develop their informed consent forms
20 differently, I question the necessity of such a
21 paragraph existing in the first place in this form.
22 Not that there needs to be something in opposition
23 to what this -- what's currently in there, but I
24 just question its existence in the first place.

25 Another concern of mine -- I apologize for

1 the noise in the background -- is that on the
2 informed consent form and assent forms for minors,
3 the extensive list of requirements still remains,
4 and these costs rack up into the four -- yes, four
5 figures, I believe, and, potentially, five figure
6 costs annually for trans patients and their
7 families. And I would advise that the Joint Boards
8 of Medicine look into various costs associated with
9 and without insurance coverage of such treatments,
10 considering the fact that minors who have already
11 been undergoing gender-affirming care would be
12 affected by these informed consent forms and would
13 be subjected to these requirements.

14 So not being able to pay for such
15 treatments or such required testing and whatnot
16 could render a minor detransition against their own
17 will, which, to me, is an unforgivable situation
18 that I believe the Boards of Medicine should look
19 into preventing to the best of its ability.

20 Thank you so much you all, and -- for
21 giving me the opportunity to speak, and I hope you
22 all have a great rest of your day.

23 CHAIRMAN ACKERMAN: Thank you, Bryce.
24 Thank you, Bryce.

25 Danielle Proculo. Danielle Proculo.

1 DR. VILA: Mr. Chair, this is Dr. Vila.

2 Would you mind if I made a comment?

3 CHAIRMAN ACKERMAN: I would love it.

4 DR. VILA: Yeah. So there's -- there's
5 this recurring theme among much of the testimony, and
6 it's a criticism of the term poor-quality studies.
7 And I think it probably deserves just a statement to
8 nonphysicians and nonscientists what -- that term
9 poor-quality studies is not like an adjective. It's
10 not like we're describing it. That is -- that is
11 very standard medical terminology that describes to
12 the absence of the highest quality of studies that
13 exist, and that's prospective, randomized,
14 controlled studies that have large numbers of
15 patients and follow those patients over an adequate
16 period of time to provide good predictive value.
17 That would be good studies.

18 So this is just -- it's a medical term, and
19 all of us doctors are used to using it, poor-quality
20 studies. It doesn't -- it doesn't mean that -- it
21 doesn't mean anything judging those studies. It
22 just means that they don't meet the standard of what
23 we in medicine refer to as high-quality studies.

24 Again, it needs to be a study that's
25 designed and done prospectively. The patients need

1 to be randomized and there need to be controls. And
2 there are no studies. And so this is just a fact.
3 This is not -- it's not a judgment. It's a fact
4 that there are -- that these studies are poor
5 quality. They don't meet the standards for high
6 quality studies.

7 And I -- it's concerning me. I feel bad
8 for the public because I think if I did not know
9 this about that descriptor, poor-quality studies, I
10 might feel the same way they do. So anyway, I felt
11 like that was helpful to mention that. Thank you,
12 Mr. Chair.

13 CHAIRMAN ACKERMAN: Yeah. Thank you very
14 much, Dr. Vila. That's exactly right. You know, we
15 -- high quality studies are randomized clinical
16 trials, prospective, and these studies aren't that
17 type.

18 So we have --

19 DR. HUNTER: Dr. Ackerman.

20 CHAIRMAN ACKERMAN: Who's that?

21 DR. HUNTER: This is Patrick Hunter.

22 CHAIRMAN ACKERMAN: Yes, sir.

23 DR. HUNTER: I just wanted to chime in with
24 what Dr. Vila said about the low-quality studies. I
25 think there's increasing recognition worldwide and

1 in the American press. Frankly, there's been
2 some -- a few newspaper articles about how the
3 United States and the American healthcare
4 organizations are falling out of line with Europe.

5 To that end, we all know Finland, Sweden,
6 Norway, England, are changing their policies. Their
7 healthcare authorities are emphasizing psychological
8 care and greatly concerned about youth transition.

9 Two weeks ago, there was a worldwide
10 conference in Helsinki, Finland, that I was aware of
11 where over 70 mental health providers from all over
12 the world, from Australia to the United States and
13 everywhere in between, attended to address the
14 concerns about the low-quality evidence.

15 And just this morning, I took a phone call
16 from Europe about this, and have had emails from
17 Belgium, France, and Finland about these issues and
18 why the United States is out of line with the rest
19 of Europe.

20 So the evidence is low quality, and I think
21 -- I appreciate many of the comments. This board
22 sincerely wants what is best for trans-identified
23 youth, youth with gender dysphoria, and adults. And
24 it is not settled, as it appears to be, based on
25 what's happening in Europe and the quality of the

1 evidence that exists in this field.

2 CHAIRMAN ACKERMAN: Thank you, Dr. Hunter.

3 DR. HUNTER: Thank you.

4 CHAIRMAN ACKERMAN: Danielle Proculo.

5 DANIELLE PROCULO: Hi. Yep. I'm here. So
6 I'm actually interested that you made that comment,
7 Dr. Vila, especially because if this is an informed
8 consent form, why are we using hyper-specific
9 scientific language in it? If we're going to say
10 it's poor-quality research, why not just say it's
11 not been peer-reviewed or whatnot? There's no
12 reason to use poor quality as a scientific term in a
13 layman's form. It doesn't make any sense to me.

14 I have a couple more things to go over.
15 Also, many of the people who have made a lot of
16 these statements are scientists with graduate
17 degrees and know full well what poor quality means.
18 They just object to it, again, because it's not a
19 form for lay people. This is not going to be -- you
20 know, there's no reason -- this isn't a peer-
21 reviewed like form or whatever.

22 I have some other issues that I have with
23 this. What are we doing about people who have
24 ambiguous sex at birth? There is people, you know,
25 with like Klinefelter syndrome or androgen

1 sensitivity syndrome that might have XXY or XY and
2 have a female (indiscernible) type. How does this
3 law interact with them if they wish to receive
4 cross-gender hormones? Does it matter the sex
5 assigned at birth?

6 Another one. Will we do this for non-sex-
7 related hormones or for treatments for low T in
8 menopause? How far will this go? Will there be
9 informed consent, you know, for hormones like
10 insulin? Insulin can kill you. It was used for the
11 VA murders in 2017-2018. Will these forms be
12 required if there's an injunction?

13 And also, I mean, this is going to make a
14 backlog. Will you be willing to use State assets to
15 subsidize these increased burdens, and, if so, why
16 not? Why are you putting these increased burdens on
17 the taxpayers?

18 And finally, I have a couple of interests
19 with conflict of interests. Do you feel it's
20 ethical to make rulings like this when a lot of you
21 do not have experience with gender-affirming care,
22 particularly, youth gender-affirming care? And
23 given that it's on the Governor's agenda, which,
24 collectively, you guys gave \$700,000 to. Do you
25 feel that that is ethical?

1 CHAIRMAN ACKERMAN: Thank you for your
2 comments.

3 And we'll move onto Cameron Jones.

4 Dr. Hunter, I see your hand raised. Is
5 that an old hand up or is that something new?

6 DR. HUNTER: It is down. Sorry.

7 CHAIRMAN ACKERMAN: That's okay.

8 And who's this here? I can't tell who this
9 is. Someone else has their hand raised. It's down
10 now.

11 Okay. No Cameron Jones. So let's go back
12 to William Elijah Clark.

13 WILLIAM ELIJAH CLARK: Hi. Can you all
14 hear me? My name is William Elijah Clark. I think
15 most of the general public has answered their
16 questions. I apologize for my delay. I work
17 multiple jobs.

18 Anyway, I think for the sake of time, I'm
19 going to ask my two main questions. First and
20 foremostly, what HIPAA compliance do you all have
21 planned for this form? Given that you are asking
22 for initials, that is personally -- that is personal
23 health information, and I am deeply concerned about
24 that privacy component.

25 And secondarily, I also want to ask why

1 you're asking for psychiatric evaluations for people
2 who are continuing HRT, when -- particularly for
3 those who have had nephrectomies or orchiectomies
4 who -- essentially, they are waiting at this time
5 for something, and not having gonads, as you all
6 should know, does create bone health issues. And
7 the lack of this consent form is ultimately harming
8 people from a health economics perspective in terms
9 of --

10 CHAIRMAN ACKERMAN: Thank you --

11 WILLIAM ELIJAH CLARK: -- we're ultimately
12 creating health issues.

13 CHAIRMAN ACKERMAN: Okay. Thank you for
14 your comments. And we'll move --

15 WILLIAM ELIJAH CLARK: Would you be willing
16 to answer my questions?

17 CHAIRMAN ACKERMAN: This forum isn't really
18 a back-and-forth forum for answering questions.

19 We'll discuss it in a few minutes. When we've done
20 the public comment, we'll discuss amongst the board
21 members. And the board members, some of them may or
22 may choose not to bring it up. And we'll look at
23 answering them or addressing them at that point.

24 So that ends the list that I have of people
25 who preregistered to make comments. There are some

1 people that registered late or were beyond the
2 deadline for putting in their request for comments.
3 I have about eight people.

4 Also, Mr. Vasquez, if you can help me out
5 and call up those eight people.

6 DR. DERICK: Dr. Ackerman.

7 UNIDENTIFIED MALE: Dr. Ackerman.

8 CHAIRMAN ACKERMAN: By the way, I only want
9 to go until 3:20, as I said, so we have about 10
10 minutes left.

11 DR. DERICK: Dr. Ackerman.

12 CHAIRMAN ACKERMAN: Yes, Dr. Derick.

13 DR. DERICK: I saw Dr. Haller come on the
14 line. Is he one of the people who wants to speak?

15 CHAIRMAN ACKERMAN: I don't know, but he
16 had a chance to register way before this, so we'll
17 see. I don't know.

18 Mr. Vasquez.

19 EXECUTIVE DIRECTOR VASQUEZ: The first name
20 on the list is Lana Don.

21 CHAIRMAN ACKERMAN: That's not a real name.

22 EXECUTIVE DIRECTOR VASQUEZ: The next name
23 on the list is Michael Haller.

24 CHAIRMAN ACKERMAN: There's your answer,
25 Dr. Derick.

1 Dr. Haller. Dr. Haller, I see your hand
2 raised. You can turn on your microphone.

3 DR. MICHAEL HALLER: Yes. Can you hear me?

4 CHAIRMAN ACKERMAN: We hear you now, Mike.

5 DR. MICHAEL HALLER: Sorry. I was muted
6 before. Thanks for allowing me to comment. So I
7 would just like to state that, you know, this Board
8 of Medicine is grossly exceeding the scope of your
9 authority and going much further than is required
10 under SB-254. What you're proposing is not an
11 informed consent form. You're going far further and
12 essentially trying to create a new standard of care
13 when one already exists.

14 Again, your inclusion of language that's
15 not aligned with the standards of care is quite
16 concerning. The ongoing emphasis on the idea that
17 there's low-grade -- low-quality evidence for
18 gender-affirming care is extremely problematic. You
19 know, there's far less evidence on the opposite
20 side. But doing nothing is not ineffective. So
21 this is a conversation that physicians have with
22 their patients all day, every day. And so to try to
23 put this specific language in a consent form is,
24 again, entirely disingenuous, and you all know that;
25 and it's shameful.

1 The bias that's being represented by the
2 medical world organizations that you chose --

3 CHAIRMAN ACKERMAN: Please, Dr. -- please,
4 Dr. Haller. Please, Dr. Haller. I take offense to
5 your comments. Don't tell us what we know and don't
6 call us shameful.

7 DR. MICHAEL HALLER: You can take offense.
8 I'm still speaking so --

9 CHAIRMAN ACKERMAN: Well, I'll cut you off.
10 I'll cut you off if you continue to be offensive.

11 DR. MICHAEL HALLER: Okay. I'm not saying
12 it to be offensive to you. If you take offense,
13 that's your decision, but I'm just stating facts.

14 So you continue to assert that the way
15 Florida is treating patients is different than other
16 countries. And no matter how many times you say it,
17 it's just not true. There's no country in Europe
18 that entirely bans treatment, and you're effectively
19 trying to do that.

20 I guess I would ask, and I know you're not
21 going to -- you know, you're not going to answer
22 this for me, but perhaps you can in your
23 discussions: is how can you be moving forward in
24 this rulemaking process to make this consent when a
25 federal court has said this is an unconstitutional

1 act? I would really be interested to understand how
2 you feel it's appropriate to move forward given
3 that's the case. Thank you, sir.

4 CHAIRMAN ACKERMAN: Mr. Vazquez.

5 EXECUTIVE DIRECTOR VASQUEZ: Next name is
6 Kiara Tropiton.

7 Next name is Daniel -- did she come on?
8 There she is.

9 CHAIRMAN ACKERMAN: That's Maria. Call up
10 the next couple so they know to get in the queue.

11 EXECUTIVE DIRECTOR VASQUEZ: The next one I
12 have is Daniel Garechi. After that is Ash Buck and
13 Sho Tu.

14 CHAIRMAN ACKERMAN: No, no. Those aren't
15 real names.

16 KIARA TROPITON: I'm here. I'm here. It
17 wasn't letting me go before. Can I go now?

18 CHAIRMAN ACKERMAN: Yeah, yeah. Just
19 relax, relax. We know you're there.

20 KIARA TROPITON: Okay.

21 CHAIRMAN ACKERMAN: So you have those other
22 names that are out there.

23 So Kiara, go ahead, ma'am.

24 KIARA TROPITON: Thank you so much. Hey,
25 point of information. How many transgender people

1 are all on these boards? Do we have an answer?

2 CHAIRMAN ACKERMAN: No. We're not going to
3 have -- go back and forth discussion.

4 KIARA TROPITON: Okay. I'm going to take
5 that as zero. I believe that if you had any
6 transgender person on your boards that they would
7 have spoken up and rejected much of the language
8 used tonight and would have pushed for rules about
9 the language that you can use to refer to people as.
10 For instance, transgender men were referred to as
11 females trying to masculinize themselves. That's
12 inappropriate.

13 If we had a transgender person on the
14 board, they would have been able to speak to that.
15 They would have been able to speak to the fact that
16 transgender people are not trying to change their
17 hormones or to be able to produce -- to produce
18 sperm. We are trying to live our lives.

19 And now if our sex education is so poor in
20 this country and this state that young people think
21 that they can -- that they were born with a vagina
22 they can produce sperm, that's a separate issue.
23 But I wanted to speak on a few very important
24 things.

25 I live in Pensacola. Florida is my life.

1 I love this place. And one of the things I do is I
2 organize in my community. I talk to transgender
3 people every day, and I can tell you that there are
4 transgender friends of mine who are dusting off
5 their visa to German, to Canada, and to other places
6 to try to get out of this state because of what is
7 happening.

8 Everybody on this Board has been on
9 testosterone or on estrogen for decades. You
10 understand that because -- just because you may be
11 in a category that may -- you know, maybe people on
12 testosterone are more likely to experience such and
13 such complications, that affects everybody, not just
14 transgender people. What we are talking is
15 discriminating against us on the basis of sex.

16 And I want to point out something to you.
17 You have a very strong responsibility. You have to
18 enforce the Constitution. As it was mentioned,
19 courts across this country are ruling against the --
20 against these blanket bans. And just because Ron
21 DeSantis is telling you to do something, you still
22 have to hold to your obligation to enforce our
23 Constitution, to enforce the laws of this country.

24 In Florida, 1.5 million people cannot vote
25 so we are not able to even choose our legislature.

1 You have a very high responsibility. When Latino
2 people -- when our families are being -- when your
3 Governor -- when a governor is telling us that they
4 could ask for our papers, our civil rights have been
5 eroded so you have an even higher --

6 CHAIRMAN ACKERMAN: Okay --

7 KIARA TROPITON: -- responsibility to stop
8 the war on our healthcare. We are not surprised by
9 --

10 CHAIRMAN ACKERMAN: Time is up. I
11 appreciate your --

12 KIARA TROPITON: (Indiscernible) paralyzed
13 by despair as -- as -- as a great organizer said. I
14 thought you should know that. And I really want you
15 to --

16 CHAIRMAN ACKERMAN: Okay. So thank you.
17 Mr. Vazquez, who do we have next?

18 EXECUTIVE DIRECTOR VASQUEZ: Daniel
19 Garechi. Next name is Ash Buck.

20 CHAIRMAN ACKERMAN: Next name after that
21 one, please. That's not a real name.

22 EXECUTIVE DIRECTOR VASQUEZ: Sho Tu, Theona
23 Robinson, and Maura Sargent are the last ones.

24 CHAIRMAN ACKERMAN: So any of those three
25 can come on the line.

1 (No audible response)

2 Okay. So this ends our public comment
3 period. Thank you all for your -- thank you all for
4 your input, and especially thank those of you who
5 gave a very thoughtful discussion and thoughtful
6 input to us.

7 So let's move on here. So where we at here
8 now? So let's go -- any more discussion amongst the
9 board members regarding the forms? I'll start
10 again. Now that we had some input, anyone want to
11 discuss anything, make some changes? I'll just open
12 up to anybody that wants to speak regarding any of
13 the forms that we have, the two emergency rules and
14 the six consent forms.

15 EXECUTIVE DIRECTOR VASQUEZ: Dr. Ackerman.

16 DR. DERICK: (Indiscernible)

17 CHAIRMAN ACKERMAN: Yes, sir.

18 EXECUTIVE DIRECTOR VASQUEZ: I'm sorry,
19 Dr. Derick. I've had one correction pointed out to
20 me during the process that I wanted to make you
21 aware of.

22 CHAIRMAN ACKERMAN: Yep.

23 EXECUTIVE DIRECTOR VASQUEZ: It's on the
24 puberty suppression treatment consent form. On page
25 six of that document, there's just a --

1 CHAIRMAN ACKERMAN: Okay. Hang on.

2 EXECUTIVE DIRECTOR VASQUEZ: -- duplication
3 in a list.

4 CHAIRMAN ACKERMAN: Let's give us a chance
5 to get there.

6 EXECUTIVE DIRECTOR VASQUEZ: Okay.

7 CHAIRMAN ACKERMAN: Page six, that would be
8 Bates -- I think it would be Bates 9. So page six,
9 the puberty blockers in minors, right?

