JANE DOE,

Plaintiff,

vs.

JOSEPH LADAPO,

Defendant.
_____/

TRANSCRIPTION OF AUDIO

Florida Board of Medicine

PAGES 1 - 84

November 30, 2023

Stenographically Transcribed By:

TRACY BROWN

Thereupon,

MS. STRICKLAND: Thank you.

Dr. Zachariah is present.

MR. CHAIR: Yes.

MS. STRICKLAND: Mr. Romanello?

MR. ROMANELLO: Here.

MS. STRICKLAND: Dr. Ackerman?

DR. ACKERMAN: Present.

MS. STRICKLAND: Dr. Benson?

DR. BENSON: Present.

MS. STRICKLAND: Dr. Derick?

DR. DERICK: Present.

MS. STRICKLAND: Dr. Diamond?

DR. DIAMOND: Present.

MS. STRICKLAND: Dr. Hunter?

DR. HUNTER: Present.

MS. STRICKLAND: Dr. Kirsh?

DR. KIRSH: Present.

MS. STRICKLAND: Dr. Mortensen.

DR. MORTENSEN: Present.

MS. STRICKLAND: Both Dr. Pages and Dr. DiPietro have been excused.

Also present are Mr. Paul Vazquez, executive director for Board of Medicine; Mr. Christopher Dierlam, Board counsel;

Ms. Donna McNulty, Board counsel; Cassandra Fullove, legal -- senior legal assistant; myself, Cherise Strickland, program operations administrator; Ms. Wendy Alls, programs operations administrative; Michelle DeVeas, regulatory specialist III; and Mr. Brad Dalton, public information officer.

Chair, you have a quorum.

MR. CHAIR: Thank you so much. At this time, for the rules workshop, let me ask Mr. Paul Vazquez to give some opening statements. Paul.

MR. VAZQUEZ: Thank you, Doctor.

Good afternoon. It's Thursday, November 30th, 2023. The time is 3:03 p.m. My name is Paul Vazquez. I'm the executive director of the Florida Board of Medicine.

This is a duly-noticed meeting of the joint rules legislative committee. It's a public meeting and is being recorded. The audio will be available on the Boards' websites next week.

I'll go over a few instructions so the meeting will be successful and the committee members will be able to take care of the

matters that are before them today.

There's a court reporter in the meeting. If you speak to the committee, it's important that you state your name for the record. When appropriate, the Chair will ask for public comments, therefore please refrain from speaking during the meeting until the appointed time.

Please remember this is a public meeting and is being recorded. Any side conversations may be recorded and become part of the public record. At this time, please silence all electronic devices.

The Boards of Medicine and Osteopathic Medicine are political bodies that have the primary mission of protecting the people of the state of Florida. As with any issue before the Boards, this committee intends to look the available science and appropriate standard of care while putting aside any personal feelings on the issues before it today.

In terms of how the meeting will be conducted, the committee's expectation is that we will have civil discourse while discussing the issues on today's agenda. We require that

everyone refrain from making any destructive -- disruptive comments or taking any disruptive actions during the duration of the meeting. The committee reserves the right to remove any individual who chooses to disrupt the progress of the meeting. So please conduct yourselves accordingly.

The length of public comment will be governed by the progress of the meeting and the need for the committee to have sufficient time to conduct its business. The public comment process will be as equitable as possible, however, it is possible that not everyone who wishes to speak will be able to speak given the time constraints of the meeting. All comments received are public record and will become part of the rule-making record.

In June 2022, the Boards of Medicine and Osteopathic Medicine received notice from the Department of Health that it intended to present a petition to initiate rule making regarding the treatment of gender dysphoria in Florida.

On November 4th, 2022, after a number of meetings and the receipt of hours of testimony

and thousands of pages of public comment, a joint meeting of the Boards of Medicine and Osteopathic Medicine was held to consider draft rule language pursuant to the Department's petition. Ultimately both Boards approved proposed rule language to establish practice standards for the treatment of gender dysphoria in minors. And that rule language is published in the Florida Administrative Register on November 14th, 2022. Following the publication of the proposed language, a number of requests for rule hearing were received by both Boards.

On February 10th, 2023, the Boards of Medicine and Osteopathic Medicine held a joint rule hearing to receive and consider argument, comment and questions from those who requested a rule hearing and to receive and consider public comment regarding the published rules. Subsequent to the rule hearing, the Boards ultimately promulgated rules titled Standards of Practice for the Treatment of Gender Dysphoria in Minors.

Subsequent to the effective date of the Boards' rule making, the Board -- the Florida Legislature passed, and Governor DeSantis

signed into law, SB 254, which is now codified as Section 456.52 Florida Statutes. Of particular note, within 60 days after the law went into effect, the statute required the Boards of Medicine and Osteopathic Medicine to adopt emergency rules pertaining to standards of practice under which a patient younger than 18 years of age may continue to be treated if such treatment for sex reassignment was commenced before and was still active on May 17th, 2023.

In developing the emergency rules, the Boards were required to consider requirements for physicians to obtain informed consent from a minor's parent or legal guardian for the prescription, treatment. And were required to consider the provision of professional counseling services for the minor patient by a board-certified psychiatrist or a licensed psychologist. The Boards were also required to adopt emergency rules relating to sex reassignment prescriptions and procedures when prescribed for or administered or performed on patients 18 years of age or older. The emergency rules were required to include

voluntary and informed consent in writing on forms adopted in rule by the Boards.

Emergency rules in compliance with the statutory requirements of Section 456.52 Florida Statutes were adopted by the Boards and became effective within 60 days of the effective day of the statute. The Board then received correspondence from the Joint Administrative Procedures Committee and voted to modify the adult consent forms based on those comments. Those rules, as amended, remain in effect today and will remain in effect until replaced by permanent rules.

However, the requisite statute requires the Boards to pass permanent rules relating to sex reassignment prescriptions or procedures which is the purpose of today's workshop and meeting. In align with this purpose, the committee has before it today the existing emergency rules for both minors and adults. The committee also has before it proposed revisions to the existing rules that were provided by Dr. Mortensen.