10 EXECUTIVE DIRECTOR VASQUEZ: Right.

11 CHAIRMAN ACKERMAN: And so what --

12 EXECUTIVE DIRECTOR VASQUEZ: And on page
13 six under the common side effects, weight gain is
14 listed twice.

15 CHAIRMAN ACKERMAN: Okay.

16 EXECUTIVE DIRECTOR VASQUEZ: That needs to
17 be stricken.

18 CHAIRMAN ACKERMAN: Okay. Thank you. You
19 see that's listed as the first bullet and about
20 three-quarters of the way down the page as a --
21 whatever that is, the 12th bullet or something.

22 UNIDENTIFIED MALE: And that will be done
23 on any other form as we just heard; is that true?

24 CHAIRMAN ACKERMAN: Yeah. You guys will
25 clean that up if it's on another form, staff?

1 EXECUTIVE DIRECTOR VASQUEZ: We will.

2 CHAIRMAN ACKERMAN: Yeah. Yeah. Any other
3 recommendations --

4 VICE-CHAIR ROMANELLO: Dr. --

5 CHAIRMAN ACKERMAN: -- for any --

6 Yes, Mr. Romanello.

7 VICE-CHAIR ROMANELLO: Dr. Ackerman, I make
8 a motion to approve the emergency rule 64B8ER
9 regarding sex reassignment standards of practices in
10 minors.

11 CHAIRMAN ACKERMAN: Okay. So stop just one
12 second.

13 So I just for counsel, should we break out
14 -- should we have a Board of Medicine meeting now
15 and then a Board of Osteopathic Medicine meeting?

16 UNIDENTIFIED MALE: I think we can just --

17 ATTORNEY MCNULTY: Well -- this is Donna.
18 It's not a separate meeting. It's just --

19 UNIDENTIFIED MALE: Right.

20 ATTORNEY MCNULTY: -- that you'll entertain
21 the vote of the Board of Medicine when you want to
22 and then a separate vote of the Board of Osteopathic
23 Medicine. It's still one meeting.

24 UNIDENTIFIED MALE: Right. And given --

25 CHAIRMAN ACKERMAN: So let's -- since

1 there's more discussion --

2 VICE-CHAIR KIRSH: Do you want to just go
3 back -- Dr. Ackerman, do you just want to go back
4 and forth?

5 CHAIRMAN ACKERMAN: Yeah, yeah. That's
6 what we'll do.

7 VICE-CHAIR KIRSH: (Indiscernible)

8 CHAIRMAN ACKERMAN: So Mr. Romanello --
9 exactly. That's what I'd like to do. So
10 Mr. Romanello just made a motion for the Board to --
11 so -- to -- for the Board of Medicine to adopt a
12 draft emergency rule. And then what we'll do is
13 once we vote on that, we'll let you do the same for
14 the Osteo Board, and then we'll just go back and
15 forth like that. Does that work?

16 UNIDENTIFIED MALE: Thank you.

17 ATTORNEY MCNULTY: Yes. However,
18 Mr. Romanello, is your motion as amended?

19 VICE-CHAIR ROMANELLO: Yes.

20 ATTORNEY MCNULTY: Okay. Thank you.

21 CHAIRMAN ACKERMAN: Is there --

22 UNIDENTIFIED MALE: Second.

23 DR. ZACHARIAH: Yeah. Zacharia, second.

24 CHAIRMAN ACKERMAN: So on the -- for the
25 members of the Board of Medicine, all those in

1 favor, please say aye.

2 MEMBERS: Aye.

3 CHAIRMAN ACKERMAN: All opposed.

4 (No audible response)

5 CHAIRMAN ACKERMAN: The gavel is yours,
6 Dr. Kirsh.

7 ATTORNEY DIERLAM: Dr. Ackerman, if I may,
8 counsel --

9 UNIDENTIFIED MALE: I think he still wants
10 to --

11 ATTORNEY DIERLAM: I still need to ask the
12 cert questions for the Board of Medicine, in
13 particular, and then Ms. McNulty will need to do the
14 same thing for the Board of Osteo, considering how
15 there were changes made to the rules.

16 ATTORNEY MCNULTY: Just --

17 DR. DERICK: To confirm, we're voting on
18 the rule, not the consent, right?

19 ATTORNEY MCNULTY: Well, but that is a
20 question. Because you wouldn't do -- I mean, until
21 you do the forms -- I mean, unless your motion
22 contains the forms as well, which just be clear as
23 to what you're voting on, at the end of the rule,
24 plus the forms, whatever that is, then you ask the
25 cert questions.

1 ATTORNEY DIERLAM: Right. And I was under
2 the assumption that Mr. Romanello's motion was to
3 approve the rule language and the consent forms as
4 well for the minors.

5 ATTORNEY MCNULTY: Mr. Romanello.

6 VICE-CHAIR ROMANELLO: Yeah. It's the
7 entire rule. The rule subsumes the consent
8 languages.

9 ATTORNEY MCNULTY: We just want to be
10 clear.

11 CHAIRMAN ACKERMAN: Okay.

12 ATTORNEY DIERLAM: Right.

13 DR. DERICK: I have --

14 CHAIRMAN ACKERMAN: Okay. So let's --

15 DR. DERICK: I have comments about the
16 adult -- the adult form though so --

17 CHAIRMAN ACKERMAN: I know. I don't think
18 -- I don't think that was clear so Dr. Derick has
19 some questions, I know.

20 So there's a motion by Mr. Romanello to
21 approve the rule with the consents that go with it,
22 which are all those six consents. There's a second
23 by Zach. And before we have a vote, let's have some
24 discussion.

25 Dr. Derick, the floor is yours.

1 DR. DERICK: Yeah. So I mean, I think
2 there was a New England Journal article that came
3 out this week related to the fact that suicidality
4 is seven times higher in transgender patients
5 compared to their age-adjusted peers.

6 I think that it's important to have
7 psychological and social evaluation for adults.
8 However, I do note that it was really not our
9 intent, I don't think, to require that as part of
10 the adult consent form and, perhaps, on Bates page
11 40 we could remove that stipulation under what are
12 the requirements to receive hormone replacement
13 therapy. The second paragraph, "Before beginning or
14 continuing HRT, you must undergo a thorough
15 psychological and social evaluation performed by a
16 Florida-licensed, board-certified psychiatrist or a
17 licensed psychologist." And then furthermore, the
18 psychiatrist or psychologist must submit a letter to
19 the prescribing physician confirming this.

20 I think it's not part of the statute that
21 we had to include this. I think that it's -- it
22 would be more consistent to put that into the
23 recommendation section.

24 CHAIRMAN ACKERMAN: Is there -- so -- we'll
25 get there.

1 ATTORNEY DIERLAM: (Indiscernible)

2 CHAIRMAN ACKERMAN: One second, Chris.

3 So what she's talking about is Bates page
4 40. It's under the requirements, the second
5 paragraph, beyond requirements. Dr. Derick is
6 making a motion, I think, to strike that and put
7 that language into the first page or in the review
8 -- into the recommendations.

9 Before I get to Dr. Vila, Mr. Dierlam.

10 ATTORNEY DIERLAM: Yeah. So -- and I beg
11 your pardon. But considering how the way the rule
12 language is split up, there are actually two
13 emergency rules. There's an emergency rule for the
14 minors adopting the three minor consent forms and
15 then an emergency rule for the adults adopting the
16 three adult consent forms.

17 So I believe Mr. Romanello's motion was
18 specific to the minor rule and the minor consent
19 forms, and I believe Dr. Derick's comments might be
20 better addressed at the next consent form once we
21 move onto the adults.

22 CHAIRMAN ACKERMAN: Okay.

23 Dr. Vila.

24 DR. VILA: I agree with that. And I think
25 Mr. Romanello did state minors first. And so I

1 think the vote that we just took -- or I would move
2 that we retake that vote with the clarification that
3 it is the minor's rule and the minor's consent forms
4 together.

5 CHAIRMAN ACKERMAN: And you want to deal
6 with the adult --

7 DR. VILA: Later.

8 CHAIRMAN ACKERMAN: Okay.

9 DR. VILA: Let's deal with the adults
10 after, please.

11 CHAIRMAN ACKERMAN: Okay.

12 So any more comments regarding the minor
13 rule and the minor consent?

14 (No audible response)

15 CHAIRMAN ACKERMAN: All those in favor,
16 please say aye.

17 MEMBERS: Aye.

18 CHAIRMAN ACKERMAN: All those opposed.

19 (No audible response)

20 CHAIRMAN ACKERMAN: Okay. Now do I give it
21 to Dr. Kirsh?

22 ATTORNEY DIERLAM: Unfortunately,
23 Dr. Ackerman, I do need to ask the cert questions
24 for the minor rules before we move forward. I
25 apologize.

1 But the first question is will the proposed
2 rule amendments, again regarding the minors only,
3 have an adverse impact on small business?

4 VICE-CHAIR ROMANELLO: Romanello move no.

5 CHAIRMAN ACKERMAN: All those in favor.

6 MEMBERS: Aye.

7 CHAIRMAN ACKERMAN: Opposed.

8 (No audible response)

9 ATTORNEY DIERLAM: Is the proposed rule
10 amendment likely to directly or indirectly increase
11 regulatory costs to any entity, including the
12 government, in the aggregate of \$200,000 within one
13 year after implementation?

14 VICE-CHAIR ROMANELLO: Romanello move no.

15 DR. VILA: Vila second.

16 CHAIRMAN ACKERMAN: All those in favor.

17 MEMBERS: Aye.

18 CHAIRMAN ACKERMAN: Opposed.

19 (No audible response)

20 ATTORNEY DIERLAM: Will this rule amendment
21 create an offense that would constitute a minor
22 violation under the rule?

23 VICE-CHAIR ROMANELLO: Romanello move no.

24 DR. VILA: Vila second.

25 CHAIRMAN ACKERMAN: All those in favor.

1 MEMBERS: Aye.

2 CHAIRMAN ACKERMAN: Opposed.

3 (No audible response)

4 ATTORNEY DIERLAM: And then the final issue
5 for consideration is whether or not a sunset
6 provision should be included. And I would point out
7 to the Board that this rule is required by statute
8 so it's not some provision that's not necessary.

9 VICE-CHAIR ROMANELLO: Romanello move no.

10 DR. VILA: Vila second.

11 CHAIRMAN ACKERMAN: All those in favor.

12 MEMBERS: Aye.

13 CHAIRMAN ACKERMAN: Opposed.

14 (No audible response)

15 CHAIRMAN ACKERMAN: Dr. Kirsh.

16 VICE-CHAIR KIRSH: Thank you so much,
17 Dr. Ackerman.

18 So for the Board of Osteopathic Medicine,
19 I'd like to make a suggestion of a motion to adopt
20 both the emergency rule, as well as the consent form
21 for the minors. Do I hear a --

22 DR. WILLIAMS: Second.

23 VICE-CHAIR KIRSH: -- a motion? You got to
24 make the motion.

25 DR. WILLIAMS: Okay. Then I'll make --

1 VICE-CHAIR KIRSH: So moved.
2 DR. WILLIAMS: -- a motion.
3 VICE-CHAIR KIRSH: So moved.
4 DR. WILLIAMS: Williams --
5 DR. DUCATEL: And I second.
6 VICE-CHAIR KIRSH: Okay, excellent. Who
7 seconded that?
8 DR. DUCATEL: Ducatel.
9 ATTORNEY MCNULTY: Dr. Ducatel seconded.
10 VICE-CHAIR KIRSH: Dr. Ducatel. Excellent.
11 Great. All in favor of the motion?
12 MEMBERS: Aye.
13 VICE-CHAIR KIRSH: Are there any opposed?
14 (No audible response)
15 VICE-CHAIR KIRSH: So the Osteopathic Board
16 did pass on that rule for (indiscernible).
17 VALERIE JACKSON: I oppose.
18 ATTORNEY MCNULTY: Dr. Kirsh --
19 VALERIE JACKSON: This is Valerie Jackson.
20 VICE-CHAIR KIRSH: I am so sorry.
21 So there is one opposition.
22 VICE-CHAIR KIRSH: And, Donna, are you
23 going to take us through the requests?
24 ATTORNEY MCNULTY: Yes.
25 Will the proposed rule amendments have an

1 adverse impact on small business or likely to
2 directly or indirectly increase regulatory cost to
3 any entity in excess of \$200,000 in the aggregate in
4 Florida within one year after implementation of the
5 rule?

6 DR. WILLIAMS: Williams move no.

7 VICE-CHAIR KIRSH: Okay.

8 Is there a second?

9 DR. MORTENSEN: Mortensen second.

10 VICE-CHAIR KIRSH: Okay. All in favor.

11 MEMBERS: Aye.

12 VICE-CHAIR KIRSH: Are there any opposed?

13 (No audible response)

14 VICE-CHAIR KIRSH: Hearing none, Donna.

15 ATTORNEY MCNULTY: Thank you.

16 Should a violation of this rule or any part
17 of this rule be designated a minor violation?

18 DR. WILLIAMS: Williams no.

19 DR. MORTENSEN: Mortensen second.

20 VICE-CHAIR KIRSH: Is there a second to it?

21 And all in favor by saying aye.

22 MEMBERS: Aye.

23 VICE-CHAIR KIRSH: Any opposed?

24 (No audible response)

25 VICE-CHAIR KIRSH: There is not. The

1 motion passes.

2 Donna.

3 ATTORNEY MCNULTY: Thank you.

4 And a sunset provision to this rule, again,
5 is required by statute.

6 VICE-CHAIR KIRSH: We have a motion on the
7 floor.

8 UNIDENTIFIED MALE: I move no.

9 VICE-CHAIR KIRSH: No. Anybody second?

10 DR. MORTENSEN: Mortensen second.

11 VICE-CHAIR KIRSH: Mortensen second.

12 All -- all agreement to the motion say aye.

13 MEMBERS: Aye.

14 VICE-CHAIR KIRSH: Any opposed?

15 (No audible response)

16 VICE-CHAIR KIRSH: Okay.

17 Dr. Ackerman, I return it back to you for
18 discussion of the adult. We'll do the same thing.

19 CHAIRMAN ACKERMAN: Thank you.

20 So I'd like to entertain a motion now to
21 accept the draft emergency rule which is for adults
22 with the consent forms that go with it.

23 VICE-CHAIR ROMANELLO: So Romanello, so
24 moved.

25 CHAIRMAN ACKERMAN: Is there a second?

1 DR. ZACHARIAH: Zachariah second.

2 CHAIRMAN ACKERMAN: Okay. Discussion.

3 Dr. Derick. I think this is the point in
4 time --

5 DR. DERICK: Sorry to put this in the wrong
6 spot. Yeah. I move to strike the second paragraph
7 on Bates page 40 related to the mandatory
8 psychological and psychological testing by a
9 psychiatrists or psychologists in the adult consent
10 form, and rather, you know, include that in the
11 recommendation portion, which I think it actually is
12 already there.

13 CHAIRMAN ACKERMAN: Is there a second to
14 that?

15 VICE-CHAIR KIRSH: I will second that,
16 Dr. Kirsh.

17 DR. COFFMAN: I was going to second it.

18 CHAIRMAN ACKERMAN: Okay. Any --

19 DR. COFFMAN: Coffman.

20 CHAIRMAN ACKERMAN: Any discussion about
21 that?

22 Dr. Vila.

23 DR. VILA: It's Vila. I'm opposed to that.
24 If you remember the testimony that we heard, there
25 were a number of former trans patients who testified

1 about the problems they were having and the lack of
2 clarity that they had in their lives and the fact
3 that they had emotional problems.

4 And I think -- I think it would be a
5 standard of care in the state that if you're
6 undergoing these -- these what are potentially
7 irreversible treatments and that -- that -- this is
8 not a large burden, right. These are -- these are
9 treatments that we've heard significant testimony
10 that can cause permanent harm to patients. And I
11 just think it's within the standard of care to make
12 sure that that kind of care is ongoing. So I'm
13 going to speak, and I'll be voting against this if
14 it -- if it goes in that direction.

15 DR. DERICK: One comment. I mean, we could
16 consider striking or continuing hormone replacement,
17 rather have it just before beginning hormone
18 replacement therapy, you must undergo a
19 psychological evaluation. To me, it seems like if
20 someone's steady state for 12 years on these
21 therapies in order for them to continue to get the
22 medications that requires them to get this sort of
23 appointment, you know, I think it's good medicine to
24 do that. I'm just not sure it should be a
25 requirement.

1 DR. VILA: Yeah, Dr. Derick. But you know
2 how it is when you -- we have an ongoing
3 relationship with a physician getting that -- that
4 appointment and getting through that appointment is
5 not -- is not a big burden. It's not a big hurdle.
6 So -- and some of these patients had been -- had
7 been under treatment for five or six years, and then
8 at that point realized it was the wrong thing for
9 their lives, and at that point, it was too late. So
10 I'm not sure how you put a time on it. And I don't
11 think just the initial treatment is the right time.
12 I think there's a benefit to ongoing treatment. And
13 so I --

14 DR. DERICK: I don't disagree with you. I
15 just -- I 100 percent -- we're in 100 percent
16 agreement. I just don't believe it should be in
17 this informed consent. So I would -- instead of
18 removing, just continuing, I still push through my
19 original motion to remove the entire paragraph.

20 CHAIRMAN ACKERMAN: Any other comments?

21 DR. HUNTER: This is Dr. Hunter. I agree
22 with your concerns, Dr. Derick, but I also agree
23 with Dr. Vila. Historically, youth transition began
24 when the Dutch looked at their adult long-term data
25 back in the mid-'90s, and the long-term data was

1 that adults were not doing well after transition,
2 hence, they proposed transitioning youth. And the
3 long-term Swedish data is that adults do not do
4 well. And we're starting to get data that the
5 mental health problems remain. In the trans study
6 for youth, two of the youths committed suicide in
7 the 315 that were being transitioned in the NH
8 study.