The committee also has been provided revisions to the same rules that were provided

by Dr. Benson. And further, the Department of Health has provided proposed consent forms that are in the materials for consideration by the committee.

Accordingly, the committee will now discuss the existing emergency rules, the proposed revisions presented by Dr. Mortensen and Dr. Benson, and the proposed new forms provided by the Department. Upon conclusion of the committee's discussion and any resulting votes, the committee will then entertain public comment regarding the proposed revisions to the currently adopted emergency consent forms.

If you'd like to speak regarding these proposed revisions to the existing consent forms, please make sure you fill out a speaker card on a table that's outside of the room. And those will be brought to the front and randomized.

At this point, unless there's any questions I turn it back over to the Chair.

MR. CHAIR: Thank you so much, Mr. Vazquez.

Just if I may ask, Dr. Mortensen, to give your expert opinion on the topic.

DR. MORTENSEN: Thank you. I have made some changes and I put them in track changes so everybody could see the difference from the original emergency proposed consents to include just a few updates. They're really -- it's more verbiage changing. Most of the consent still remains the same.

I also reviewed Dr. Benson's, and it seems it's more the opening paragraph that seems to be the difference. And it was just really to clarify some feedback about why the consents were made, some questions about FDA being off-label, kind of clarified that verbiage as well. And also the purpose of the consents to inform and also use it as a tool to access an individual's risk for complications.

I also included what to expect to make it easier for the provider as they're going through. Oftentimes people will ask about how long is it going to take for the estrogen or testosterone to work, what kind of side effects, like, positive side effects am I going to see? What kind of changes am I going to see by taking these medications and when those would occur. So I tried to create it in a

template and a format that could be easy for the provider to kind of go through that whole process of transition.

MR. CHAIR: Okay. Thank you.

UNIDENTIFIED SPEAKER: Question.

MR. CHAIR: Yes.

UNIDENTIFIED SPEAKER: So, Dr. Mortensen, did you make these changes based on your relooking at it and kind of thinking about it some more, or -- and/or did you make these changes based on feedback that you received from practitioners around the state?

DR. MORTENSEN: Mostly from feedback that we got at the meetings that we hear from public comments as well as me rereviewing the literature and looking at other things online.

UNIDENTIFIED SPEAKER: So public comments, things that you've looked at.

Did you get any feedback from any positions around the state?

DR. MORTENSEN: No, just one of my colleagues at work who hails transgender. I had her review them as well.

UNIDENTIFIED SPEAKER: I can tell you anecdotally I got some feedback from some

physicians that I run into and I work with. Neurologists who are involved in this somewhat and they were very happy with -- very happy with the original documents. They didn't have any feedback. I'm sure they'd be fine with this, don't get me wrong, but they were very happy with the draft that we had put out, so just want to acknowledge that. Was wondering if you have anything specific from anybody. But that's good.

DR. MORTENSEN: No, I did -- in regards to the surgery, I did separate it out. We had one generic consent for feminizing and masculinizing surgery. And I believe one of the comments we got from someone is I really don't need to hear what's happening from the other person. So I thought that was kind of fair. Like, why do you need to know what the risks are for a surgery that has nothing to do with you, that you're never going to have to go through. And so that's why I separated those out to be two separate consents. And I think I also changed -- I think, at one point I had typically done by a urologist but I changed it to surgeon because it can be done by

gynecologists, general surgery, et cetera. So I did take those comments into consideration when I made the updates.

UNIDENTIFIED SPEAKER: One of the things I got from them was that they wish it was something that was easily importable to the EMRs. So if that could be done some way administratively that could go into Epic or Cerner, whatever, because it's really cumbersome for them -- you know, in the hospitals, everybody's used to getting consent on the tablet. And so this is now a paper that they have to get consent with it. It just makes it cumbersome. They have to take the paper and scan it in and put it in the EMR. So if we could help somehow to make it so the hospitals can adopt it and put it into their EMR, that would be great.

MR. CHAIR: Any other Board members have any questions for Dr. Mortensen?

If not, Dr. Benson, you may proceed.

DR. BENSON: Yeah, I think the changes that I suggested were fairly, mostly subtle. I think if you read the SOCA that speaks to sort of that opening paragraph that we had where

they, in their own guidelines especially in regards to children, they discuss just the limited data and the lack of long-term studies that follow these children into adulthood to know benefits and risks. So I thought that including something from the Standard of Care A, which was often referenced by the public in criticism and is one of the major documents that people are looking at, would be helpful.

We also got feedback related to -- in the public comment related to the fact that the shortage of mental health providers, so getting a mental health assessment, but there are -- there aren't perfect screening tools, but there are screening tools out there such as like PHQ-9 and other that have been studied in the transgender population who suffer from high rates of suicide -- suicidality and completed suicide. This is just a nine-question questionnaire that could be -- and that would be an option, you know. I thought maybe that would be a way to ease the evaluations that, they're not actually getting, like, a formal assessment, but if they screen positive and they're high risk, then they could be referred

to a mental health provider for subsequent intervention, counseling and whatnot.

But I didn't recommend a lot of other major changes. The surgical consent form, you know, I think to -- I think it makes sense what Dr. Mortensen is saying, teasing those out. But there had been some feedback that that -- the surgeons at Mayo, as an example, were happy with it, so I didn't really think we needed to make a lot of other substantial changes.

MR. CHAIR: Does any Board members have any questions for Dr. Benson?

UNIDENTIFIED SPEAKER: I just had one question. I saw that Mr. Grossman picked up a couple typographic errors. Were those incorporated into the revisions?

UNIDENTIFIED SPEAKER: On page 170 is Dr. -- is Mr. Grossman's --

UNIDENTIFIED SPEAKER: Mr. Grossman's letter is on page 170. Maybe it's up for discussion still, but he picked up a couple of errors in some text.

UNIDENTIFIED SPEAKER: Prostrate versus prostate.

UNIDENTIFIED SPEAKER: Oh, yes, yeah.