9 So the mental health benefits are doubtful,
10 and Dr. Derick mentioned the recent AJM article that
11 showed mental health benefits for adults are not as
12 robust as we would hope they would be. So I'm not
13 for mandating -- I mean, I think mental health needs
14 to be part of this care. How do we make that happen
15 or how do we encourage that that happen? I don't
16 know. But to recognize as a profession that the
17 hormone and surgical transition may not address all
18 the issues. Others have recognized it. We've
19 recognized it for decades and decades. So I don't
20 know what --

21 VICE-CHAIR KIRSH: This is Dr. Kirsh,
22 Mr. Chairman.

23 CHAIRMAN ACKERMAN: Yes, sir.

24 VICE-CHAIR KIRSH: Just Dr. Derick, all
25 we're doing is putting under the recommendations,

1 not mandating it; is that not correct? Is that not
2 your recommendation?

3 DR. DERICK: That's my recommendation is to
4 make it a recommendation and not a mandate.

5 VICE-CHAIR KIRSH: That's right. So it's
6 not a mandate and it doesn't prohibit somebody from
7 getting their medications or access to care. I
8 think that's something that's very important for us
9 to do.

10 CHAIRMAN ACKERMAN: So Dr. Kirsh, you're
11 speaking in favor of Dr. Derick's amendment, right?

12 VICE-CHAIR KIRSH: Absolutely. Correct.

13 CHAIRMAN ACKERMAN: Donna?

14 ATTORNEY MCNULTY: Thank you.

15 CHAIRMAN ACKERMAN: Donna.

16 ATTORNEY MCNULTY: I just -- thank you. I
17 just wanted to remind that the standard of care is
18 the standard of care. Whatever that is, all
19 physicians need to comply with that, whether it's in
20 the informed consent or not. So to put it under the
21 recommendation doesn't mean that whatever the
22 standard of care for whatever procedures, all
23 physicians are required to comply with that. And as
24 we all know, they evolve over the years too. So I
25 just want to put that out there.

1 CHAIRMAN ACKERMAN: So are you suggesting
2 it be a recommendation or stay in the requirements?

3 ATTORNEY MCNULTY: Recommendation.

4 CHAIRMAN ACKERMAN: Okay.

5 Chris, you had your hand up.

6 ATTORNEY DIERLAM: Yes, sir. And to that
7 point, exactly echoing Ms. McNulty's sentiments. I
8 didn't know if the board wanted to consider just
9 changing the must to a should, before beginning or
10 continuing HRT, you should undergo a thorough
11 psychological evaluation. Just again, something to
12 consider. But the language as it currently states,
13 it does state on, you know, Bates page 40, before
14 beginning or continuing HRT, you must undergo a
15 thorough, yada, yada, yada.

16 DR. DERICK: I think that sounds good, but
17 it does kind of go against the header, which is what
18 are the requirements.

19 ATTORNEY MCNULTY: Yes.

20 DR. DERICK: So it's a little bit
21 confusing.

22 ATTORNEY MCNULTY: I think it would be
23 confusing.

24 CHAIRMAN ACKERMAN: So if you put it under
25 recommendations, Dr. Derick, you would want to

1 change the word from must to should, I assume,
2 right?

3 DR. DERICK: Yes. That's correct.

4 DR. HUNTER: So you're saying to move it --
5 this is Hunter. Move it to Bates -- or I'm looking
6 at the page number four, the following may also be
7 recommended by your prescribing physician, and say
8 should.

9 CHAIRMAN ACKERMAN: Right.

10 DR. DERICK: Yeah. Should.

11 CHAIRMAN ACKERMAN: Well, it is there on
12 page 41 on that page four, Dr. Hunter, on bullet
13 number six?

14 DR. DERICK: Well, then maybe it's that we
15 recommend that they have counseling with a
16 psychologist or psychiatrist.

17 CHAIRMAN ACKERMAN: Well, it's there as a
18 recommendation in bullet number five, a board-
19 certified psychiatrist.

20 DR. DERICK: Oh, yeah. Then it's redundant
21 then. You're right.

22 MR. HUNTER: Six is similar.

23 CHAIRMAN ACKERMAN: Six is a social worker
24 or whatever, but five is the licensed
25 psychiatrist/psychologist. So it's there. So you

1 could just strike that, and you still have it in the
2 recommendations, Dr. Derick, I think.

3 DR. DERICK: Right. So strike it on page
4 40, and it's there already on 41.

5 EXECUTIVE DIRECTOR TERRELL: Mr. Chair, may
6 I point out, this statement is in the corresponding
7 consent form so it -- I just want to clarify. If
8 you guys want to carry that change through, if that
9 was the proposal.

10 CHAIRMAN ACKERMAN: Which corresponding
11 consent form, the masculinizing one?

12 EXECUTIVE DIRECTOR TERRELL: It's on --
13 yeah. It's on both of those. So I just want to
14 make sure you guys are --

15 CHAIRMAN ACKERMAN: All -- all three of the
16 adult forms, feminizing, masculinizing is also in a
17 transition surgery?

18 EXECUTIVE DIRECTOR TERRELL: It is not in
19 the surgery, just the feminizing and masculinizing.

20 CHAIRMAN ACKERMAN: Right. So Dr. Derick,
21 it was your intent to make your motion to delete it
22 from both of those, correct?

23 DR. DERICK: Yes. Yes, it is.

24 CHAIRMAN ACKERMAN: And Dr. Kirsh seconded
25 that.

1 VICE-CHAIR KIRSH: Yeah. Yes.

2 CHAIRMAN ACKERMAN: Any more discussion on
3 this, Dr. Vila?

4 DR. VILA: Yeah. Just another quick
5 comment. Look, I'm aware of patients that are
6 undergoing these therapies without -- without any
7 kind of psychological treatment. And I think a
8 recommendation is just not adequate. I would be
9 open to doing it every two years, you know, upon --
10 I would be open to changing it to upon initiation of
11 therapy and every two years after, if you all want
12 to meet in the middle someplace. But everything
13 that we know of, all of the studies say that there's
14 concurrency and a high degree of comorbidity.

15 And to like make it just a recommendation
16 is just not adequate. I just think we're falling
17 below what we should do. We've got to protect these
18 patients. And it's -- it's a substantial
19 comorbidity, and requiring follow-up is just not --
20 it's not a high hurdle considering the potential
21 benefits.

22 So again, I urge the board members to -- if
23 you want to vote this down, and then I will come
24 back and revise the language upon initiation and
25 every two years after or two years or three years

1 after, however you all want to do it.

2 But to allow these patients to go in and --
3 and they're going -- you know, I know of an
4 individual that's going in and not receiving any
5 psychological counseling or therapy at all, and this
6 is a big change in their life. I hope we can find a
7 middle ground here.

8 CHAIRMAN ACKERMAN: Any other comments
9 following --

10 VICE-CHAIR KIRSH: Mr. Chair
11 (indiscernible).

12 CHAIRMAN ACKERMAN: Okay. So Dr. -- so the
13 motion was -- I guess we're just going to vote on
14 the amendment, or am I voting on the -- let's just
15 vote on the amendment. Then we'll vote on the
16 initial motion.

17 The amendment is to delete that second
18 paragraph on page 40, the second paragraph under
19 what are the requirements for hormone replacement
20 therapy, and that is regarding the psychological and
21 social evaluation. It's been made by Dr. Derick,
22 seconded by Dr. Kirsh. All those in favor of that
23 amendment to Dr. -- to Mr. Romanello's motion please
24 say by saying aye.

25 EXECUTIVE DIRECTOR VASQUEZ: Dr. Ackerman,

1 I have one more question.

2 CHAIRMAN ACKERMAN: Yes, sir.

3 UNIDENTIFIED FEMALE: Aye.

4 EXECUTIVE DIRECTOR VASQUEZ: This is --
5 this is --

6 CHAIRMAN ACKERMAN: Well, hang on. Hang
7 on. Hang on. Mr. Vazquez wants to speak.

8 EXECUTIVE DIRECTOR VASQUEZ: This is the
9 Board of Medicine's motion. Dr. Kirsh can't second
10 it.

11 ATTORNEY MCNULTY: Wait. Paul, this is
12 just for this particular thing. It's not for the
13 whole rule.

14 EXECUTIVE DIRECTOR VASQUEZ: So this is
15 going back to joint meeting status?

16 CHAIRMAN ACKERMAN: Right.

17 ATTORNEY MCNULTY: We're -- we're -- we all
18 have joint meeting, but they're just talking about
19 this one paragraph.

20 EXECUTIVE DIRECTOR VASQUEZ: Great.

21 CHAIRMAN ACKERMAN: Correct.

22 EXECUTIVE DIRECTOR VASQUEZ: Perfect.

23 Thank you. I just wanted to make sure we weren't
24 getting screwed up procedurally.

25 CHAIRMAN ACKERMAN: Thank you. Thank you.

1 So all those in favor of the amendment,
2 please say so by saying aye.

3 MEMBERS: Aye.

4 CHAIRMAN ACKERMAN: All those opposed.

5 MEMBERS: Aye.

6 CHAIRMAN ACKERMAN: Well, let's do a roll
7 call so -- because it's too confusing on this. So
8 all those in favor -- if -- if Danielle or Paul can
9 keep track here.

10 All those in favor of the motion. I think
11 I have Derick in favor of it, Romanello in favor of
12 it.

13 MS. GARCIA: Aye.

14 CHAIRMAN ACKERMAN: Who's that? Who's
15 that?

16 MS. GARCIA: Maria, Ms. Garcia.

17 CHAIRMAN ACKERMAN: Oh, thank you,
18 Ms. Garcia. I don't see your picture so -- if
19 you're not on video, it's hard to see you.

20 So there's three people in favor. Who
21 else? I have Garcia, Derick, and Romanello.

22 VICE-CHAIR KIRSH: Dr. Kirsh. And then why
23 don't -- and our Board, why don't you say for or
24 against, your name.

25 CHAIRMAN ACKERMAN: Wait. Who's in -- in

1 favor of it is Derick, Romanello, Garcia.

2 Kirsh, are you in favor or not?

3 VICE-CHAIR KIRSH: Yes. I seconded.

4 CHAIRMAN ACKERMAN: Right. Well, I know.

5 We have to vote -- you can second it, but you vote

6 against it so --

7 VICE-CHAIR KIRSH: Yeah. So you're right.

8 CHAIRMAN ACKERMAN: Okay. So that's four

9 in favor. Anybody else in favor besides those four?

10 DR. WILLIAMS: Williams.

11 MS. JACKSON: I am.

12 DR. MORTENSEN: Mortensen.

13 MS. JACKSON: Valerie Jackson.

14 CHAIRMAN ACKERMAN: Jackson is in favor.

15 Greg?

16 DR. COFFMAN: Opposed.

17 CHAIRMAN ACKERMAN: Wait. I want in favors

18 first.

19 DR. COFFMAN. Okay. I thought you said

20 Greg.

21 DR. MORTENSEN: Dr. Mortensen, in favor.

22 CHAIRMAN ACKERMAN: Okay.

23 DR. WILLIAMS: Mr. Chair, Williams

24 (indiscernible).

25 CHAIRMAN ACKERMAN: What did he say?

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1 VICE-CHAIR KIRSH: Williams was in favor.
2 CHAIRMAN ACKERMAN: Williams is in favor.
3 Okay. Thank you. I couldn't hear you well.
4 Okay. You got that, Danielle and Paul?
5 Okay. All those opposed, I think we have
6 Vila opposed. I think I heard that -- that --
7 DR. COFFMAN: Dr. Coffman, opposed.
8 CHAIRMAN ACKERMAN: Coffman opposed.
9 Zach, how about you?
10 DR. ZACHARIAH: Yes, sir. Opposed.
11 CHAIRMAN ACKERMAN: Opposed.
12 DR. PAGES: Pages.
13 CHAIRMAN ACKERMAN: Pages is opposed.
14 Hunter?
15 DR. HUNTER: Hunter is opposed.
16 CHAIRMAN ACKERMAN: Okay.
17 Ducatel, where do you stand?
18 DR. DUCATEL: Opposed.
19 CHAIRMAN ACKERMAN: Opposed.
20 Ackerman is opposed.
21 Where you at? Did I miss anybody?
22 Paul, Danielle?
23 UNIDENTIFIED MALE: I have seven and seven
24 right now.
25 VICE-CHAIR KIRSH: That's what I have.

1 MR. WILLIAMS: (Indiscernible)

2 CHAIRMAN ACKERMAN: How about Chris

3 Creegan, did we get Chris Creegan's vote?

4 ATTORNEY MCNULTY: Mr. Creegan, we can't
5 hear you.

6 CHAIRMAN ACKERMAN: We can't hear you.

7 UNIDENTIFIED MALE: You're on mute.

8 CHAIRMAN ACKERMAN: Creegan, we can't hear
9 you. Just -- are you -- if you're in favor, put
10 your thumb up. If you're opposed, put your thumb
11 down.

12 ATTORNEY MCNULTY: And -- and it needs to
13 be audible.

14 UNIDENTIFIED MALE: Yeah.

15 CHAIRMAN ACKERMAN: Needs to be audible.
16 Well, I understand sign language, Donna. He's --
17 that's sign language.

18 ATTORNEY MCNULTY: It's for the record.

19 VICE-CHAIR ROMANELLO: Chris, we can't hear
20 you.

21 CHAIRMAN ACKERMAN: Okay. So in the
22 interest of -- listen, I'll tell you what. I
23 withdraw my vote as abstained.

24 ATTORNEY MCNULTY: You don't get to --

25 UNIDENTIFIED MALE: You can't.

1 ATTORNEY MCNULTY: -- abstain.

2 CHAIRMAN ACKERMAN: No, no, no, no, no.

3 That won't work. That won't work. Never mind. I
4 can't do that.

5 ATTORNEY MCNULTY: Yeah, can't do that.

6 CHAIRMAN ACKERMAN: Not abstained.

7 DR. VILA: How would you -- would you be
8 opposed to the language upon initiation and every
9 two years after?

10 DR. DERICK: Are you asking me?

11 DR. VILA: Yes.

12 DR. DERICK: I think looking like if the
13 other speaker could speak, it would be voted down.
14 So I think as a compromise as you mentioned before,
15 you know, before beginning --

16 DR. VILA: (Indiscernible) and then we
17 could just resolve.

18 DR. DERICK: -- and --

19 DR. VILA: Then we could just resolve --

20 DR. DERICK: I would be -- I would be in
21 favor of that amended language, as an alternative to
22 not having -- to having it mandated as written.

23 CHAIRMAN ACKERMAN: So let's --

24 EXECUTIVE DIRECTOR TERRELL: Can you say
25 that one more time for me, please?

1 DR. VILA: So, Mr. Chair, I don't want to
2 take over the meeting. If -- is the -- is the floor
3 open for an -- for an alternative?

4 CHAIRMAN ACKERMAN: Yes, please.

5 So, Dr. Derick, will you please withdraw
6 your motion?

7 DR. DERICK: Oh, the other motion?

8 CHAIRMAN ACKERMAN: Yes.

9 DR. DERICK: Yeah.

10 CHAIRMAN ACKERMAN: Okay.

11 So, Dr. Vila, please make a motion.

12 DR. VILA: I make a motion that that
13 language that's -- that we're discussing be modified
14 to that it's required that a psychiatric evaluation
15 is required upon initiation of treatment and every
16 two years thereafter.

17 CHAIRMAN ACKERMAN: Is there a second?

18 VICE-CHAIR KIRSH: (Indiscernible)

19 CHAIRMAN ACKERMAN: Well, hang on,
20 Dr. Kirsh.

21 Is there a second?

22 UNIDENTIFIED MALE: Second.

23 CHAIRMAN ACKERMAN: Discussion Dr. Kirsh?
24 Let's go to Kirsh and then Derick.

25 VICE-CHAIR KIRSH: I'll defer to Derick

1 because I don't think that was the intent of the
2 original motion. The intent of the original motion
3 was to recommend the mental health counseling
4 treatment on an ongoing basis, but not mandating it
5 for the beginning of treatment. Plus, this is an
6 adult and they've already been in treatment. So
7 we're now going to ask them to start doing
8 psychiatric treatment initially before they get
9 their medication? That doesn't make any sense.

10 DR. DERICK: I think -- I think that's a
11 good point. And I think the clarification, and
12 Dr. Vila, you can correct me if I'm wrong, it's
13 before beginning the treatment at all for the first
14 time that you're getting the treatment. That would
15 be the requirement. And then every --

16 DR. VILA: Yes.

17 DR. DERICK: -- two years after that. And
18 then how would you contemplate -- just because it's
19 going to be a gray area -- for people who are
20 currently on it, does that require them to get
21 psychiatric treatment within two years from the
22 order being -- or the rule being finalized?

23 DR. VILA: I would say the rule says what
24 it says, and the rule would say upon initiation of
25 treatment. So if they're already on treatment, it

1 would be every two years. So the person that's on
2 treatment could wait two years from the beginning of
3 this rule before they had to get reevaluated.

4 UNIDENTIFIED MALE: Okay.

5 CHAIRMAN ACKERMAN: All right. So the
6 motion is to change the language to say it requires
7 psychological/psychiatric evaluation at the
8 beginning of treatment and then every two years
9 thereafter. Any further discussion? All those in
10 favor, please say so by saying aye.

11 MEMBERS: Aye.

12 CHAIRMAN ACKERMAN: All those opposed.
13 There we go. Good. Okay. Any other changes, any
14 other discussions for any change to any of those
15 consent forms?

16 (No audible response)

17 CHAIRMAN ACKERMAN: Seeing that there's
18 not, now we'll go back --

19 DR. DERICK: (Indiscernible)

20 CHAIRMAN ACKERMAN: Go ahead.

21 DR. DERICK: Never mind. It's okay.

22 CHAIRMAN ACKERMAN: So seeing there's not,
23 we'll go back to Mr. Romanello's original motion
24 which now is just for the Board of Medicine, right,
25 Paul? Just for the Board of Medicine --

1 EXECUTIVE DIRECTOR VASQUEZ: Correct.

2 CHAIRMAN ACKERMAN: -- to vote on. And
3 that is to vote on the amended draft rule and
4 consent forms for adults. All those in favor please
5 vote by saying aye.

6 MEMBERS: Aye.

7 CHAIRMAN ACKERMAN: Opposed?

8 Okay. Mr. Dierlam, sir.

9 ATTORNEY DIERLAM: Will the proposed rule
10 amendments have an adverse impact on small business
11 or be likely to directly or indirectly increase
12 regulatory costs to any entity including the
13 government in excess of \$200,000 in the aggregate
14 within one year of implementation?