DR. MORTENSEN: Yes. I can say that that came out after my consents were already submitted so they aren't in my changes, but I don't know if -- they haven't been updated so those will need to be updated.

UNIDENTIFIED SPEAKER: But that's -- those are -- those are benign enough changes that that should be able to make happen easily.

DR. MORTENSEN: I just wanted to speak with what -- a little bit more about what Dr. Benson was saying about this section that we have about the suicide risk assessment. And I think that someone made a good point that, you know, physicians often are doing that. I know I do that for any patients who are at higher risk. I don't know that we necessarily have to dictate that it needs to be a PHQ-9 because there are PHQ-2s and there's other screening tools, but maybe just making a generic that a suicide assessment needs to be done and it could then -- because it can be done by a physician, it can be done by a social worker, it can be done by a therapist. I mean, there's a number of people who are trained to do those assessments. I don't know that we

necessarily need to dictate who needs to do those assessments.

UNIDENTIFIED SPEAKER: I'm in agreement with that. I think we discussed that at one of our prior meetings and I think Dr. Dayton (phonetic) also make a comment to that effect in the past, one of her letters, I think, from June.

DR. MORTENSEN: Right. So I know that my -- my consents didn't -- I didn't see that letter again until after my stuff was submitted so I would propose that we change that verbiage on those lines.

MR. CHAIR: Any other Board members?

If not, let's hear from the Department of Health.

MR. DIERLAM: And just briefly, if I may, in the addendum version two, the Department of Health did provide their proposed consent forms, if you will. Briefly without going into too much detail, I think the significant shift that the Department of Health has proposed is a single consent form for adults and minors. I don't know if this Board wants to go down that road or not. But, again, I guess on behalf of

the Department, I would point out that that is the biggest revision of their proposed forms compared to ours. So it would be appropriate for the committee to discuss that proposal of the Department and, you know, again, either in favor or against it, but that was the Department's proposal. Thank you.

MR. CHAIR: At this time, let's have some Board discussion about all the three presentations that were made.

UNIDENTIFIED SPEAKER: I mean, can I -- I'd like to -- in regards to this concept of trying to make two consent forms, I think in general, like when you do consent forms for research studies or for any kind of clinical care, you want it to be clear, you want it to be simple. You know, for children especially, it would be nice to have it at a pediatric reading level.

But to take very complex -- my fear is if you make it one form, it's gonna take really complex amount of material and information that you want to convey and try to put all that into a form that isn't gonna be applicable to all the kids or necessarily all the adults. I just

don't know that that would make -- it's nice from a practical standpoint, yeah, there's two forms, but I think they would be -- especially as many places as they need to sign and initial, they would probably be extremely lengthy unless they were heavily, you know, altered and cut back significantly. And that would be too long and too lengthy and probably too difficult for youths.

UNIDENTIFIED SPEAKER: Yes, I concur with Dr. Benson. I think Dr. Mortensen spoke to the same thing. I think it's better to segregate them to the more specific for the reasons that were enunciated.

MR. CHAIR: Yeah, that makes more sense.

UNIDENTIFIED SPEAKER: I would echo the same thing is that -- I mean, it's a different population. We need to keep it separate.

MR. CHAIR: Dr. Hunter.

DR. HUNTER: I agree on some points here that having it separate for minors, having a separate one for puberty blockers, separate one for estrogen, feminizing, separate one for masculinizing, I like that. And obviously a separate one for surgery for adults.

My concern is that the language is above -- our standard is to try to keep it as about a twelve-year-old, sixth-grade level for everybody to understand. And it's above that. I had a colleague look at it, who's involved in pharmacological research and she said this is at about a college level. So my concern is there.

And it is long, which I think it needs to be long, but I think it could be brought down to a level that's easier to understand, less confusing. And I'm not sure the skill to do that exists on this Board.

And one thing I thought of is if it's possible, is to bring in an outside expert to help us who has experience in these type of consent forms.

MR. CHAIR: Any other Board members?

UNIDENTIFIED SPEAKER: I wouldn't object to that concept at all. I think it would be -- it's always nice.

MR. CHAIR: Speak in the microphone.

UNIDENTIFIED SPEAKER: I'm sorry. I think that would be a great idea to actually have somebody outside, to have another set of eyes.

I mean, this is common in protocols and in modifications that are made, you know, usually you know, you have other people. It could be an IRB, it could be other people but it's very common for these consent documents to go through legal and be reviewed about a lot of different people so they have another set of outside people look at it who are used to writing consent forms. Particularly for children, they need to be -- yeah, they would typically need to be -- that's true, like a sixth-grade level. And they're probably a little more complex than that.

UNIDENTIFIED SPEAKER: The medical literacy issue is to me -- because what's easy for us to understand is not easy for the average lay person.

MR. CHAIR: Any other comments?

If not, we'll proceed to the public hearing part of it.

The first person I want to call is John Harris Mauer from the Equality Florida. He's the one who asked for this workshop, so. Is Mr. John Harris Mauer here?

UNIDENTIFIED SPEAKER: No, he's not.

MR. CHAIR: Okay. Thank you. At this time, let me call upon state -- the House Representative, Anna Eskamani.

MS. ESKAMANI: Am I recognized? Just want to make sure.

MR. CHAIR: Sure.

MS. ESKAMANI: Thank you so much.

MR. CHAIR: Please do.

MS. ESKAMANI: Hello, Board of Medicine, it is me again back for maybe the fourth or fifth time. So my name is Anna V. Eskamani. I'm proud to serve District 42 in the Florida State Legislature. If you're visiting Orlando, welcome to Orlando. My district is just a few minutes east of here.

So I come before you to continue to express my concerns about the current status of gender-affirming care for our LGBTQ+ community. Many of you know that I represent a diverse district of trans adults and trans minors. And this has been a serious challenge for our trans community.

Yesterday at the Orange County legislative delegation meeting, we heard from more than 116 members of the public, and many of the members

that spoke identify as LGBTQ+ and they express not only a sense of fear in their everyday existence, but challenges in accessing the care they need to be healthy, safe and strong. And I do think when we're talking about consent forms, it's really important to ensure those forms are objective and don't have any political bias in them. So that's my first request as you work towards permanent rules on this legislation.

And then I also want to ensure that access is not further restricted beyond what the legislature has already described and ascribed through statute. And so it's really important for the Board of Medicine to operate in a motive of causing no harm. And I'm very concerned that just based on, you know, past political rhetoric and, of course, even conversations in some of these spaces that the rules that are being produced are going beyond the intent of the legislature. And I just want to make sure, especially when it comes to who can provide care and how often somebody has to give consent, that we're not creating an administrative burden.

And if you don't know what that term is, it's a really important academic term but it basically refers to using the regulatory arm of government to make something inaccessible. And we've seen administrative burden be used in voter laws, we see it being used with abortion restrictions, where you create barriers to care because it's politically motivated not because it's necessary by medical science and standards.

And so I urge you to consider what are established standards. And you're going to hear from many individuals who receive gender-affirming care and what their experiences are. And so I would really ensure that we're being patient-centered, not politic-centered in creating these permanent rules.

And so with that, I thank you for your time and for your attention.

MR. CHAIR: Thank you so much.

One thing I forgot to tell you that each person will be allowed three minutes to speak.

The next speaker is Ameal Fox.

A. FOX: Hello. My name is Ameal Fox.

I've been at all but one of these meetings relevant to trans health care since they started last August.

I have lived here in Florida nearly my entire life. I'm involved in my community. I volunteer any time I can. In the last couple of years, I've achieved my AA. I'm going to get a degree in public service so I can continue to help the people around me. For the majority of my life, I actually wanted to be a doctor and spent my time working towards this goal. Watching each of you betray the oath you took to the people you were supposed to be protecting and healing in this state just because someone who has power has asked you to has effectively killed that dream. I will not be governed by the bigots or apathetic cowards.

I plan to work hard in my life to give back to my community, but it won't be here in Florida if the health care that keeps me healthy and happy is inaccessible. The individuals you serve here in Florida are valuable, and that includes us. We are not a plague. We are people. And we won't disappear from society just because you take away access

to our medications or make it harder with paperwork.

While under your leadership, Florida medical professionals fall behind in medicine that the rest of the country practices easily. We will leave and continue to thrive elsewhere, leaving Florida a less happy, diverse place. And you all will go down in the public record folding under a bigot, failing to protect the most vulnerable in this state. You have the power to stop this. Thank you.

MR. CHAIR: Thank you.

Next is Billy Granca.

B. GRANCA: Hello. My name is Billy. I've seen a few of y'all before. I'm a trans masculine and nonbinary person as well as an educator, a queer community builder in Tampa Bay. This is the best way that I know how to love my community, so it is what I do.

As a result of doing this work, I've had the opportunity to both experience and watch the impact of these rules on queer, intersex and trans Floridians young and old. We are scrambling for care, desperately trying to access dwindling spots in funded programs.

Fleeing our state as political refugees, experiencing increased depression and suicidality, increased bullying and harassment by bolding -- in bolding homophobes and hate groups.

I also want to take a moment to highlight specifically that most trans people also receive our hormones from our primary care physician. HRT programs closing and terminating us as patients as a result of this legislation has also ejected our community from the only access to -- point to many of us have to health care. As we continue to grieve the loss of a generation to HIV and AIDS as a result of the negligence of our public health officials, I can only consider this to be a case of Florida's famously short memory.

This interconnected limiting of our access to care regardless of age most affects queer, intersex and trans Floridians who are intersexually marginalized by other factors like disability, race, income, geography and the nature of our gender transgressions. It has been one of the great tragedies of my life to watch what small dignities we ask of our

society to be stripped away from us.

Intersex and trans people have been an overwhelming -- have been overwhelmingly remembered across cultures and over millennia for our gentleness, insight and empathy. Here we are regarded as outsiders, denied medical care and human decency, forced to find ways of moving through and surviving in a world hostile to our very existence. In solidifying these rules, all of you who sit on the Florida Boards of Medicine and Osteopathy will be ratifying your collusion with the Florida Legislature to attack queer people.

I cannot help but consider the plight of so many oppressed people here and abroad restricted by our governments seeking to strip us of our magic, colonize our bodies and minds. The Florida government systemic genocide of trans people is inseparable from its active participation in the genocide of Palestinian people.

As an extension of the Florida government, the Florida Boards of Medicine and Osteopathy are complicit in the ongoing occupation, murder and colonization of Palestine and all oppressed

people.

UNIDENTIFIED SPEAKER: Mr. Chairman --

B. GRANCA: -- overwhelmingly.

(Crosstalk.)

B. GRANCA: -- with Palestine. We see the oppression of their culture, life and love and --

(Crosstalk.)

UNIDENTIFIED SPEAKER: You're outside the scope of this meeting.

MR. CHAIR: The next speaker is Lindsey Spiel.

L. SPIEL: Greetings, tyrants. You don't deserve the title of doctors. This is quite honestly pathetic. Hello to my incredible family who's here. So grateful that each of you are here today. And I'm grateful to be among you.

I'm so damn tired of y'all. Newton's Third Laws of Physics state that every action must have an equal and opposite reaction.

Bye, Scott, see you later.

As doctors, you are more than aware of the actions you've taken over the last year and the direct medical interference that you have

created as doctors between patients and their doctors.

Because you all lack courage to speak against your Governor, you have violated your oath to --

UNIDENTIFIED SPEAKER: Excuse me. We're here to talk about rule making, not to make personal attacks on the Board.

L. SPIEL: The hypocritic oath states that you as physicians have vowed only to do that which is beneficial for the patient and to refrain from causing harm or hurt. We have stood before you for months to demand that you see our hurt, see our harm and acknowledge what you have done. And you don't. Not for a second. You've been silent. Every action must have an equal and opposite reaction.