15 VICE-CHAIR ROMANELLO: Romanello. Move no.

16 DR. VILA: Vila. Second.

17 CHAIRMAN ACKERMAN: All those in favor?
18 (Multiple aye responses)

19 CHAIRMAN ACKERMAN: Opposed?

20 CHAIRMAN ACKERMAN: Chris.

21 ATTORNEY DIERLAM: Will this rule amendment
22 create an offense that would constitute a minor
23 violation under the rule?

24 VICE-CHAIR ROMANELLO: Romanello. Move no.

25 DR. VILA: Vila. Second.

1 CHAIRMAN ACKERMAN: All those in favor?

2 (Multiple aye responses)

3 CHAIRMAN ACKERMAN: Opposed?

4 (No audible response)

5 CHAIRMAN ACKERMAN: Chris.

6 ATTORNEY DIERLAM: Does the board want to
7 impose a sunset provision for this rule or
8 amendment? Again, reiterating the fact that the
9 rule is required by statute.

10 VICE-CHAIR ROMANELLO: Romanello. Move no.

11 DR. VILA: Vila. Second.

12 CHAIRMAN ACKERMAN: All those in favor?

13 (Multiple aye responses)

14 CHAIRMAN ACKERMAN: Opposed?

15 (No audible response)

16 CHAIRMAN ACKERMAN: Okay. Thank you.

17 Dr. Kirsh.

18 VICE-CHAIR KIRSH: Thank you, Dr. Ackerman.

19 So for the Board of Osteopathic Medicine,
20 our job is to -- is to vote on the amended rule, as
21 well as the consent forms as we've agreed to so far.
22 And I offer a request for a -- a --

23 CHAIRMAN ACKERMAN: Motion?

24 VICE-CHAIR KIRSH: -- motion. Thank you.

25 Sheesh.

1 UNIDENTIFIED MALE: (Indiscernible) move
2 forward.

3 UNIDENTIFIED MALE: Mr. Chairman, I move
4 that we adopt the proposed rule as amended.

5 DR. WILLIAMS: Second. Williams.

6 VICE-CHAIR KIRSH: Thank you, Dr. William.
7 Thank you, Dr. Ducatel.

8 So all in favor of the motion, please
9 signify by saying aye.

10 MEMBERS: Aye.

11 VICE-CHAIR KIRSH: All opposed?

12 (No audible response)

13 VICE-CHAIR KIRSH: Hearing none, the motion
14 passes.

15 Donna, do you want to go through the
16 requirements of the state?

17 ATTORNEY MCNULTY: Thank you, Dr. Kirsh.

18 Would the proposed rule amendments -- will
19 the proposed rule have any adverse impact on small
20 business or likely to directly or indirectly
21 increase regulatory costs to any entity in excess of
22 \$200,000 in the aggregate in Florida within one year
23 after implementation?

24 DR. DUCATEL: This is Ducatel. I move no.

25 DR. MORTENSEN: Mortensen. Second.

1 VICE-CHAIR KIRSH: Thank you, Dr.

2 Mortensen.

3 All in favor, please signify by saying aye.

4 (Multiple aye responses)

5 VICE-CHAIR KIRSH: All opposed.

6 (No audible response)

7 VICE-CHAIR KIRSH: Motion passes.

8 ATTORNEY MCNULTY: Should a violation of
9 this rule or any part of this rule be designated as
10 a minor violation?

11 DR. WILLIAMS: Williams. Move no.

12 DR. MORTENSEN: Mortensen. Second.

13 VICE-CHAIR KIRSH: Thank you. All in favor
14 of the motion please signify by saying aye.

15 MEMBERS: Aye.

16 VICE-CHAIR KIRSH: All opposed.

17 (No audible response)

18 VICE-CHAIR KIRSH: Hearing none, the motion
19 passes.

20 ATTORNEY MCNULTY: And do you want to add a
21 sunset provision to this rule with the reminder that
22 it's required by statute?

23 DR. DUCATEL: Ducatel. I move no.

24 VICE-CHAIR KIRSH: Okay. Anyone second?

25 DR. WILLIAMS: Second.

1 VICE-CHAIR KIRSH: Dr. Williams, second.
2 All in favor of the motion, please signify
3 by saying aye.

4 MEMBERS: Aye.

5 VICE-CHAIR KIRSH: Aye. And all opposed?
6 (No audible response)
7 Hearing none, the motion passes. Thank you
8 so much.

9 CHAIRMAN ACKERMAN: Thank you, Dr. Kirsh.
10 So is there any other discussion for the
11 greater good of the joint Boards of Medicine and
12 Osteopathic Medicine? Seeing that --

13 Oh, Donna.

14 VICE-CHAIR KIRSH: There's Donna.

15 ATTORNEY MCNULTY: Yeah. Just -- it will
16 be quick. Just a reminder that the emergency rules
17 that you have voted on -- hope to them filed as soon
18 as possible next week. And a reminder that to the
19 public that those will be posted on the board's
20 websites so they can access them as soon as
21 possible.

22 CHAIRMAN ACKERMAN: Thank you, Donna.

23 Again, I want to thank you all for taking
24 time out of your busy afternoons today. I want to
25 thank all the speakers, all the members of the

1 public that were here today for the thoughtful
2 comments and input, and I call this meeting
3 adjourned.

4 (END OF VIDEO RECORDING)

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Florida Boards of Medicine and Osteopathic Medicine
June 30, 2023

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CERTIFICATE OF TRANSCRIPTIONIST

I certify that the foregoing is a true and accurate transcript of the digital recording provided to me in this matter.

I do further certify that I am neither a relative, nor employee, nor attorney of any of the parties to this action, and that I am not financially interested in the action.

Julie Thompson

Julie Thompson, CET-1036

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Jane Doe

vs.

Joseph Ladapo

Transcript of Video Recording

August 03, 2023



Med Def_000001

1

2 JANE DOE,

3 Plaintiff,

4 vs.

5 JOSEPH LADAP0,

6 Defendant.

7

8 CASE NO. 423CV114RHMAF

9

10

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TRANSCRIPTION OF VIDEO RECORDING

13

FLORIDA RULES COMMITTEE

14

FLORIDA BOARD OF MEDICINE

15

FLORIDA BOARD OF OSTEOPATHIC MEDICINE

16

AUGUST 3, 2023

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Julie Thompson, CET

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1 Thereupon,

2 The following proceeding was transcribed from an
3 audio recording:

4 * * * *

5 CHAIRMAN ZACHARIAH: Hi. Good afternoon.

6 I'm Zach Zachariah, Chairman of the Rules Committee.

7 Let's have the Florida Board of Medicine
8 and Osteopathic Medicine join Rules, and let's bring
9 the committee to order. Let the record reflect the
10 time is 4 o'clock.

11 And can we take the roll call.

12 SECRETARY: Yes. Dr. Zachariah is present.

13 CHAIRMAN ZACHARIAH: Here.

14 SECRETARY: Mr. Romanello?

15 VICE-CHAIR ROMANELLO: Here.

16 SECRETARY: Dr. Ackerman?

17 CHAIRMAN ACKERMAN: Present.

18 SECRETARY: Dr. Vincent.

19 DR. VINCENT: Present.

20 SECRETARY: Dr. Derick?

21 DR. DERICK: Present.

22 SECRETARY: Dr. Diamond?

23 DR. DIAMOND: Present.

24 SECRETARY: Dr. Hunter?

25 DR. HUNTER: Present.

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1 SECRETARY: Dr. Pages?

2 DR. PAGES: Present.

3 SECRETARY: Dr. Di Pietro?

4 DR. DI PIETRO: Present.

5 SECRETARY: Dr. Kirsh?

6 DR. KIRSH: Present.

7 SECRETARY: Dr. Mortensen has been excused.

8 Also present are Mr. Paul Vazquez, Executive
9 Director, Board of Medicine, Ms. Danielle Terrell,
10 Executive Director, Board of Osteopathic Medicine,
11 Christopher Dierlam, Board Council, Donna McNulty,
12 Board Council, Cassandra Fulham (phonetic), Senior
13 Legal Assistant, Cherise Strickland, Program
14 Operations Administrator, Brad Dalton, Public
15 Information Officer.

16 Chair, you have a quorum.

17 CHAIRMAN ZACHARIAH: Ma'am, thank you. You
18 know, we have four items on the agenda, and we go
19 off the order. And I will take item number three,
20 the physician assistant licensure.

21 EXECUTIVE DIRECTOR VASQUEZ: I'll go.

22 Thank you, Dr. Zachariah.

23 The issue on this tab relates to new
24 legislation that was passed this last session on
25 House Bill 1133, with regard to physician assistant

1 licensure. The new legislation created a catch-all
2 provision that allows the Board to approve an
3 applicant for licensure if they have passed the
4 appropriate examination, even if they don't satisfy
5 the education requirements, or otherwise satisfy the
6 education requirements of the statute.

7 What we are looking for at this time is the
8 ability to have delegated authority to Board staff
9 to be able to process those applications and
10 administratively approve them like they do other
11 initial applications.

12 This is just a new pathway for them to come
13 in through the licensure process. It didn't
14 previously exist. It requires Board approval. And
15 ultimately, it would be ratified by the Board, but
16 we're asking for the ability to administratively
17 approve these.

18 CHAIRMAN ZACHARIAH: Thank you.

19 Do I hear a motion to delegate authority to
20 the staff?

21 CHAIRMAN ACKERMAN: So moved.

22 DR. DIAMOND: Diamond second.

23 UNIDENTIFIED FEMALE: Second.

24 CHAIRMAN ZACHARIAH: Is there any further
25 discussion?

1 Hearing none. All in favor, say aye.

2 MEMBERS: Aye.

3 CHAIRMAN ZACHARIAH: Any opposed?

4 The motion carries unanimously.

5 Now let's go to tab four. This is a JAPC
6 letter we received and -- Christopher.

7 ATTORNEY DIERLAM: Yes. Thank you very
8 much, Dr. Zacheriah. Very briefly, as Dr. Zacheriah
9 pointed out, we did -- the Board did receive a
10 letter, both boards. Both the Board of Osteopathic
11 Medicine and the Board of Medicine received a letter
12 from the Joint Administrative Procedures Committee
13 on July 21st. It's contained on page 46 of your
14 materials.

15 Very briefly, JAPC pointed out really only
16 one relatively minimal issue with all the consent
17 forms that were adopted by this rule via emergency
18 rule. The issue that JAPC pointed out was specific
19 to two of those consent forms. The feminizing
20 medication consent form for adults, and the
21 masculinizing consent form for adults.

22 And the only issue JAPC had was with the
23 language that requires "a thorough psychological and
24 social evaluation performed by a Florida licensed
25 board-certified psychiatrist, or a Florida licensed

1 psychologist before beginning hormone replacement
2 therapy and every two years thereafter."

3 JAPC's concerns kind of focus on the
4 opinion that that requirement constitutes a standard
5 of practice. JAPC pointed out that the statute
6 clearly granted the Boards the authority to adopt
7 standards of practice for minors but did not do so
8 for adults.

9 So JAPC has basically asked the Board to
10 address her concerns, and at this point it would be
11 appropriate for the Board to again discuss JAPC's
12 concerns and what the Board feels would be an
13 appropriate action at this point. Thank you.

14 CHAIRMAN ZACHARIAH: Anything from the
15 Board members?

16 Yeah, David? Dr. David?

17 DR. DIAMOND: Yes. I'm in agreement. I
18 think that the JAPC made an important and valuable
19 comment here, and I think it stands correct.

20 DR. DERICK: We had a long discussion about
21 this last time too.

22 CHAIRMAN ACKERMAN: Right.

23 DR. DERICK: So there was, you know,
24 concern about it being inappropriate or too much.
25 So I agree, as well.

1 VICE-CHAIR ROMANELLO: Okay. Yeah.
2 Dr. Derick, you had mentioned it. And certainly,
3 the AG's office, Mr. Dierlam and Ms. McNulty
4 highlighted that issue. So I think -- I would tend
5 to agree with JAPC's analysis here.

6 ATTORNEY DIERLAM: Let me just put out one
7 more point of clarification, since Dr. Mortensen
8 isn't here. You're absolutely right, Dr. Derick,
9 Mr. Romanello. This issue was discussed at the
10 prior Rules meeting.

11 And again, Dr. Mortensen made some comments
12 along the lines of the fact that she believed that
13 these sort of requirements are quite often contained
14 in consent forms. And that that was again the
15 response and why Dr. Mortensen, at least, and the
16 Board I think kind of agree, that that could
17 theoretically give the Board rule-making authority,
18 because these requirements are often contained in
19 consent forms. And since the board clearly has the
20 authority to adopt a consent form, it would entail
21 such a requirement.

22 Again, that was just the comments of
23 Mr. Mortenson -- or Dr. Mortensen, I beg your
24 pardon. And she's not present today, so I just
25 wanted to make sure --

1 VICE-CHAIR ROMANELLO: Right.

2 CHAIRMAN ACKERMAN: -- that they were
3 reflected on the record again. Thank you.

4 CHAIRMAN ZACHARIAH: At this time does --
5 do you have any comments, Dr. Vincent?

6 DR. VINCENT: I mean, you know, if you look
7 at like the 2017 Endocrine Society Guidelines
8 (Indiscernible).

9 CHAIRMAN ZACHARIAH: Yeah. You have to
10 press the button.

11 DR. VINCENT: I did (Indiscernible).

12 DR. DERICK: Maybe get closer to the mic.

13 DR. VINCENT: Can you hear me now?

14 MEMBERS: No.

15 DR. BENSON: No. It's just in the
16 Endocrine Society guidelines, too. They -- they
17 stipulate that as part of a -- their recommendations
18 that there's a thorough psychological evaluation and
19 assessment at baseline, and that there is no
20 interfering psychological conditions that could
21 impact the workup or clinical evaluation.

22 So that is considered part of the Endocrine
23 Society. That's 2017. They haven't been updated.
24 They're saying they might update them in -- soon,
25 but that hasn't been published yet.

1 VICE-CHAIR ROMANELLO: Dr. Vincent, I
2 agree. And that's why this is kind of like along
3 the lines of the conversation we had at the last
4 meeting. So that's certainly what the association
5 says, and certainly what the practice would be.

6 But here, the statute that was passed does
7 not give the Board the authority to put this into
8 the rule, as the AG's office pointed out. So it --

9 UNIDENTIFIED MALE: Is it --

10 VICE-CHAIR ROMANELLO: -- if there's
11 anybody else that wants -- I mean, I would be --

12 UNIDENTIFIED MALE: Is it not that they
13 give the authority, or they're asking for why it's
14 in the rule?

15 ATTORNEY DIERLAM: Those questions are two
16 in the same.

17 DR. VINCENT: Why it's in the --

18 ATTORNEY DIERLAM: They're basically
19 stating they don't believe we have rule-making
20 authority for that provision. So basically, JAPC is
21 I think -- to read between the lines, they're
22 basically asking the board to either explain why it
23 thinks it has rule-making authority for that
24 requirement, or to get rid of it. One or the other.

25 But that's, I think, reading between the

1 lines of JAPC's correspondence. They're asking
2 those two questions.

3 CHAIRMAN ZACHARIAH: Yeah. Dr. Diamond
4 then --

5 DR. DIAMOND: Yes. I would like to move to
6 strike this particular language from the rule. If
7 you need -- If need be, I can -- I can quote it
8 directly, or you can just refer to what we were
9 discussing earlier.

10 DR. HUNTER: Second.

11 VICE-CHAIR ROMANELLO: Second.

12 MS. MCNULTY: Do you want me to read the
13 exact language? That would be --

14 DR. DIAMOND: Yes. So -- so why don't you
15 read into -- into the record the exact language --

16 MS. MCNULTY: Okay.

17 DR. DIAMOND: -- which I'm going to move to
18 strike.

19 MS. MCNULTY: Okay. And this is in both of
20 the forms that are referenced by JAPC and for both
21 boards. "Before beginning HRT and every two years
22 thereafter, you must undergo a thorough
23 psychological and social evaluation performed by a
24 Florida licensed board-certified psychiatrist or a
25 Florida licensed psychologist. The psychiatrist or

1 psychologist must submit a letter to the prescribing
2 physician confirming this."

3 DR. DIAMOND: Thank you.

4 CHAIRMAN ZACHARIAH: Yeah. Dr. Derick?

5 DR. DERICK: I just -- I agree with
6 striking it. And I guess we can move forward. I
7 just want to say, there is some precedent for
8 informed consent to have sort of stipulations like
9 these. For example, if you're on a dangerous
10 medication, if you, you know, decide that you'll do
11 regular bloodwork.

12 So there is some precedent for it. But I
13 agree in this case that it seems like it should be
14 removed.

15 CHAIRMAN ZACHARIAH: Dr. Hunter?

16 DR. HUNTER: I would disagree with this. I
17 think the example I use as a pediatrician is that --
18 what you're saying, is we have a child who's
19 undergoing chemotherapy. We recognize the risks.
20 Doxorubicin and the risk to the heart, and recommend
21 ongoing follow-up for cardiac complications.

22 I'm looking at a paper right now from
23 Denmark June 27th, since we last met, that shows the
24 long-term ongoing mental health issues in the adult
25 population.

1 And so the problem exists, we're just not
2 fully addressing it. I think we recognize that the
3 concern exists. But I understand that this is more
4 of a, I guess a legal issue, an authority issue.
5 Not -- I don't want us to say we're not recognizing
6 that the problem exists.

7 VICE-CHAIR ROMANELLO: Right. And I don't
8 think by potentially acting and considering the --
9 Dr. Diamond's motion that -- that the Board would be
10 saying that. I think we're just recognizing there's
11 limits on the authority the Board has to promulgate
12 this in a rule.

13 Donna?

14 MS. MCNULTY: Thank you. I concur with
15 those comments. But I wanted to also state for you
16 all that whatever the appropriate standard of care
17 is, regardless of what your informed consent is,
18 that it remains, just like any area of practice. So
19 the standard of care is the standard of care.

20 So we were just talking about what is going
21 in the informed consent. So I just wanted to remind
22 you all of that.