You continue to demonize trans people through your rulings. You have jeopardized our health care. You've forced us to pause or stop our medication. You've attacked doctors who've supported us and force people out of a home and a state that they love. Every action has an equal and opposite reaction.

Around me, trans youth are struggling to

stay alive in a state whose doctors call us freaks. Every day my family is struggling and suffering because of these laws that you pass. Every action has an equal and opposite reaction.

So I ask you, Board, how will you continue to act? How will you vote? There are more of us than there are of you. Reagan failed. We're still here. And we will always be here. Your actions have a reaction and you don't get to choose the time or the consequence. You are public servants. Serve the public or fuck around and find out. Your choice.

MR. CHAIR: The next speaker is Sherry Blazer.

UNIDENTIFIED SPEAKER: And just as a point or order, if you're going to stand at the microphone and threaten the Board, you're going to be removed.

MR. CHAIR: Sherry Blazer?

You may proceed.

C. HARRISON: Hello. My name is Callie Harrison. My pronouns are she and they. And I'm an Orlando native.

I'm here before you to say that the laws

you're trying to pass against my trans siblings are not only transphobic but are inhumane and put a completely tyrannical ban on our bodies. I am not trans but I love my trans and queer family. And these laws directly affect them so in turn, they directly affect me.

Something I have in common with my trans siblings is that I also wear scars on my chest. But the surgery I received is considered cosmetic when in reality the breast implants I received is, in fact, gender-affirming care. But my want and need for surgery was not demonized in the same way my trans brothers and sisters were for simply wanting to feel comfortable in their own skin which I think is something we can all agree upon, that we all want to feel comfortable within our own bodies. We all have the right to autonomy over our own beings.

So what's the difference between the care I received and the care trans people are seeking? I didn't have to see a psychologist. I didn't have to be diagnosed with gender dysphoria. And I definitely didn't have to answer a -- base of questions questioning my

mental stability to receive the treatment I wanted for my breasts because they're seen as desirable and something that caters to the male gaze.

But we are not for your gaze. We are people. People who want to live free in the country that claims it is the freest country in the world. And regardless of what kind of treatment we need to feel at home within our ourselves, that should be freely given and not something we all have to continuously fight for. We need to listen to those who are most impacted by these laws which is why we're here in front of you today. You're actively harming members of our community and the community at large. And we're all tax-paying citizens.

We are trying to create effective and lasting change for the better. But we need you to actually hear us. People seeking gender-affirming care deserve the dignity and right to do so. The violations, surveillance and control over trans bodies is cruel and unusual. The majority of people are opposed to government interference when it comes to making our own medical decisions. Take the ban off

trans and queer bodies and let us live freely. All cosmetic surgery is gender-affirming care and gender-affirming care saves lives.

MR. CHAIR: The next speaker is Victoria Calgaris.

V. CALGARIS: Good afternoon. I am a Floridian grandmother, retired person. And I heard when you started this meeting, you said something like protecting Floridians or something like it. And I kept thinking what that means to you. I was trying to figure out what you meant with those words.

I know what it means for me. It means to think about the wellbeing of the persons in all aspects of life, aiding them and helping them to have the opportunity to become happy adults. Sometimes it's even hard for them just to become adults if you think of the LGBTQ+ community.

I think how would someone feel when their health needs are not reached. I have health needs and it makes me very anxious. I can't imagine how that would allow anyone to feel safe and able to take care of even simple everyday tasks.

I'm a grandmother of a nonbinary kid. Very proud of them. Seeing them grow and develop into a wonderful person is one of the most amazing things in my life. I don't know what is going to be their future, for now I know I love them with all my heart. So much. And they are the happiest kids ever being who they are. Now they know who they are. And that is being nonbinary.

But thinking about their future is not so enjoyable. Many days I haven't been able to sleep thinking about their safety. Even thinking about suicidal rates if my grandkid is going to become a number. And it breaks my heart. And that is something real that you have to think about when you are doing your job.

You know about those numbers. You should think about them. And be responsible for your decisions when you are talking about health care. So when you are saying you're thinking about the wellbeing of Floridians, you should think about the wellbeing of everybody, and making their life easier, not harder, and helping everybody become happy adults, just

become adults and then be happy. And helping them with that, not just talking here and thinking about how you --

MR. CHAIR: Thank you so much. Your three minutes has expired. Thank you so much.

Next speaker is Lucia Gacelle Carroll.

L. CARROLL: Good afternoon, Board members. I'm sorry I'm a little bit emotional, but the person that just talked is my mom. And that nonbinary grandkid she was talking about is my kid. And I'm here today thinking about all these rules and your proposition of how to write it and I'm thinking about when my kid was younger and they needed surgery, it happened twice. Both surgeries had the risks. And we didn't have to go through all this process. And they were not lifesaving procedures, we're talking about ear tubes, for example. And this was not an issue. So why is it different? Why do we need all these verbiage and all these extra steps to give our trans family the care that they need?

We talk about the -- you talk about mentioning all the dangers of these treatments but what about the benefits? What about the

dangers of not getting these treatment? I know it's very complicated. I know it's a matter, you know, from my experience as an early development therapist, from my experience about being a board member in -- and from my own experience about having a kid who is nonbinary, it's not just a medical thing, it's not just a mental health thing, it's a whole person who lives in a society that doesn't show acceptance. Doesn't show the love that we all deserve.

So when you're writing this down, I want you to think about that. About the other speaker who was talking about why is it different of breast augmentation or a nose job? I really don't understand it. Especially living with and raising my nonbinary kid, which is -- I mean, it's pretty obvious, you know, they have been who they are for a long time, they just didn't have the words to express it. And I didn't have the knowledge to know what they were going through and help them.

It clearly is not a phase. It's not ideology. It's not something that someone convinced them about. This is who they are and

they're super happy. Like, I'm so proud of them. And just think about all the people who could get the care that they need to avoid being one of those statistics, hence we're here trying to put stops to that. And we should think about the rights that every one of us has, not just a few in this state. Thank you.

MR. CHAIR: The next speaker is Mr. Allen Grossman.