23 EXECUTIVE DIRECTOR TERRELL: Can I just --
24 a point of clarification. And this is for
25 Ms. McNulty and Mr. Dierlam. So as far as the rule-

1 making and authority, that only goes for the
2 emergency rules, and not any permanent rules? Is
3 that how I'm reading the JAPC letter --

4 MS. MCNULTY: The what rules?

5 EXECUTIVE DIRECTOR TERRELL: -- or is it --

6 MS. MCNULTY: I mean, when it -- not rule
7 -- when we get to the permanent rules, we can talk
8 about what's appropriate there.

9 EXECUTIVE DIRECTOR TERRELL: Okay.

10 MS. MCNULTY: But the authority to do
11 something remains the same.

12 ATTORNEY DIERLAM: Right.

13 DR. DI PIETRO: Okay.

14 ATTORNEY DIERLAM: It's going to be the
15 same whether it's an emergency rule or the permanent
16 rule. We'll still have the same "rule-making
17 authority."

18 EXECUTIVE DIRECTOR TERRELL: Okay.

19 MS. MCNULTY: Because the statute is the
20 same.

21 ATTORNEY DIERLAM: Right.

22 CHAIRMAN ZACHARIAH: So we have a motion by
23 Dr. Diamond. Do we hear the second?

24 DR. VINCENT: Yeah. (Indiscernible)

25 UNIDENTIFIED MALE: Have a second. I

1 apologize.

2 DR. BENSON: I'm sorry. I already
3 seconded.

4 CHAIRMAN ZACHARIAH: Okay. We have a
5 motion to second. Is there any further discussion?

6 DR. BENSON: I mean, if you look at Bates
7 1205, that's the Endocrine Society recommendations
8 for youth and adults. So there's already standards
9 of recommendations as far as mental healthcare.

10 So if we're making a recommendation that's
11 outside of what's -- that doesn't seem like that's a
12 good idea to me to make a recommendation that's
13 outside of the standard of practice.

14 CHAIRMAN ZACHARIAH: Thank you.

15 Well, we have a motion seconded. Do I hear
16 any other discussion?

17 All in favor, say aye.

18 MEMBERS: Aye.

19 CHAIRMAN ZACHARIAH: Any opposed?

20 MEMBERS: Aye.

21 CHAIRMAN ZACHARIAH: Two opposed. Thank
22 you so much.

23 UNIDENTIFIED FEMALE: (Indiscernible)

24 ATTORNEY DIERLAM: Okay. And if you don't
25 mind, I'll go ahead and ask the SER questions again,

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1 just for Board information, that this vote now has
2 been approved by the Board. This will result in the
3 Board filing new emergency rules to incorporate two
4 new consent forms, the adult masculinizing and
5 feminizing forms.

6 DR. DERICK: You mean without that language
7 if you're going --

8 ATTORNEY DIERLAM: Right. Without the
9 language. Right.

10 Will the proposed rule amendments have an
11 adverse impact on small business, or will the
12 proposed rule amendments be likely to directly or
13 indirectly increase regulatory costs to any entity
14 in excess of \$200,000 within one year after the
15 implementation of the rule?

16 DR. DIAMOND: Diamond moves no.

17 UNIDENTIFIED MALE: Second.

18 CHAIRMAN ZACHARIAH: There's a motion
19 seconded. Any discussion here?

20 And then all in favor, say aye.

21 MEMBERS: Aye.

22 CHAIRMAN ZACHARIAH: Any opposed?

23 The motion carries.

24 ATTORNEY DIERLAM: And should a violation
25 of this rule or any part of this rule be designated

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1 a minor violation?

2 DR. DIAMOND: Move no.

3 DR. DERICK: Second.

4 DR. VINCENT: I second.

5 CHAIRMAN ZACHARIAH: Motion seconded.

6 Any discussion? Hearing none.

7 All in favor, say aye.

8 MEMBERS: Aye.

9 CHAIRMAN ZACHARIAH: Any opposed?

10 Motion carries.

11 ATTORNEY DIERLAM: And then the final

12 inquiry is whether or not the committee would like

13 to add a sunset provision to this rule. I would

14 once again point out the rule is clearly mandated by

15 statute. Thank you.

16 DR. DIAMOND: I move no.

17 DR. DERICK: Second.

18 CHAIRMAN ZACHARIAH: Well, thank you. This

19 time we go on to tab number one. Standards of

20 practice in the treatment of gender dysphoria in

21 minors.

22 Go ahead.

23 ATTORNEY DIERLAM: Yeah. Absolutely.

24 Thank you very much --

25 VICE-CHAIR ROMANELLO: Did we -- did we

1 vote on the last --

2 ATTORNEY DIERLAM: Yes.

3 VICE-CHAIR KIRSH: -- motion? We did?

4 VICE-CHAIR ROMANELLO: What was it? It was
5 a vote regarding sunset provision?

6 ATTORNEY DIERLAM: Yep. Got it.

7 Yeah. So very briefly, the next item for
8 the Board to consider is on the same issue, if you
9 will. But whether or not the Board or how the Board
10 would like to move forward with formal rule making.

11 Again, the Board has adopted these consent
12 forms via emergency rule, and pursuant to the
13 language in the bill, they remain in effect until
14 replaced by formal rules. However, I would advise
15 again that the Board move forward in that formal
16 rule-making process in a, you know, timely, diligent
17 manner.

18 So, you know, I think really there's kind
19 of three main options as far as where the Board
20 would like to go from here as far as adopting formal
21 rules. Would it like to move forward with adopting
22 the existing emergency rules as formal rules, as is?

23 Would the Board like to kind of start with
24 the existing --

25 DR. DIAMOND: Excuse me, as --

1 ATTORNEY DIERLAM: As amended today.

2 DR. DIAMOND: As amended as of just now.

3 Yes.

4 ATTORNEY DIERLAM: Thank you for -- yes.

5 You're absolutely right. As voted today.

6 Or would the Board like to start with those
7 current emergency rules as amended today and
8 delegate the authority to members once again to work
9 on those rules and kind of perhaps make any
10 modifications, whatever it may be?

11 Or perhaps the third option would be to
12 start from scratch and start over, begin with new
13 consent forms, if that's the Board's pleasure.

14 But again, those are the three main options
15 I can consider. I think it goes without saying,
16 there's one of them that Ms. McNulty and myself
17 probably would not prefer. But regardless, those I
18 think are the three options for the committee,
19 unless there's others. Thank you.

20 CHAIRMAN ACKERMAN: So I think we have a
21 good emergency rule in place. I think we should
22 move forward with that. I don't think we should
23 adopt it as a permanent rule just yet.

24 I think that we should delegate -- not
25 delegate authority, but ask Dr. Benson on the -- on

1 the allopathic Board and Dr. Mortenson on the
2 Osteopathic Board to take some input that we might
3 get over the next few months, digest that, let that
4 distill a little bit and see how things pan out, and
5 then perhaps come to a subsequent meeting in October
6 or December, right, and -- and make recommendation
7 to us at that point for any kind of modifications,
8 for us to then ratify it then. So that's my -- my
9 thoughts. And I would like to put that forth as a
10 motion.

11 VICE-CHAIR ROMANELLO: I'll second that
12 motion.

13 CHAIRMAN ZACHARIAH: The motion is
14 seconded.

15 Dr. Amy?

16 DR. DERICK: I just wanted to say that I
17 agree with that. I think that it's important.
18 We've gotten a lot of good feedback from the public,
19 and we've taken their feedback and incorporated it
20 into the other drafts that we've done. And I think
21 that it requires time. We need to have time to see
22 how it goes, and then we'll be able to get better
23 feedback to make it the best we can. So I agree.

24 CHAIRMAN ACKERMAN: Right. I think there
25 will be some issues that may come up that we don't

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1 know about yet as people try to implement things and
2 try to implement these rules. And I'm sure we'll
3 have some good feedback to massage this a bit.

4 ATTORNEY DIERLAM: As a point of
5 clarification, Dr. Ackerman, would you also like to
6 include noticing the proposed rules for development,
7 obviously? Not propose the language --

8 CHAIRMAN ACKERMAN: Absolutely.

9 ATTORNEY DIERLAM: But that would put the
10 rules out there in the public forum and perhaps
11 allow additional comment.

12 CHAIRMAN ACKERMAN: Right. That would --
13 that would encourage feedback.

14 ATTORNEY DIERLAM: Absolutely.

15 CHAIRMAN ACKERMAN: Much-needed feedback.

16 ATTORNEY DIERLAM: So would you like to
17 include that in your motion?

18 CHAIRMAN ACKERMAN: Yes, please. Thank
19 you.

20 CHAIRMAN ZACHARIAH: Do I hear a second?

21 (Cross talk)

22 Yeah. I am sorry. Is the motion is
23 seconded?

24 VICE-CHAIR ROMANELLO: I don't --

25 CHAIRMAN ZACHARIAH: Is there any further

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1 discussion for the Board?

2 If not, all in favor, say aye.

3 MEMBERS: Aye.

4 CHAIRMAN ZACHARIAH: Any opposed?

5 Motion carries unanimously.

6 MS. MCNULTY: Is that for both tabs one and
7 two? For tabs one and two? So the vote -- I know
8 it was for tab one, but is it also for tab two?

9 CHAIRMAN ZACHARIAH: Yes. So let the
10 record -- Ackerman. I think it applies to tab one
11 and tab two. Is that okay?

12 CHAIRMAN ACKERMAN: Yes. Right. Yes.

13 CHAIRMAN ZACHARIAH: Yeah. It was
14 (Indiscernible).

15 CHAIRMAN ACKERMAN: That was my intent, for
16 it to apply to both tabs one and two.

17 MS. MCNULTY: I didn't hear Dr. Ackerman.

18 CHAIRMAN ACKERMAN: It was my intent of the
19 motion, was to apply to tabs one and tab two. The
20 adults and the kids.

21 MS. MCNULTY: For clarification, just for
22 the record, because this is controversial, could you
23 entertain a vote to clarify that's --

24 CHAIRMAN ZACHARIAH: Yes.

25 MS. MCNULTY: -- both tabs one and two?

1 CHAIRMAN ZACHARIAH: Okay.

2 MS. MCNULTY: Full development?

3 CHAIRMAN ZACHARIAH: Let's make a motion
4 including tab one and tab two so there's no --
5 there's no doubt about that. So let's --

6 CHAIRMAN ACKERMAN: So my motion is to
7 adopt the emergency rules for now, and delegate to
8 Dr. Benson --

9 MS. MCNULTY: We already on the emergency
10 rules. We're just talking about the permanent
11 rules.

12 CHAIRMAN ACKERMAN: So my motion is to not
13 put forth emergency rules just yet, but to wait a
14 few months and let Doctors Benson and Dr. Mortensen
15 get feedback from Board members, from the public,
16 and then make recommendations to this Committee to
17 make -- to help us develop a permanent rule.

18 MS. MCNULTY: And this is for both the
19 adult and minor rules for both Boards? Just --
20 that's the part I'm (indiscernible).

21 VICE-CHAIR ROMANELLO: Yes. For
22 (Indiscernible) consent --

23 CHAIRMAN ACKERMAN: Yes. The adult rules
24 and the minor rules for both Boards of Medicine and
25 Board of Osteopathic Medicine.

1 DR. VINCENT: There's six consent --
2 different consent -- three minors and three for
3 adults.

4 CHAIRMAN ACKERMAN: Yep.

5 CHAIRMAN ZACHARIAH: So it should be a
6 motion --

7 CHAIRMAN ACKERMAN: And do we need to -- do
8 I need to put with a deadline, like the end of the
9 year?

10 MS. MCNULTY: I don't think so.

11 DR. VINCENT: Yeah.

12 CHAIRMAN ACKERMAN: I would hope we could
13 get it done by the end of the year.

14 DR. DERICK: What about the part about
15 officially starting the process? Does that need to
16 be incorporated?

17 MS. MCNULTY: For the rule to adopt.

18 DR. DERICK: For rule adoptment? That was
19 part of your motion?

20 CHAIRMAN ACKERMAN: Yes. That's part of
21 the motion, to officially adopt the process for
22 permanent rule development.

23 DR. DIAMOND: So a motion to second?

24 CHAIRMAN ZACHARIAH: So the motion is
25 seconded. Any discussion?

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1 Hearing none, all who approve say aye.

2 MEMBERS: Aye.

3 CHAIRMAN ZACHARIAH: Any opposed?

4 The motion carries unanimously.

5 If the public wants to make any comments
6 briefly, we can have that for the next 10 minutes or
7 so. If not, you can come at the -- at the workshop
8 or at the next meeting to make a comment to the next
9 meeting. What do you guys prefer?

10 SECRETARY: Thirty minutes.

11 (Indiscernible)

12 CHAIRMAN ZACHARIAH: I think the names that
13 we have here is Ms. Anna Eskamani?

14 ANNA ESKAMANI: Eskamani.

15 CHAIRMAN ZACHARIAH: Eskamani.

16 ANNA ESKAMANI: Very close. Thank you, sir.

17 CHAIRMAN ZACHARIAH: Go ahead.

18 REPRESENTATIVE ESKAMANI: Thank you so
19 much, Chair. Testing. There we go. Thank you so
20 much, Chair. I'll be very brief, as I know you all
21 are very brief as well.

22 So I'm Representative Anna V. Eskamani,
23 serving District 42 in the Florida State House.
24 Welcome to Orlando, for those who are visiting us
25 for this meeting.

1 So I've been attending multiple Board of
2 Medicine meetings, and I do appreciate the pause on
3 formal rules, because I think we are not only taking
4 in feedback, but we're seeing the effect. So three
5 quick points, if I may.

6 So first of all, the restrictions when it
7 comes to who can prescribe and provide medication,
8 and who can provide gender-affirming care,
9 obviously, you know, statute dictates all that as
10 well.

11 But I will say, just for your information,
12 we're seeing huge impact in the community as many of
13 our patients who receive gender-affirming care were
14 receiving it from nurse practitioners, not
15 necessarily MDs or DOs.

16 So it's really upset the entire field of
17 medicine in regard to these patients. So I want to
18 just put that on the record as an area of concern
19 for your awareness.

20 And then also just the current emergency
21 informed consent language as it stands now. We do
22 find much of it to be arbitrary and capricious. We
23 also have concerns about the guidance not being
24 based upon evidence that is medicine-based.

25 And in fact the Miami Harold just did a

1 story this week that you might have seen where a lot
2 of the basis of this legislation, and then, of
3 course, parts of the rule making process have been
4 based in just misguided information, a lot of
5 political sensationalism versus what is the best
6 care practice.

7 So we have a lot of concerns about that. I
8 know some of that comes out of legislature, so it's
9 not necessarily in your purview, per se. But as
10 medical experts and folks who provide care to your
11 patients, I think it's important to not ignore that
12 reality that we are making rules upon junk science.

13 And it's really important for the patients
14 here to be supported in who they are and not to have
15 to jump through hoops and hurdles to access care.
16 We are seeing people leave the state of Florida
17 right now because of these laws. And it's
18 incredibly scary and heartbreaking, and as
19 individuals, I'm elected. You are appointed to
20 serve in these positions. You went to medical
21 school. You trust in your trades.

22 We are in a period where, you know, I think
23 our collective goal is always do no harm, but this
24 process, the law, and thus, the rules are definitely
25 creating a lot of harm. I just want to put that on

1 the record. Thank you.

2 CHAIRMAN ZACHARIAH: Thank you.

3 The next is speaker Representative Harris.

4 DR. DIAMOND: Can I make a comment while
5 we're waiting for our next speaker?

6 CHAIRMAN ZACHARIAH: Yes.

7 DR. DIAMOND: As -- as I'm listening to
8 comments and reading things, is this an appropriate
9 time to share with the members of the Committee some
10 ideas in terms of understanding the emergency rule
11 in terms of development? Is this an appropriate
12 time to raise any points?

13 CHAIRMAN ZACHARIAH: You know, we can
14 probably consider something like that after we hear
15 the public.

16 DR. DIAMOND: Okay.

17 CHAIRMAN ZACHARIAH: Okay. Representative
18 Harris, pleased to see you.

19 REPRESENTATIVE HARRIS: Thank you. Thank
20 you very much. Good morning, everybody. Welcome to
21 Orlando, for those who are not from here.

22 So I really would like to echo my
23 colleague's points, especially when it comes to
24 listening to the medical science behind the
25 treatment of gender-affirming care and making sure

1 that we are using that to -- there we go. Is that
2 better? Making sure that we are using that as our
3 guide as to how we're going to implement these
4 rules.

5 I believe that, as was stated, we are
6 losing people from the state. Really good people,
7 because they cannot get the care that they need.

8 It is also causing frustration for people
9 who -- for doctors who aren't necessarily even
10 providing gender-affirming care to that many
11 patients as these doctors and nurse practitioners
12 often have patients that they see for other reasons.
13 But it has no impacted their ability to even provide
14 care to patients who aren't looking for gender-
15 affirming care. And I think that we need to make
16 sure that we have that top of mind, as well. That
17 at the end of the day, healthcare is healthcare, and
18 that is what we want to make sure we're providing to
19 people.

20 And I really liked Ms. Eskamani's point
21 that collectively, as a legislator, and you as
22 doctors, we are here to do no harm. And we want to
23 make sure that that is the top priority when we are
24 looking at these rules.

25 So thank you for your time this morning.

1 Thank you for allowing us to speak.

2 CHAIRMAN ZACHARIAH: Thank you so much.

3 Next is Allen Grossman.

4 ALLEN GROSSMAN: Thank you, Dr. Zacheriah.

5 I'm not sure, with your directions to Dr. Diamond,
6 whether now is the right time to do this or not, but
7 I guess I'll go ahead.

8 An issue has come up for hospitals in the
9 state of Florida about what to do with patients that
10 show up at their doorstep that are under ongoing
11 care as discussed in this statute and rule, and what
12 they're supposed to do about continuing treatment
13 while they're in the hospital.

14 In any other situation, diabetes, cancer,
15 or whatever else, there would be ongoing care for
16 however they're being treated by their primary
17 physicians or their specialist physicians without
18 interruption while they're in the hospital.

19 With this statute and rule, they're left in
20 kind of a limbo of what they're supposed to do with
21 these patients that show up and can establish that
22 they're under current treatment and then letting
23 them go forward with maintenance of that treatment.