MR. GROSSMAN: Dr. Zachariah, I don't know if you're distinguishing, but I'm here to talk about the rule, not the informed consent.

MR. CHAIR: Okay. Okay. Thanks.

MR. GROSSMAN: You want me to do it now?

MR. CHAIR: Go ahead.

MR. GROSSMAN: You all should have the language that -- you all should have the language that I submitted to you earlier for the agenda with regard to a carve-out for hospitals who have patients arrive at the hospital and are already on some kind of regimen for treatment that would need to be continued in the emergency room or in the hospital. And hoping to make a carve-out in the rule so that the -- it wouldn't be treated

as a new initiation of the treatment protocol and they would not be required to interrupt it because they're not able to go forward with whatever treatment the patient has.

I'm sure all of you are familiar with the notion in a hospital that they take their patients as they find them and they try not to interfere with other treatment if they don't have to. And that's all they're asking for is carve-out language that would allow them, when they're aware that the patient is already on treatment, presumably in compliance with Florida law already or possibly out of state and ended up on their doorstep, that they can continue that treatment as they would any other treatment regimen the patient might be on and allow the physicians to order those medications in the hospital and allow the personnel in the hospital to administer as they would any other medication. In essence not treating this as if it was an initiation of the treatment.

You have the language. I'd be happy to answer any questions.

UNIDENTIFIED SPEAKER: Speak into the mic.

DR. KIRSH: Dr. Kirsh. I -- Mr. Grossman

and I had a conversation about this is that I'm -- I don't understand where is the expectation that they should not be able to continue whatever medication? It is the physician's decision at that point. There is no decision not to. There's no requirement not to. That's the only question I have.

UNIDENTIFIED SPEAKER: If I may, Dr. Kirsh, I think the issue that Mr. Grossman's clients have is with the statutory language. And under sub two of the statute it reads, and I quote, "If sex-reassignment prescriptions or procedures are prescribed for or administered on patients 18 years of age or ever -- older, consent must be voluntary, informed and in writing on forms adopted by the Board of Medicine and Osteo." It continues, "Consent to sex-reassignment prescriptions or procedures is voluntary and informed only if the physician who is to prescribe or administer the pharmaceutical product or perform the procedure has, at a minimum, while physically present in the same room, informed the patient, provided the form." So that statutory language, I think, is where

Mr. Grossman's concerns are grounded and founded.

DR. KIRSH: So I understand that. Again, the question is is that as long as I -- and I practice as a hospitalist. So I would normally see a patient in the hospital. Patient came in and they were on this medication, whatever the medications they were on, then I -- and it was not inappropriate for that patient for that particular reason that they're in the hospital, I would continue them on that medication. And if necessary, then maybe I have to say, well, did you get these under -- did you have the -- did you have -- I might be able to document maybe that they had this approved by their physician or they went through a consent and maybe I would document that. But barring that, I would continue them on it. There doesn't have to be a separate --

UNIDENTIFIED SPEAKER: But at that point -- Dr. Kirsh, at that point, you're the administering physician --

DR. KIRSH: Right.

UNIDENTIFIED SPEAKER: -- so according to the rule language, you would have to go through

all this again, so I --

DR. KIRSH: I apologize. Can we just debate that just one round? Why?

UNIDENTIFIED SPEAKER: Because you're the administering physician.

DR. KIRSH: The administering physician is the person who wrote the original prescription and is being treated. I, as the hospitalist, or the person who's representing the hospital, which is most of the time now in hospitals, certainly in south Florida, is that I'm just continuing on the care. So why would it be my responsibility to go through that? It makes no sense.

So I have a primary care physician who went through -- or another physician who went through it. Why would the burden be upon me to do that? It would make no sense in the process.

UNIDENTIFIED SPEAKER: That's Mr. Grossman saying that you shouldn't have to do that.

DR. KIRSH: Right. But what's saying that I have to.

UNIDENTIFIED SPEAKER: Well, the statute indicates that if you're going to administer

that medication to a patient, you have to have a proper consent form with that patient.

DR. KIRSH: Or document.

UNIDENTIFIED SPEAKER: No. The statute makes very clear, the administering physician has to have a consent form with that patient. And in order for it to be a lawful consent form, again, the statute states that they have to be physically present in the same room when that consent is entered into.

UNIDENTIFIED SPEAKER: Dr. Kirsh, in the ED, you're going to write a script for Coumadin or whatever.

UNIDENTIFIED SPEAKER: Speak into the mic.

UNIDENTIFIED SPEAKER: You're going to have to write a separate script now for these pharmaceuticals as well. And then the statute requires the informed consent.

DR. KIRSH: But that's interesting because I'm never -- in the emergency room, the emergency room physician's never going to write the script for it.

UNIDENTIFIED SPEAKER: You're going to write an order.

DR. KIRSH: No.

UNIDENTIFIED SPEAKER: -- write an order.

DR. KIRSH: They wouldn't do that. So as the hospitalist, I would take the patient in and see the patient, interview the patient, examine the patient, take a history of the patient. And if, in fact, this patient was on those medications, I would continue them on the medications.

UNIDENTIFIED SPEAKER: Microphone.

UNIDENTIFIED SPEAKER: By statute, you'd be required to get new consent. And so --

DR. KIRSH: And where have we -- let's just say that's -- I'm gonna buy into that, where has that ever been sent out to every physician? That's -- it's not --

UNIDENTIFIED SPEAKER: But it's in statute.

DR. KIRSH: I understand the statute. I'm saying to you, where is it going to be in practice?

UNIDENTIFIED SPEAKER: Well, that's what Mr. Grossman --

DR. KIRSH: Exactly. But even if I -- even in the rule you say, that doesn't change --

(Crosstalk.)

UNIDENTIFIED SPEAKER: -- carve that out and find a way to allow you do it in the hospital by using the consent that was already obtained previously. He's trying to help you.