24 As I am sure you are all aware, hospitals
25 do not allow patients to bring medications into the

1 hospital with them. They have to be ordered in the
2 hospital and provided in the hospital.

3 So we would like you to consider what
4 hospitals are supposed to do. My initial thought
5 had been to come and ask you to try and develop a
6 carve-out, both in your emergency rules and in your
7 permanent rules, for that situation. I'm not sure
8 what -- whether that should be now or later, but
9 that's what I wanted to discuss with you today. And
10 hopefully you all will take into consideration that
11 situation.

12 Right now the hospitals don't know what
13 they're supposed to. And much of what's required in
14 here doesn't work in a normal hospital situation in
15 terms of specific consent to process like is here.
16 That the patient has already done because they're
17 already under treatment, and whether they should
18 have to redo that in the hospital, or not be able to
19 do it at all, or whatever. And it's a difficult
20 situation for them to find themselves in.

21 I can't give you statistics of how many
22 people are going to end up in the hospital. I have
23 no idea. But the hospitals are concerned about this
24 as a problem, and have asked I would address. The
25 hope was a carve-out that would allow them to

1 continue established treatment and be treated more
2 in terms -- well, first of all, in the minor
3 provision, you can do that in your standards of
4 care. So it could -- it could just be a carve-out
5 for hospitalized patient who is already under
6 treatment.

7 And -- and for the adults, there's a
8 general provision about renewals not having to go
9 through this process, and that maybe that in
10 hospitalization situation, they could be treated as
11 just a temporary renewal of the same medication that
12 they're already under treatment for. And that,
13 theoretically, I think there's a good argument there
14 that that could fall under the provisions of the
15 statute if you put it in your rules as an
16 interpretation of the statute.

17 So that was what I wanted to discuss with
18 you today, and try to get some guidance from you,
19 not only in terms of what the hospitals should be
20 doing now, but possibly consider putting some
21 language in your permanent rules that provides for
22 that.

23 CHAIRMAN ZACHARIAH: Thank you.

24 ALLEN GROSSMAN: Thank you.

25 CHAIRMAN ZACHARIAH: I think next is

1 Nicholas Newlan.

2 NICHOLAS NEWLAN: Very quickly, the
3 American College of Physicians would like to echo
4 Mr. Grossman's comments.

5 Essentially, what our members are asking
6 is, may they continue treatment for hospitalized
7 patients? Must they continue treatment for
8 hospitalized patients, and if they do, must they get
9 a new consent form?

10 We would suggest that they just be allowed
11 to continue the treatment without having to go
12 through another set of hoops.

13 Thank you for your time and attention.

14 CHAIRMAN ZACHARIAH: Thank you. Next is
15 Gigi Blou.

16 UNIDENTIFIED FEMALE: (Indiscernible)

17 CHAIRMAN ZACHARIAH: Kit.

18 KIT: I think that people are being far too
19 charitable to you. It should be noted that you
20 aren't just doing this because you were forced to.

21 Multiple months ago, by multiple months
22 ago, I mean almost a year ago at this point, you
23 started the process to ban gender-affirming
24 treatment for minors. This wasn't due to any
25 legislation. The legislation at that point didn't

1 exist. That was out of active malicious intent.

2 The idea of like pretending that there's
3 some good faith involved here or that our public
4 input means anything is very, very funny, given that
5 the vast majority of you were appointed literally
6 because you donated to Ron DeSantis, totaling almost
7 \$300,000.

8 It's cool to have this like aesthetic of
9 like nice -- like niceness. Like oh, no we're
10 forced to do this. We really care. But you just
11 flat-out don't. And I think that people are being
12 way, way, way too polite.

13 ATTORNEY DIERLAM: I think your comments
14 have gone outside the scope of the agenda --

15 KIT: Okay.

16 ATTORNEY DIERLAM: -- and the discussion up
17 to this point.

18 KIT: The people making -- the people
19 making these decisions are directly in the scope of
20 the agenda, because you are the people making these
21 decisions, and the decisions will be impacted by you
22 who are forming this.

23 CHAIRMAN ZACHARIAH: Thank you so much.
24 Appreciate it. Okay.

25 Next is Carlos Guillermo Smith.

1 CHAIRMAN ZACHARIAH: His -- the name was
2 Kit, K-i-t.

3 Excuse me. You are Carlos Guillermo Smith?

4 CARLOS GUILLERMO SMITH: Yes, sir.

5 CHAIRMAN ZACHARIAH: Thank you, sir. Go
6 ahead.

7 CARLOS GUILLERMO SMITH: Good afternoon,
8 Board members. My name is Carlos Guillermo Smith.
9 I'm the senior policy advisor for Equality Florida.
10 Some of you may know me from my years as a member of
11 the Florida House of Representatives, where I served
12 on numerous healthcare committees that developed and
13 passed policy to promote the health and the overall
14 well-being of the people of this state.

15 As you already heard and will continue to
16 hear, the existing emergency rules and forms that
17 are arbitrary and capricious are already causing
18 major disruption in access to care. It is creating
19 a crisis for care for trans and nonbinary folks in
20 the state of Florida.

21 We at Equality Florida and the vast
22 majority of those from the public who are here today
23 call on you to exercise your independent and
24 professional judgment and put public health over
25 politics.

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1 We urge the Boards to make rules and forms
2 that are based on reality and based on facts that
3 reflect the medical consensus which supports gender-
4 affirming care across the United States.

5 Our trans and nonbinary residents of this
6 state are depending on you to adopt rules and forms
7 that are rooted in their well-being, the patients'
8 well-being, rather than intentionally creating
9 arbitrary and capricious barriers to care for
10 Floridians.

11 It is your ethical and moral obligation to
12 adopt rules that are medically accurate and based on
13 guidance from the leading professional organizations
14 in the world. The Professional Association for
15 Transgender Health, WPATH, and the Endocrine
16 Society.

17 For many, as you know, this is a matter of
18 life and death. Gender-affirming care is essential,
19 life-saving healthcare for transgender people to be
20 able to live full and authentic lives.

21 These forms must emphasize the well-
22 documented benefits of access to gender-affirming
23 care.

24 All eyes are on you. And you already know,
25 the courts have struck down Florida's Medicaid

1 agency rule banning coverage of gender-affirming
2 care for minors and adults and have already issued a
3 preliminary injunction against rules in sections of
4 Senate bill 254, because these politically-motivated
5 restrictions to life-saving care are
6 unconstitutional. And because free states don't
7 interfere with adults and parents' decisions about
8 their personal healthcare that is widely accepted by
9 medical professionals.

10 Please do the right thing, and when you do,
11 adopt permanent forms and rules that put the life
12 and health of the patient first. Thank you.

13 CHAIRMAN ZACHARIAH: Thank you so much.

14 Next is Kyle Moore.

15 KYLE MOORE: Hi. I'm Kyle Moore, and I am
16 a disabled trans man. Your decisions directly
17 affect me in so many different ways. And I want to
18 point out that the evidence that is being used for
19 these decisions has been proven to be doctored based
20 on political points.

21 The DeSantis administration paid fringe
22 medical consultants over 300,000 to endorse
23 restrictions on trans healthcare and give raises to
24 State employees who went along with it.

25 Court documents show that one employee

1 received a 200K raise on a 60K salary.

2 The people who are on this Board are on
3 this Board because they donated money. The people
4 who get to keep their jobs and who are determining
5 who gets what healthcare have those jobs because
6 they either agree with what the man with all the
7 money says, or because they paid to be there.

8 I am urging you, please listen to us.

9 Those of us who you are directly affecting, not the
10 person who is paying all of your bills, not the
11 person who you're making charitable donations to,
12 those of us whose lives are on the line.

13 The people have spoken. We have spoken
14 time and time again, begging you not to ban our
15 life-saving healthcare based on political science.
16 So please, just listen to us.

17 CHAIRMAN ZACHARIAH: The next speaker is
18 Renee Davis.

19 RENEE DAVIS: Thank you, Board. Hello. I
20 am Renee Davis. I would describe myself as an
21 independent researcher and activist.

22 I want to be very brief. And this -- you
23 know, this conversation is funny because we're
24 saying the same things over and over again because
25 you know what you're doing. We know what you're

1 doing. And we're going through these motions to
2 deliberate and just have these nice sort of taking
3 at face value. And it's just -- it's -- it's very
4 frustrating to have to be professional in this
5 environment.

6 So I'm just going to read two direct quotes
7 from some other really great journalists in this
8 space.

9 The first is reporting that the petition
10 for this Board to initiate these rule makings, the
11 report that was used, the GAPMS report, was actually
12 contracted by five outside medical consultants, as
13 briefly mentioned, three of which, the majority of
14 this Committee, right -- three of which worked for
15 the Catholic Medical Association. And within their
16 explicit mission statement and practice of care,
17 it's not in their belief system to even recognize
18 transgender care as a legitimate form of medical
19 science.

20 So obviously, you know, this whole reason
21 we're here is based off false pretenses. And I
22 think you've heard enough statements today to
23 realize that it's no longer a matter of doing the
24 right thing. It's also a matter of self-
25 preservation here.

1 All of you are licensed professionals, and
2 there is court cases left and right across the state
3 of Florida and across the country where the judges
4 are siding with the transgender community.

5 So I think you really need to ask yourself
6 here if you truly trust politicians in office who
7 may have promised you money or fame or positions.
8 If you truly trust them over the surety that judges
9 are going to side against this. That they're going
10 to recognize that people like me came up and quoted
11 the American Medical Association.

12 And what did they say? The American
13 Medical Association said, "These policies do not
14 reflect the research landscape. More than 2000
15 scientific studies have examined aspects of gender-
16 affirming care since 1975, right.

17 So all of this information is on record.
18 It's being recorded. This is going to be a very
19 easy case to prosecute, and I think you need to be
20 very careful on where you want to be in that story.
21 Thank you.

22 CHAIRMAN ZACHARIAH: Thank you.

23 The next speaker is Lola Smith. I don't
24 hear Lola Smith.

25 The next speaker is Andrea Martinez.

1 ANDREA MARTINEZ: Yeah. Hi again. This is
2 Andrea Martinez. (Indiscernible) I think I follow
3 this Board of Medicine from the day one until now
4 everywhere.

5 Today was not how I see my house, Orlando.
6 The only I'm going to say is like again is to come
7 in to say everything the same is like, it's a hard
8 time for us as a transgender community to see a lot
9 of people leaving town. A lot of the people looking
10 for that, families leaving because this and other
11 laws they create against us.

12 So you're going to do something more better
13 for us. You can do it. I see you are doctors. I
14 know that you had a specialization in different
15 things and have different clinics and have nurse
16 practitioners working for you. And you're trusting
17 them.

18 So bring the nurse practitioners back to
19 the conversation from Florida. They -- they cared
20 about us. It's like I have my -- I use a nurse
21 practitioner, and it's for everything, medical needs
22 of myself, not only the gender-affirming care.

23 So bring the MDs from the clinics here in
24 Orlando. We have several clinics for when they take
25 care of us. Bring them to the picture. You don't

1 have to bring the transitioner of people from other
2 states to decide for us. You need to bring our own
3 people and show you what is this. Gender-affirming
4 care is a life-saving. Nothing change in me. This
5 I think is be more -- more happy, more a person.

6 I'm fighting for the rights of the people I
7 bring here. Like I said again, I came to this
8 country looking for freedom, and I found it. And
9 I'm going to keep that. And we need you too. Do
10 you what your job too for us.

11 And looking for something. This is so
12 difficult for now. I receive calls every day from
13 people. We cannot have more the hormones. We're
14 going to go -- you know, because you can find
15 everything from under the table, or you can go to
16 the black market. You don't want that. I don't
17 want to go to the hospital because I have to go to
18 black market or something. It's bad for us.

19 We're going to continue to exist. We don't
20 go nowhere. So please, bring to the table the same
21 people from Florida again. And we're looking for
22 the permanent solution. You still have time to do
23 this. Be the doctors. Be the great doctors you
24 are. It's a hard time to study and be -- I mean, I
25 know. All the careers you have. And we are

1 important too. We are patients too. We can suffer
2 cancer too. We can suffer from -- we maybe need a
3 dermatologist too. We need all of you for survive.
4 So please work for us.

5 CHAIRMAN ZACHARIAH: Thank you.

6 The next speaker is Emma Royce.

7 EMMA ROYCE: Hi. I'm a parent, and I've
8 been here before. I think you need to decide what
9 side of history do you want to stand on. It's
10 really down to that.

11 I've lived through 1970s Ireland when there
12 was a huge overreach of the state into healthcare.
13 It wasn't a good look. And you're there. You're
14 way past there at this stage. Florida is 1970s
15 Ireland.

16 It creates major health trauma for kids to
17 be abused by the same church state. And those who
18 spoke out were ridiculed and called names, like
19 Sinead O'Conner, who passed away this week.

20 And this Board believes that you know what
21 individual trans people need more than they know
22 themselves. More than their individual doctors.
23 Transgender humans are beautiful.

24 And to transgender youth, I want to say
25 that I'm sorry the double standards exist that I can

1 access hormones, but this form, the forms, all these
2 forms are a roadblock. They've already started to
3 be a roadblock in terms of access to families like
4 mine. They're cost-prohibitive and they -- they
5 basically ban and block trans care. And you are
6 going to have a wave of suicides on your conscience.

7 These Boards are presenting roadblocks to
8 mine and the expanded queer community to devalue
9 trans humans, and specifically, trampling all over
10 their rights of the humans with comorbidities.

11 Correlation does not equal causation. The
12 way the form is structured, once you have in there
13 that there's a comorbid, the doctors don't want to
14 know. They don't want to know because their
15 professional indemnity insurance is really high.

16 And unfortunately, there are other doctors
17 out there who really don't have the Hippocratic Oath
18 and the welfare of these kids at heart, and who
19 probably, like you, will not care when the wave of
20 suicide starts.

21 You know what the risks of this is, and you
22 carry on. I'm absolutely ashamed of you. And I'm
23 ashamed for the fact that not one single person
24 sitting on that Board up there is nonbinary or
25 transgender. There is no representation.

1 We have pleaded with you to do the right
2 thing, and here we are again. It's already
3 happening. One child's death, one child, one human
4 death is not worth this crap. This political fiasco
5 pretense of the Governor. Thank you.

6 CHAIRMAN ZACHARIAH: The next speaker is
7 Christina Cazanave.

8 CHRISTINA CAZANAVE: Hello. My name is
9 Christina Cazanave, and I am the legislative chair
10 for the National Association of Social Workers,
11 Florida Chapter.

12 Like our allies here today, our association
13 opposes any rules, policies, or practice that seek
14 to remove gender-affirming care access and practices
15 for adults and minors. Any reduction in care will
16 be an increase in safety and mental health concerns.

17 Today I ask you that you reconsider the
18 language for these rules and forms, especially
19 related to the consent forms.

20 Many licensed clinical social workers are
21 leaving. They are confused and looking at this from
22 an evidence-based perspective, when you are not.

23 These rules are inserting a political
24 battle into private and personal conversations
25 between adults, parents, their children, and their

1 mental health and health providers. These laws are
2 not about safety, because safety is a life-saving
3 and gender-affirming care is a life-saving method
4 for transgendered and nonbinary youth.

5 The only thing that you and we agree on is
6 that health access for all is a priority. And
7 removing any kind would increase the mental health
8 crisis in Florida who's already suffering from a
9 lack of providers.

10 A clinician and health provider who acts
11 with professional and ethical decision making should
12 be able to take care of their clients. The
13 community trusts these providers on a variety of
14 health issues, and you should, too.

15 This includes continuing public comments
16 from those who are on boots on the ground, doing
17 this service on a day-to-day, so that they can
18 provide you with recommendations that are evidence-
19 based. And that there will be no harm.

20 The health and mental health of trans
21 Floridians is important. You took an oath to do no
22 harm. So please keep that in mind when you are
23 making these decisions, because that is what we do
24 all the time. Thank you.

25 CHAIRMAN ZACHARIAH: Thank you.

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1 The next speaker is Cassandra Scarb. Is

2 Cassandra Scarb --

3 CASSANDRA SCARB: I have a page and a half
4 of written remarks I'd like to make.

5 I've been on HRT for a few years now, and I
6 haven't had any issues obtaining my medication.

7 That is until the past week or so. I guess Ronald
8 Regan nailed it when he said the top nine most
9 terrifying words in the English language are, "I'm
10 here from the government, and I'm here to help."

11 Aside -- as important as HRT is for me, I'm
12 here to address today another matter, but it's
13 directly related.

14 On a side note, I have people who think I'm
15 an ideology, including various politicians on the
16 right throughout the state of Florida.

17 On my opposite side, I have people,
18 including those directly in my transgender community
19 that view me as somebody with a gender identity that
20 didn't match up with their sex assigned at birth.

21 I don't necessarily agree with any of the
22 viewpoints, but I'll come back to that momentarily.

23 And then there are the religious texts,
24 which never actually really do provide an exact
25 definition of what constitutes a male or female.

1 But through the acquisition of knowledge
2 and use of my higher mental faculties -- I'm sorry.
3 I skipped a place here. Okay. However, some
4 religious zealots may claim to be. That's to be
5 self-evident. However, if I'm standing on the beach
6 looking out at the horizon line and think I'm going
7 to fall off the edge of the earth if I go out three
8 miles, I know that's not the case. My senses are
9 deceiving me.

10 But through the acquisition of knowledge
11 and use of my higher mental faculties, I know
12 through reason -- I'm sorry; I've already read that
13 -- I won't fall off the face of the earth.

14 In 2017, the Hochman Research Institute
15 published research that uncovered a link between
16 transgender and changes in genes that process sex
17 hormones, estrogen, and androgen, revealing a
18 potential biological basis for gender dysphoria.

19 To quote Professor Harley, "We propose
20 these genetic variations could make some males less
21 able to produce androgen, causing the brain to
22 develop differently, whether you're less masculine
23 or feminine, which may contribute to gender
24 dysphoria in transgender women."

25 This research would relate to other

1 research such as those conducted by Dr. Baker
2 regarding sexual differentiation of the brain,
3 different from sexual differentiation of the body,
4 the two processes being independent from one
5 another.

6 I have to ask myself: are we even
7 determining sex correctly? How is it we can ignore
8 the sexual differentiation of the brain in
9 determining sex. The brain, an organ that requires
10 about 30 percent of our daily caloric intake to
11 function properly.

12 At least for some transgender individuals,
13 I have to ask, are we really intersex and just not
14 determining sex correctly.

15 Now, this is related to another matter
16 because the blatant hatred against the transgender
17 community being witnessed may go far beyond HRT.

18 Current events may impact the ability of my
19 community's ability to access optimal treatment for
20 a range of diseases. For example, in conjunction
21 with Texas Tech, the Laura Bush Institute Women's of
22 Health provide seed money to find novel -- to find
23 novel research unique to women's health that
24 highlight the critical issues for women and focuses
25 on the vital difference between men and woman.

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1 Sex-based medicine will become more and
2 more recognized in the years ahead.

3 For a transgender individual, where a
4 female gender identity --

5 CHAIRMAN ZACHARIAH: Sir? Sir? Thank you
6 so much. Your three minutes have expired. We have
7 --

8 UNIDENTIFIED FEMALE: I think we -- we have
9 somebody that --

10 CHAIRMAN ZACHARIAH: Excuse me.

11 UNIDENTIFIED FEMALE: -- would be willing
12 to give up her speaking --

13 CHAIRMAN ZACHARIAH: Excuse me. Excuse me.
14 Excuse me. I run the meeting, not you.

15 The next speaker is Kelly Walker or
16 Wallace.

17 KELLY WALL: Hi. I'm Kelly Wall
18 (phonetic). I'd like to pass my minutes to
19 Cassandra Scarb. Thank you.

20 CASSANDRA SCARB: For a transgender
21 individual with a gender identity that matches the
22 biological sex differentiation of their brain, as I
23 mentioned above -- okay. If that person was
24 diagnosed with Lou Gehrig's disease, a disease that
25 affects the nerve cells of the brain, that have been

1 shown to impact men and women differently, if there
2 was a sex-based medicine cure today, one being for
3 male and one being for female, what treatment would
4 that person take? If you were me, what pill would
5 you take if you had sexual differentiation of the
6 brain to those that match your body, would you take
7 the pills out of the biological male or biological
8 female?

9 Lou Gehrig's disease would just be one
10 example. As the algorithms get better and AI gets
11 better, and biotechnology, and epigenetics, this is
12 going to become a very real thing where what you are
13 doing isn't just going to impact our HRT. This is
14 going to impact potentially a whole range of
15 diseases.

16 Because if you can't come to terms with
17 this right today, certainly going down the road,
18 it's going to become a whole other issue where we're
19 going to be looking at transgender issues and sexual
20 differentiation of the brain to get proper treatment
21 (indiscernible) potentially related to a whole range
22 of diseases. Thank you.

23 CHAIRMAN ZACHARIAH: The next -- the next
24 speaker is Levita Raymond. Okay. Thank you.

25 The next speaker is Autumn Franks.

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1 AUTUMN FRANKS: Thank you, Board. My name
2 is Autumn Franks. I'm a 55-year-old proud,
3 transgendered woman. I want the Board to know that.
4 Gender dysphoria is a medical condition. When I
5 started my treatment, it's done wonders for me,
6 life-saving treatment.

7 I served for 30 years working in the
8 Department of Corrections in the state of Florida.
9 And on top of that, I'm an adult. I think
10 healthcare decisions should rest solely with the
11 provider and the patient. I do not see why we have
12 to have consent forms for my medical condition. It
13 seems to me other medical conditions don't require
14 the same consent forms.

15 So for that reason, I feel that I'm being
16 singled out. Why should I be singled out for care
17 that I have elected to take? I'm a responsible
18 adult and capable of making my own medical
19 decisions.

20 Thank you very much.

21 CHAIRMAN ZACHARIAH: The next speaker is
22 nurse practitioner Craig.

23 CRAIG: Thank you, Mr. Chairman. Good
24 afternoon, ladies and gentlemen of the Board. I
25 come to you not only as a member of the LGBT

1 community, but as a registered nurse for 24 years
2 and a nurse practitioner for 4. I'm an autonomous
3 family board -- family certified -- board-certified
4 family nurse practitioner.

5 Today I come to you and try to understand
6 why my prescribing abilities have been removed from
7 me. Why have I -- am unable to provide services to
8 those who are needing to -- hormone therapy?

9 Up until -- up until May, I treated these
10 -- these patients, these individuals, these human
11 beings successfully, and by evidence-based practice,
12 several of which are in this room right now.

13 I'm hoping today that you would take into
14 consideration those who suffer from depression,
15 gender dysphoria, anxiety, even suicide ideations to
16 allow them to be treated by a nurse practitioner
17 such as myself.

18 It confuses me how I'm allowed, once again,
19 as an autonomous nurse practitioner to treat a
20 cisgender female or a cisgender male with the same
21 hormones that I'm treating my transgender patients
22 with. The medications are the same. The only
23 difference is they're considered transgender.

24 Eighty-four percent of trans patients in
25 this state were treated by NPs and PAs. But what

1 about now? They have removed my ability as an
2 autonomous nurse practitioner, once again, to treat
3 those trans patients. It's discrimination at its
4 best.

5 My next question is this. While I
6 understand the state's statutes that care must be
7 provided by an MD, why is it that only after initial
8 MD, that's what it has to be? Can a nurse
9 practitioner not follow, adjust, and advise on those
10 patients as to what they need?

11 Again, I'm treating cis females and cis
12 males. What's the difference? We're just giving
13 them different hormones.

14 I can do for that -- I can do that for any
15 other patient that comes in my office. I just don't
16 get it.

17 Again, I've been practicing for three years
18 without a supervising physician over me. I can open
19 my own practice. I can do whatever I want. But
20 you're limiting me as a nurse practitioner to treat
21 these human beings, these individuals that suffer
22 from a disease because of gender dysphoria. You're
23 limiting the practice. You're limiting my practice.
24 You're limiting their healthcare.

25 We live in a free country. As a nurse

1 practitioner, primary care, I treat; I prescribe; I
2 order, and I order consults same as the MD, same as
3 you, okay. I'm limited as to other things I cannot
4 do, but I still prescribe medications.

5 I am first-hand witness. Patients come
6 into my office and start on hormone therapy. They
7 come in with depression, sickness. I mean, some
8 patients are treated -- suicide. I hope you look
9 inside and feel some compassion for these patients,
10 as they are human beings, and allow us as nurse
11 practitioners to continue care, even if it has to be
12 after an initiation. Allow them to seek care from
13 us.

14 CHAIRMAN ZACHARIAH: Thank you so much.
15 The next speaker is Debbie Parker.

16 DEBBIE PARKER: Hello. I'm Debbie Parker.
17 Good afternoon and thank you for the opportunity to
18 speak today and to urge you all to think.

19 I have a series of questions for you all.
20 Answers from any of you are welcome but not
21 expected. If you'd like to answer, please wait
22 until my time has expired. Thank you again.

23 My goal is to help you think for
24 yourselves, and then use your own beliefs to guide
25 your vote today.

1 First, I'll try and put a face on this.
2 Think back to your youth. Were you or someone you
3 love a bully? Or were you or your loved one the
4 target? Do you consider yourself to be brave or
5 courageous? Did you stand up for yourself or for
6 someone else?

7 Now back to the present. Have you done
8 your own research? Or have you chosen to use the
9 state of Florida's talking points on this topic to
10 inform you?

11 Have you considered how these rules will
12 affect the person or people you know? Because you
13 do know someone. You might not even be aware, but
14 there is someone with a connection to your personal
15 life that is trying to understand themselves and
16 working to find their identity. Is beginning to
17 medically transition or has been happily living as a
18 transgender individual for years.

19 Next, a quick comparison. Are you aware
20 that the work group that created the standard passed
21 on July 19th by the Florida Department of Education
22 did not hold a vote on the new black history
23 curriculum and only a small minority, two members,
24 were able to push through the many falsehoods?

25 Are you now aware of all the people, some

1 quite prominent, who have been voicing their
2 opposition to the rule, which passed unanimously?

3 Now back to you all again. Have you
4 mentally prepared yourselves for your turn to be on
5 the receiving end of significant criticism? Because
6 you will be criticized. It's my belief that you're
7 all educated, even well experienced in your field.
8 So if any of you choose to be brave or courageous
9 now, kind of like all the LGBTQIA individuals out
10 there.

11 Should you vote today from a place of
12 humanity instead of a political and self-satisfying
13 position, you'll get along just fine. You'll get
14 new jobs. Maybe speak out against a current
15 colleague. Maybe even be more respected than
16 before. Your social circle and your financial
17 situation will recover, if affected at all.

18 Please know, please remember, you will live
19 this experience with ease as compared to the many
20 transgender people you think you have the right to
21 make rules for.

22 Please do right by us all.

23 CHAIRMAN ZACHARIAH: The next -- thank you.

24 The next speaker is Salvadore Vieira. Am I
25 saying it right?

1 SALVATORE VIEIRA: Salvatore Vieira. I am
2 the volunteer program manager with Equality Florida.
3 And I am here to inform the Boards today that the
4 proposed rules and consent forms are not based in
5 factual science or research.

6 It is actually proven, like stated earlier,
7 that the research provided to come to your
8 conclusions have been hand-picked and doctored to
9 show gender-affirming care is harmful. But
10 overwhelming evidence, research, and science shows
11 that gender-affirming care is life-saving and
12 necessary.

13 I work directly with volunteers. Many of
14 the people here are -- who are here today, people
15 who take time out of their days, whether it be
16 taking time off of work or missing work, which in
17 our current economy in Florida is a very hard thing
18 to do, something you all may not understand.

19 To be here and plead not only for their
20 lives, but also to share their expertise like some
21 have shared today. So many healthcare
22 professionals, whom I know, that work directly with
23 trans Floridians, they volunteer their times with --
24 their time with us and come to these meetings to
25 urge you and tell you that none of this is based in

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1 fact. And tell -- and what they are seeing in their
2 work and in their industry, in your industry, is
3 that this care saves lives.

4 Listen to us. Listen to the people.
5 Listen to the professionals. Listen to the
6 overwhelming research, science, and facts. Gender-
7 affirming care is life-saving care. Thank you.

8 CHAIRMAN ZACHARIAH: The last speaker is
9 Vanessa Galendo Jackson.

10 LOLA: Hi. My name is Lola. You called
11 me, but I wasn't here. We just got here. Can I
12 speak?

13 CHAIRMAN ZACHARIAH: See, I've given --
14 let's hear from Vanessa Galendo Jackson (phonetic),
15 if that person is here.

16 VANESSA GALENDO JACKSON: Hi. My name is
17 Vanessa, and I just want to say: what are we doing
18 here? When I look at you guys, I feel like your
19 privilege is showing. You've obviously never been
20 on this side of the bleachers before. You are
21 people of power, but show it with grace. Be an
22 advocate for those people that are your clients,
23 potentially. You are doing a disservice to these
24 good people.

25 I am just asking you to take a step back.

1 To have a little bit of empathy. God forbid that
2 one of these people walks into your door. One of
3 your clients comes up to you, and you say, "Shh,
4 it's not relevant." It's all relevant. That's what
5 a lived experience is.

6 In my realm as an OT, we call -- we have
7 what's called an occupational profile, where we
8 listen to them as a whole. We see the big pictures,
9 what their needs are, and we address them. That's
10 all I ask. Stand up for them.

11 CHAIRMAN ZACHARIAH: Okay. You can go
12 ahead. You're the last speaker for the next two
13 minutes. Go ahead.

14 LOLA: Thank you. My name is Lola Smith.
15 I'm 12 years old. I am nonbinary, and I am the
16 president of the junior chapter of Women's Voices
17 Southwest Florida.

18 Studies have -- studies of trans adults
19 have found that those with access to gender-
20 affirming care are far less prone to suicidal
21 thoughts than those forced to wait until adulthood.
22 And trans adults are already facing numerous major
23 roadblocks -- facing numerous major roadblocks, with
24 specific disparities facing those living in rural
25 areas.

1 Nearly 7 in 10 trans adults have been
2 denied treatment by insurers. And more than 1 in 5
3 trans people of color living in rural areas have to
4 travel 100 or more miles to see a trans healthcare
5 provider.

6 Your job as a doctor is to -- your job as a
7 doctor is to provide care to those in need, and
8 sitting in the Board you have unique privilege of
9 power. Power to make access to necessary life-
10 saving care as simple and affordable -- as simple,
11 affordable, and accessible as possible to the people
12 of Florida.

13 I'm asking you to take that responsibility
14 seriously and remove unnecessary barriers between
15 trans health patients and their care. Thank you.

16 CHAIRMAN ZACHARIAH: Thank you.

17 At this time, I would ask the Board members
18 if you want to revisit any one of the motions we did
19 earlier as a result of hearing the public comments
20 or testimony. Or if not, we don't have to discuss
21 that. Does any -- yeah. If nobody wants to
22 reconsider it, then they just --

23 Do we have a motion to adjourn?

24 CHAIRMAN ACKERMAN: Well, I think
25 Dr. Diamond --

1 (Cross talk)

2 CHAIRMAN ACKERMAN: Dr. Diamond wanted to
3 say something. I'd like to hear what David Diamond
4 has to say.

5 CHAIRMAN ZACHARIAH: David, do you want to
6 say something?

7 DR. DIAMOND: Yes, please. I just wanted
8 to make a comment to Dr. Benson and the Committee as
9 we're developing thoughts and ideas for the final
10 rule. There was one thing that I came across in my
11 reading that I thought I'd like to have you think
12 about a little bit.

13 I did see that the informed consent did
14 require that the periodic mental health assessment
15 and suicide evaluation questionnaire be performed by
16 a licensed mental health counselor. And I saw a
17 comment by Dr. Dayton and others that it was felt
18 that a medical physician could also serve that task.
19 And I'd like to put it to the Committee to look into
20 that as to whether the medical doctor could go and
21 serve that task as opposed to having it be required
22 by a licensed medical health provider. Thank you.

23 CHAIRMAN ZACHARIAH: Yeah. That's a good
24 point.

25 Is there any other comments by the Board?

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1 If none, do I hear a motion to adjourn?

2 CHAIRMAN ACKERMAN: So moved.

3 DR. DIAMOND: I would second.

4 CHAIRMAN ZACHARIAH: And the meeting stays

5 adjourned. Thank you.

6 (END OF VIDEO RECORDING)

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CERTIFICATE OF TRANSCRIPTIONIST

I certify that the foregoing is a true and accurate transcript of the digital recording provided to me in this matter.

I do further certify that I am neither a relative, nor employee, nor attorney of any of the parties to this action, and that I am not financially interested in the action.

Julie Thompson

Julie Thompson, CET-1036

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From: [Strickland, Bettye C](#)
To: [Terrell, Danielle](#); [Vazquez, Paul](#)
Cc: [Williams, Cyra](#); [Washington, Shaila](#)
Subject: RE: List of testifiers
Date: Wednesday, October 26, 2022 11:42:02 AM
Attachments: [image001.png](#)

Received. We will pre-fill out speaker cards for the detransitioners and parent on the list and have them waiting.

From: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Sent: Wednesday, October 26, 2022 11:38 AM
To: Vazquez, Paul <Paul.Vazquez@flhealth.gov>; Strickland, Bettye C <Bettye.Strickland@flhealth.gov>
Subject: FW: List of testifiers

Please see the list of people below that will be the first to make public comment. We need to ensure that cards are filled out for all detransitioners and the parent.

Thanks,

Danielle

From: Vernadette Broyles <vbroyles@childparentrights.org>
Sent: Tuesday, October 25, 2022 5:55 PM
To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Cc: Noelle Kahaian <nkahaian@childparentrights.org>
Subject: Re: List of testifiers

You don't often get email from vbroyles@childparentrights.org. [Learn why this is important](#)

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

To be clear, the expert is Dr. Michael Laidlaw, Endocrinologist.

Please confirm you received the list.

Thank you,

Vernadette

Vernadette R. Broyles, Esq.
President and General Counsel

FDOH_000042401



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Johns Creek, GA 30097
770.448.4525
vbroyles@childparentrights.org
www.childparentrights.org

On Oct 25, 2022, at 4:51 PM, N Kahaian <nkahaian@childparentrights.org> wrote:

Danielle,

I work with Vernadette Broyles and she asked me to send you the list of testifiers for Friday:

Expert
Dr. Laidlaw
Detransitioner
Zoe Hawes
Rachel Foster
Chloe Cole
Camille Kiefel
ShapeShifter
Billy Burleigh
Cat Cattinson
Helena Kerschner
Ted Halley
Parent
Yaacov Sheinfeld

Please feel free to contact me if needed at 470-303-5898.

Noelle Kahaian
Paralegal / Government Relations
Child & Parental Rights Campaign, Inc.
5805 State Bridge Rd, Suite G310

Johns Creek GA 30097

nkahaian@childparentrights.org

<https://childparentrights.org/>



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From: [Terrell, Danielle](#)
To: [Vazquez, Paul](#); [Strickland, Bettye C](#)
Subject: FW: List of testifiers
Date: Wednesday, October 26, 2022 11:37:32 AM
Attachments: [PastedGraphic-14.png](#)

Please see the list of people below that will be the first to make public comment. We need to ensure that cards are filled out for all detransitioners and the parent.

Thanks,

Danielle

From: Vernadette Broyles <vbroyles@childparentrights.org>
Sent: Tuesday, October 25, 2022 5:55 PM
To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Cc: Noelle Kahaian <nkahaian@childparentrights.org>
Subject: Re: List of testifiers

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President and General Counsel



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<PastedGraphic-13.png>

From: [Terrell, Danielle](#)
To: [Vazquez, Paul](#)
Subject: FW: List of testifiers
Date: Thursday, October 27, 2022 12:48:23 PM
Attachments: [image002.png](#)

Not sure if you spoke with Jennifer about the additional names. I'll call you soon when we take a lunch a break.

Thanks,

Danielle

From: Terrell, Danielle
Sent: Thursday, October 27, 2022 12:46 PM
To: N Kahaian <nkahaian@childparentrights.org>
Subject: RE: List of testifiers

Good afternoon,

Thank you for providing the additional information. During the public comment period allocated, the Board will include as many of the individuals identified that time permits.