DR. KIRSH: No, no. And I'm good with it. But what you're doing is think about -- so I'm the -- I'm the specialist. I'm the cardiologist seeing the patient for some particular reason, they're on this medication and -- and so now I've got -- I'm going to talk to them, I'm going to adjust the dose or something like that, I'm going to have to now say to them, I'm going to get a new consent for you? Just take the logic to the next step.

I mean, there's a point at which there's a process in medicine that happens on a regular basis. It's not the fact that I --

UNIDENTIFIED SPEAKER: I agree with you. We agree with you. And we want to find a way to change the language so you don't have to get another consent.

DR. KIRSH: But how do we, as a rule-making body, then change -- in statute.

UNIDENTIFIED SPEAKER: We can't change

statute.

DR. KIRSH: Exactly. So the point is is that then we're going to interpret statute? Are we allowed to do that?

MR. DIERLAM: Well, and that was exactly to get to the conclusion, what I was going to ask the Board to do honestly is take Mr. Grossman's comments under consideration, allow me and Ms. McMulty to go back to the office and do some research regarding exactly what you're pointing out, Dr. Kirsh, and how Mr. Grossman's proposed language may or may not merge with the statute. Because as you pointed out, we cannot change the requirements of the statute.

DR. KIRSH: Okay.

MR. DIERLAM: We can work with them, we can interpret them, but again, this is a, you know, very new answered issue that Mr. Grossman's pointed out.

DR. KIRSH: Then I would be ecstatic to hear that so that we can use that interpretation for other interpretive opportunities.

UNIDENTIFIED SPEAKER: But at the end of

the day, you may be required to get a new consent.

DR. DERICK: Right. So that's why I'm asking. I'll go look into it but the answer -- the answer may be that you're going to have to do an additional consent given the statute. I just don't know yet. I'll need to do that research, look into it and, again --

UNIDENTIFIED SPEAKER: I don't think anyone at this table wants you to have to get another consent.

UNIDENTIFIED SPEAKER: No.

DR. KIRSH: But I don't think it's practical. So whether you want to or not, I don't think that it's even practical. So to lay into the system by saying, I'm going to take the -- at each word, I'm going to take each word and I'm going to -- and not say that there's a process that --

UNIDENTIFIED SPEAKER: Let them work on it.

DR. KIRSH: No, I'm good. I'm --

UNIDENTIFIED SPEAKER: So what do you do if there's a drug that's not in formulary that a patient's on at home?

DR. KIRSH: Bring it home -- bring it in.

UNIDENTIFIED SPEAKER: So why can't you do the same --

DR. KIRSH: Exactly. That's what I said actually to Mr. Grossman. I said, listen, if I can't say that these medications are on the formulary in the hospital, which God knows my limited practice on the formulary, I could think of a million things but if it's not in the formulary, then I'd say to them, bring it in to the hospital.

UNIDENTIFIED SPEAKER: Right.

DR. KIRSH: And I'd say, give the patient as per order.

UNIDENTIFIED SPEAKER: I think that's your workaround.

DR. KIRSH: Right. I agree. That's exactly what I said to Mr. Grossman.

MR. GROSSMAN: Just ask the Board members, the committee members to recognize that I'm not sure all hospitals are going to accept the notion that the doctor simply says to a patient, bring in what you want and we'll give it to you.

DR. KIRSH: But we do it all the time,

right. So it's not in the formulary -- like having an oncology medicine, that happens all the time, you know.

MR. CHAIR: Okay. Okay. Let's -- any comments from the Board?

UNIDENTIFIED SPEAKER: Yeah, I think the caveat to this is Lupron, as an example, is a very expensive medication. It's only available at specialty pharmacies. So there's -- you're not going to be able to get that in a hospital. Or if you have someone that's severely injured, bedridden, are you going to want to give estrogen that's a pro-thrombotic agent to that person? No.

DR. KIRSH: Right.

UNIDENTIFIED SPEAKER: You're not going to prescribe their estrogen --

DR. KIRSH: Absolutely.

UNIDENTIFIED SPEAKER: -- when they're in the hospital because it would be inappropriate --

DR. KIRSH: Correct.

UNIDENTIFIED SPEAKER: -- context to do that.

MR. GROSSMAN: Nothing about this language

would suggest that you should do it when it's contraindicated by the patient's condition, of course.

UNIDENTIFIED SPEAKER: So there is -- there is some, you know, other, you know -- it requires some judgment, too. You know, but -- a lot of these medicines, especially for children, are very expensive and they're not going to be available when they're in the hospital.

UNIDENTIFIED SPEAKER: Something like Lupron that you don't have to give -- every three months or every six months or whatever, so it's not life or death. It's not that critical. If they're due for that dose and they don't get it a month later, it's not a big deal.

UNIDENTIFIED SPEAKER: Right.

UNIDENTIFIED SPEAKER: Let's have Board counsel take a look at it.

MR. CHAIR: Okay. Let's the person -- Dierlam look at that thing and come back to -- come back before the Board and make some recommendations.

Any other comments from the Board?

Okay. Next is T. Nurse.

T. NURSE: Good afternoon. My name is T. Nurse. I'm from Clearwater, Florida. And I first want to thank you for being physicians. And I recently had to sign the feminizing medication for patients with gender dysphoria form. And I was confused. I was confused because the second sentence says, Your prescribing physician will make a medical decision in consultation with you about this medication that is best for you, keeping in mind your overall health during your treatment process. Your prescribing physician will discuss with you all the available information related to your hormone therapy.

You are asked to read and understand the following information, discuss any questions you have with your prescribing physician. I trust that's the truth. Is there any physician here that doesn't want their patient to respect them enough to have that kind of a relationship? I doubt that.

However, I go two paragraphs later and now we throw in the editorial commentary, Medical treatment for people with gender dysphoria is

based on very limited, poor quality research with only subtle improvement seen in some patient's psychological function in some but not all research studies. The practice is purely speculative and possibly psychological benefits may not outweigh the substantial risks of medical treatment, in some cases, the need for lifelong medical treatment.