Thank you,

Danielle Terrell

From: N Kahaian <nkahaian@childparentrights.org>
Sent: Thursday, October 27, 2022 10:16 AM
To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Cc: Vernadette Broyles <vbroyles@childparentrights.org>
Subject: Re: List of testifiers

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Below is the final list:

Expert
Dr. Laidlaw
Detransitioner
Chloe Cole
ShapeShifter
Cat Cattinson
Camille Kiefel

Ted Halley
Rachel Foster
Helena Kerschner
Billy Burleigh
Zoe Hawes
Parent
Yaacov Sheinfeld
Amy Atterbery
January Littlejohn
Patti Sullivan
Bob Framingham - will tell his adult son story
FL Physician
Dr. Edward Drass
Readers
Vernadette to read Helen Spielbauer story (parent story)
Julie Framingham to read Jeanne Crowley (parent story)
Terry Kemple - read Steven A. Richards story (Detrans as a minor story)
Robert Roper - to read CG's story (Detrans as minor story)
Mental Health Professional
Beatriz Marinez-Penalver, LMHC

Thank you so much,
 Noelle Kahaian
 Paralegal / Government Relations
 Child & Parental Rights Campaign, Inc.
 5805 State Bridge Rd, Suite G310
 Johns Creek GA 30097
 470-303-5898
nkahaian@childparentrights.org
<https://childparentrights.org/>



On Wed, Oct 26, 2022 at 11:38 AM Terrell, Danielle <Danielle.Terrell@flhealth.gov> wrote:

Good morning,

Thank you for taking time to speak with me yesterday. I have received the list below. The Florida Boards of Medicine and Osteopathic Medicine Joint Rules/Legislative Committee workshop will be conducted on October 28, 2022, from 8:00 a.m. EDT to 1:00 p.m. EDT. Within that timeframe, we must ensure that subject matter expert presentations and public comments are received and rule development and discussion is conducted. As discussed, they will be first to speak during the public comments portion of the workshop.

The subject matter experts, including Dr. Laidlaw, will be heard first and given 10 minutes each to present to the Committee. This will be followed by rule discussion and development and then we will move to public comments. Public comments presented at the workshop will be limited to no more than two hours in total. Public comments will be limited to three minutes per person. This time will not include time spent by the public commenter responding to questions posed by Committee members, staff, or board counsel.

I have included an agenda for your reference.

Thank you,

Danielle Terrell

Executive Director

Department of Health | Division of Medical Quality Assurance | Bureau of Health Care Practitioner Regulation

Boards of Osteopathic Medicine, Massage Therapy, Acupuncture, Speech Language Pathology and Audiology, and Council of Licensed Midwifery

4052 Bald Cypress Way Bin C-06

Tallahassee, FL 32399-1708

Phone: (850) 245-4162



From: Vernadette Broyles <vbroyles@childparentrights.org>

Sent: Tuesday, October 25, 2022 5:55 PM

To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>

Cc: Noelle Kahaian <nkahaian@childparentrights.org>

Subject: Re: List of testifiers

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To be clear, the expert is Dr. Michael Laidlaw, Endocrinologist.

Please confirm you received the list.

Thank you,

Vernadette

Vernadette R. Broyles, Esq.
President and General Counsel



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Zoe Hawes
Rachel Foster
Chloe Cole
Camille Kiefel
ShapeShifter
Billy Burleigh
Cat Cattinson

Helena Kerschner
Ted Halley
Parent
Yaacov Sheinfeld

Please feel free to contact me if needed at 470-303-5898.

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From: [Terrell, Danielle](#)
To: [Vazquez, Paul](#)
Cc: [Strickland, Bettie C](#); [Washington, Shaila](#); [Williams, Cyra](#); [Taylor, Carol](#); [Nieves, Derek D](#)
Subject: FW: List of testifiers
Date: Thursday, October 27, 2022 4:47:16 PM
Attachments: [PastedGraphic-14.png](#)

FYI

From: Vernadette Broyles <vbroyles@childparentrights.org>
Sent: Thursday, October 27, 2022 4:44 PM
To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Cc: Noelle Kahaian <nkahaian@childparentrights.org>
Subject: Re: List of testifiers

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Danielle

After talking with the detransitioners I'd like to please just change the order of the DETRANSITIONERS to as follows:

- Rachel Foster
- Shapeshifter
- Camille Kiefel
- Ted Halley
- Noe Hawes
- Chloe Cole
- Helena Kerschner
- Billy Burleigh
- Cat Cattinson

PARENTS:

- Yaacov Sheffield
- Amy Addleburry
- January Littlejohn
- Bob Framingham
- Patti Sullivan

READERS

- C.G. — testimony to be read by Robert Roper
- Steven Richards - testimony to be read by Terry Kemple
- Jackie Crowley — testimony to be read by Julie Framingham
- Helena Spielbauer — testimony to be read by Vernadette Broyles

Thank you.,

Vernadette

Vernadette R. Broyles, Esq.
President and General Counsel



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Robert Roper - to read CG's story (Detrans as minor story)
Mental Health Professional
Beatriz Martinez-Penalver, LMHC

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I have included an agenda for your reference.

Thank you,

Danielle Terrell
Executive Director

*Department of Health | Division of Medical Quality Assurance | Bureau of Health
Care Practitioner Regulation*

Boards of Osteopathic Medicine, Massage Therapy, Acupuncture, Speech Language
Pathology and Audiology, and Council of Licensed Midwifery

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Tallahassee, FL 32399-1708

Phone: (850) 245-4162

<image002.jpg>

From: Vernadette Broyles <vbroyles@childparentrights.org>

Sent: Tuesday, October 25, 2022 5:55 PM

To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>

Cc: Noelle Kahaian <nkahaian@childparentrights.org>

Subject: Re: List of testifiers

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recognize the sender and know the content is safe.

To be clear, the expert is Dr. Michael Laidlaw, Endocrinologist.

Please confirm you received the list.

Thank you,

Vernadette

Vernadette R. Broyles, Esq.
President and General Counsel

<image001.png>

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Rachel Foster
Chloe Cole
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Ted Halley
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Please feel free to contact me if needed at 470-303-5898.

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<https://childparentrights.org/>
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|

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From: [Terrell, Danielle](#)
To: [Wenhold, Jennifer](#)
Cc: [Vazquez, Paul](#); [Hartman, Janet E](#)
Subject: FW: List of testifiers
Date: Thursday, October 27, 2022 10:22:33 AM
Attachments: [image001.png](#)
[PastedGraphic-13.png](#)
Importance: High

Jennifer,

The list contains a total of 20 people not including the SME, this would total one hour of our public comments time. How would you like me to respond to this?

Thanks,

Danielle

From: N Kahaian <nkahaian@childparentrights.org>
Sent: Thursday, October 27, 2022 10:16 AM
To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Cc: Vernadette Broyles <vbroyles@childparentrights.org>
Subject: Re: List of testifiers

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Cat Cattinson
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Rachel Foster
Helena Kerschner
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Bob Framingham - will tell his adult son story
FL Physician
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Vernadette to read Helen Spielbauer story (parent story)
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Mental Health Professional
Beatriz Marinez-Penalver, LMHC

Thank you so much,

Noelle Kahaian

Paralegal / Government Relations

Child & Parental Rights Campaign, Inc.

5805 State Bridge Rd, Suite G310

Johns Creek GA 30097

470-303-5898

nkahaian@childparentrights.org

<https://childparentrights.org/>



On Wed, Oct 26, 2022 at 11:38 AM Terrell, Danielle <Danielle.Terrell@flhealth.gov> wrote:

Good morning,

Thank you for taking time to speak with me yesterday. I have received the list below. The Florida Boards of Medicine and Osteopathic Medicine Joint Rules/Legislative Committee workshop will be conducted on October 28, 2022, from 8:00 a.m. EDT to 1:00 p.m. EDT. Within that timeframe, we must ensure that subject matter expert presentations and public comments are received and rule development and discussion is conducted. As discussed, they will be first to speak during the public comments portion of the workshop.

The subject matter experts, including Dr. Laidlaw, will be heard first and given 10 minutes each to

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I have included an agenda for your reference.

Thank you,

Danielle Terrell
Executive Director

Department of Health | Division of Medical Quality Assurance | Bureau of Health Care Practitioner Regulation

Boards of Osteopathic Medicine, Massage Therapy, Acupuncture, Speech Language Pathology and Audiology, and Council of Licensed Midwifery

4052 Bald Cypress Way Bin C-06

Tallahassee, FL 32399-1708

Phone: (850) 245-4162



From: Vernadette Broyles <vbroyles@childparentrights.org>

Sent: Tuesday, October 25, 2022 5:55 PM

To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>

Cc: Noelle Kahaian <nkahaian@childparentrights.org>

Subject: Re: List of testifiers

You don't often get email from vbroyles@childparentrights.org. [Learn why this is important](#)

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

To be clear, the expert is Dr. Michael Laidlaw, Endocrinologist.

Please confirm you received the list.

Thank you,

Vernadette

Vernadette R. Broyles, Esq.
President and General Counsel



Child & Parental Rights

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On Oct 25, 2022, at 4:51 PM, N Kahaian <nkahaian@childparentrights.org> wrote:

Danielle,

I work with Vernadette Broyles and she asked me to send you the list of testifiers for Friday:

Expert
Dr. Laidlaw
Detransitioner
Zoe Hawes
Rachel Foster
Chloe Cole
Camille Kiefel
ShapeShifter
Billy Burleigh
Cat Cattinson
Helena Kerschner
Ted Halley
Parent
Yaacov Sheinfeld

Please feel free to contact me if needed at 470-303-5898.

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nkahaian@childparentrights.org
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<PastedGraphic-13.png>

From: [Terrell, Danielle](#)
To: [Strickland, Bettye C](#); [Vazquez, Paul](#)
Cc: [Williams, Cyra](#); [Washington, Shaila](#)
Subject: RE: List of testifiers
Date: Wednesday, October 26, 2022 11:45:12 AM
Attachments: [image001.png](#)

Thank you

From: Strickland, Bettye C <Bettye.Strickland@flhealth.gov>
Sent: Wednesday, October 26, 2022 11:42 AM
To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>; Vazquez, Paul <Paul.Vazquez@flhealth.gov>
Cc: Williams, Cyra <Cyra.Williams@flhealth.gov>; Washington, Shaila <Shaila.Washington@flhealth.gov>
Subject: RE: List of testifiers

Received. We will pre-fill out speaker cards for the detransitioners and parent on the list and have them waiting.

From: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Sent: Wednesday, October 26, 2022 11:38 AM
To: Vazquez, Paul <Paul.Vazquez@flhealth.gov>; Strickland, Bettye C <Bettye.Strickland@flhealth.gov>
Subject: FW: List of testifiers

Please see the list of people below that will be the first to make public comment. We need to ensure that cards are filled out for all detransitioners and the parent.

Thanks,

Danielle

From: Vernadette Broyles <vbroyles@childparentrights.org>
Sent: Tuesday, October 25, 2022 5:55 PM
To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Cc: Noelle Kahaian <nkahaian@childparentrights.org>
Subject: Re: List of testifiers

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Billy Burleigh
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From: [Hartman, Janet E](#)
To: [Terrell, Danielle](#); [Wenhold, Jennifer](#)
Cc: [Vazquez, Paul](#)
Subject: RE: List of testifiers
Date: Thursday, October 27, 2022 10:49:58 AM
Attachments: [image002.png](#)

“Thank you for providing the additional information. During the public comment period allocated, the Board will include as many of the individuals identified that time permits. “

From: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Sent: Thursday, October 27, 2022 10:23 AM
To: Wenhold, Jennifer <Jennifer.Wenhold@flhealth.gov>
Cc: Vazquez, Paul <Paul.Vazquez@flhealth.gov>; Hartman, Janet E <Janet.Hartman@flhealth.gov>
Subject: FW: List of testifiers
Importance: High

Jennifer,

The list contains a total of 20 people not including the SME, this would total one hour of our public comments time. How would you like me to respond to this?

Thanks,

Danielle

From: N Kahaian <nkahaian@childparentrights.org>
Sent: Thursday, October 27, 2022 10:16 AM
To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>
Cc: Vernadette Broyles <vbroyles@childparentrights.org>
Subject: Re: List of testifiers

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Below is the final list:

Expert
Dr. Laidlaw
Detransitioner
Chloe Cole
ShapeShifter
Cat Cattinson
Camille Kiefel
Ted Halley

Rachel Foster
Helena Kerschner
Billy Burleigh
Zoe Hawes
Parent
Yaacov Sheinfeld
Amy Atterbery
January Littlejohn
Patti Sullivan
Bob Framingham - will tell his adult son story
FL Physician
Dr. Edward Drass
Readers
Vernadette to read Helen Spielbauer story (parent story)
Julie Framingham to read Jeanne Crowley (parent story)
Terry Kemple - read Steven A. Richards story (Detrans as a minor story)
Robert Roper - to read CG's story (Detrans as minor story)
Mental Health Professional
Beatriz Marinez-Penalver, LMHC

Thank you so much,
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Danielle Terrell
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4052 Bald Cypress Way Bin C-06

Tallahassee, FL 32399-1708

Phone: (850) 245-4162



From: Vernadette Broyles <vbroyles@childparentrights.org>

Sent: Tuesday, October 25, 2022 5:55 PM

To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>

Cc: Noelle Kahaian <nkahaian@childparentrights.org>

Subject: Re: List of testifiers

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Please confirm you received the list.

Thank you,

Vernadette

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President and General Counsel



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Detransitioner
Zoe Hawes
Rachel Foster
Chloe Cole
Camille Kiefel
ShapeShifter
Billy Burleigh
Cat Cattinson
Helena Kerschner

Ted Halley
Parent
Yaacov Sheinfeld

Please feel free to contact me if needed at 470-303-5898.

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From: [Vernadette Broyles](#)
To: [Danielle Terrell](#)
Cc: [Noelle Kahaian](#)
Subject: Re: List of testifiers
Date: Thursday, October 27, 2022 4:44:16 PM
Attachments: [PastedGraphic-14.png](#)

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Danielle

After talking with the detransitioners I'd like to please just change the order of the DETRANSITIONERS to as follows:

- Rachel Foster
- Shapeshifter
- Camille Kiefel
- Ted Halley
- Noe Hawes
- Chloe Cole
- Helena Kerschner
- Billy Burleigh
- Cat Cattinson

PARENTS:

- Yaacov Sheffield
- Amy Addleburry
- January Littlejohn
- Bob Framingham
- Patti Sullivan

READERS

- C.G. — testimony to be read by Robert Roper
- Steven Richards - testimony to be read by Terry Kemple
- Jackie Crowley — testimony to be read by Julie Framingham
- Helena Spielbauer — testimony to be read by Vernadette Broyles

Thank you.,

Vernadette

Vernadette R. Broyles, Esq.
President and General Counsel



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Dr. Laidlaw
Detransitioner
Chloe Cole
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Ted Halley
Rachel Foster
Helena Kerschner
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Zoe Hawes
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Yaacov Sheinfeld
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January Littlejohn
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Dr. Edward Drass
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Julie Framingham to read Jeanne Crowley (parent story)
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Robert Roper - to read CG's story (Detrans as minor story)
Mental Health Professional
Beatriz Martinez-Penalver, LMHC

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Thank you,

Danielle Terrell

Executive Director

*Department of Health | Division of Medical Quality Assurance | Bureau of
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Boards of Osteopathic Medicine, Massage Therapy, Acupuncture, Speech
Language Pathology and Audiology, and Council of Licensed Midwifery

4052 Bald Cypress Way Bin C-06

Tallahassee, FL 32399-1708

Phone: (850) 245-4162

<image002.jpg>

From: Vernadette Broyles <vbroyles@childparentrights.org>

Sent: Tuesday, October 25, 2022 5:55 PM

To: Terrell, Danielle <Danielle.Terrell@flhealth.gov>

Cc: Noelle Kahaian <nkahaian@childparentrights.org>

Subject: Re: List of testifiers

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To be clear, the expert is Dr. Michael Laidlaw, Endocrinologist.

Please confirm you received the list.

Thank you,

Vernadette

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President and General Counsel

<image001.png>
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Billy Burleigh

Cat Cattinson
Helena Kerschner
Ted Halley
Parent
Yaacov Sheinfeld

Please feel free to contact me if needed at 470-303-5898.

Noelle Kahaian

Paralegal / Government Relations

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From: [Terrell, Danielle](#)
To: [Wenhold, Jennifer](#)
Subject: RE: List of testers
Date: Wednesday, October 26, 2022 11:23:52 AM
Attachments: [image003.png](#)

Just talked to Paul. I will update this accordingly and send it.

Thanks,

Danielle

From: Terrell, Danielle
Sent: Wednesday, October 26, 2022 11:17 AM
To: Wenhold, Jennifer <Jennifer.Wenhold@flhealth.gov>
Subject: RE: List of testers

Is the below response alright?

Good morning,

Thank you for taking time to speak with me yesterday. I have received the list below. The Florida Boards of Medicine and Osteopathic Medicine Joint Rules/Legislative Committee workshop will be conducted on October 28, 2022, from 8:00 a.m. EDT to 1:00 p.m. EDT. Within that timeframe, we must ensure that subject matter expert presentations and public comments are received and rule development and discussion is conducted. With those factors considered, we will only be able to guarantee hearing public comment from the first eight people on your list. As discussed, they will be first to speak during the public comments portion of the workshop.

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I have included an agenda for your reference.

Thank you,

Danielle Terrell
Executive Director

Department of Health | Division of Medical Quality Assurance | Bureau of Health Care Practitioner

Regulation

Boards of Osteopathic Medicine, Massage Therapy, Acupuncture, Speech Language Pathology and Audiology, and Council of Licensed Midwifery

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From: [Terrell, Danielle](#)
To: [Vernadette Broyles](#)
Cc: [Noelle Kahaian](#)
Subject: RE: List of testers
Date: Wednesday, October 26, 2022 11:38:31 AM
Attachments: [image001.png](#)
[10.28.22 Agenda.pdf](#)

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