What happened to the first paragraph that said, talk to your physician, have a conversation, review the risks, and that's the relationship you have with your doctor? This was -- and let me give you a little editorial commentary that says don't listen to what the doctor said because the limited research is bunk. Do you see the conflict? The unethical conflict?

I'm going to assume that you are forced into a very bad position by hate-filled legislature. And that as physicians, you're not here to harm people. But rules like having -- am I supposed to plan -- if I was in a car wreck, I'm going to be in a hospital for a week, I have to be sure I brought my HRT medicine with me because, good God, that doctor

might freak out. He's saving my life, but, oh, my God, he's on estrogen, what are we going to do? How about remembering do no harm, do what is best for the client, maintain a relationship of trust and dignity and privacy and individuality.

I hope that this rule-making committee turns around and makes legislative recommendations back to the legislature reminding them how dare you compromise the ethics and morality of my practice. And that he will not stand for this and that he will go farther than the law and we provide language back to the legislature to undo this damage that has been created. Thank you.

MR. CHAIR: The next speaker is Ms. Stephy Honey.

S. HONEY: Hello. My name is Stephy Honey. And I'm very nervous. I don't normally speak at these type of engagements. But I am a local entertainer born and raised here in Florida. I've lived here my entire life. I'm a very well-adjusted person. All of these people here are well-adjusted people. I'm just like you. I'm just like you. And you and you

and even you who's not paying attention. Hello. Sorry.

I want to be respectful to you, please. We're human beings. I ask you, what are you doing? Think about this. If you need some help understanding transgender people, I'll help you. I'll be glad to help you. The thing is, how can you know what's in my head? You're not transgender. But I'm homogenous. I'm just like you. And I'm just like you. How can you turn around and -- and --

I ask you, please, when you're creating your rules and your regulations, please be definitive, okay. Please write in black and white, not gray areas. And I'll give you an example, please. Okay. I go to a therapist, uh-huh, because I need a therapist. Life is really tough being transgender. I actually go to a psychiatrist, too, because I need antianxiety medicine, too. And I have a primary physician, the only one in Orlando pretty much that can really pretty much give me my hormones that I need to live in. And I need hormones to live. I don't create testosterone. What's gonna happen if you change some of these

rules? For people who have already been on HRT and these -- the medicines that -- and mental health and stuff that we're getting, what's gonna happen if this gets rejected?

Let me tell you something else, I've had me -- and I'm speaking just for me. I represent me, only me and my friends and you.

MR. CHAIR: Well, thank you so much. Your three minutes has expired. Thank you so much for coming here.

The next speaker is Matthew Gerholski.

UNIDENTIFIED SPEAKER: Shame on you. Shame on you.

MR. CHAIR: You know -- we have to have some kind of decorum here. And please -- please respect us like we respected you. You have three minutes to speak. It's time for you to move on. Let's have the next speaker, please. Let's have the next speaker, please.

M. GERHOLSKI: My name is Matthew Gerholski, a 19-year-old student at Rollins College speaking on behalf of so many students that are near and dear to my heart that cannot be here.

I'll just say it, I'm so sick and tired of

elbow rubs and handshakes from those who are complacent in the murder of trans people. I'm devastated by what feels like every single day in which I hear about a new case of a suicide attempt, suicidal thoughts, or literal death by suicide of my friends. Almost all them that are struggling the most right now in Florida are trans people. Even God knows that students aren't being helped with these types of rule changes. It's killing them.

I cannot imagine holding this meeting in the same county that the Parkland tragedy occurred in. In the same county that two transgender students died by suicide the very month that this meeting occurred. They weren't able to be at the Thanksgiving dinner table. And so many other Floridian children will not be able to in the years to come due to these changes and rules that the government is thrusting upon them.

Trans people are losing their lives and yet we sit here today with so many activists telling you that their lives matter. How the hell can we remotely discuss mental health when we're trying to sidestep an entire group of

people? America was supposed to be founded on three longstanding virtues: Life, liberty and the pursuit of happiness. When you're taking away that pursuit of happiness and restrict liberty, you're taking away life. I hope you stand with the people that are affirming to you that their life leary -- exists, that matters. Because I know that they matter. Do you? This body is supposed to protect Floridians' citizens. Do the job that's needed. Thank you.

MR. CHAIR: The next speaker is Katie Lynn Coler.

K. COLER: Good afternoon. My name is Katie Lynn Coler. I am a proud transgender woman who lives in that conservative bastion of The Villages and life is good.

What I really want to address here is -- let me start out by saying I am one of the lucky ones. I can pack up and get out of here at an hour's notice and everything. And to be honest with you, when all this legislature (sic) came through, I honestly was thinking that. But meditation, I realized I am just reacting out of fear. And what am I

doing? I am abandoning those who will be driven to alcoholism, suicide and drug addiction. And this is what these regulations are going to produce. I know something about it firsthand. I've been in recovery for many years. And I deal with a lot of trans people who are looking to live sober and happy lives.

You know, I understand that you are charged with coming up with these rules. And I really don't -- really don't like the emergency part of it because this was in effect six months ago. And if the house was on fire then, we've lost the whole town, you know.

But you do -- you do have an opportunity to push back. You know, you have the ears of the legislators. I mean, they poo poo us but you can make a difference and you can help us and all. I mean, they instituted rules found -- you know, that were basically written by a right wing Christian organization, ultra right wing, that mainly profits from what -- deprogramming camps, conversion camps, where people send their kids to straighten them out because they're off.

But one of the things that you're doing,

and I read it in the first thing and I really didn't hear what the changes were so pardon me if that was mentioned, but I would have to go not only to a psychiatrist -- which personally I don't need, I'm pretty comfortable with myself and I'm not a threat to anybody -- but the other thing was a bone density test.

Now from what I understand, women of a certain age should get bone density tests but it's suggested by a doctor. Here it's being told that you have to do this periodically otherwise you're not going to be able to continue your gender-affirming therapy.

And, you know, I'd like to close with a line from the one person in this world that I truly admire, Dr. Martin Luther King, who said injustice to one is injustice to all. Thank you and enjoy your evening.

MR. CHAIR: The next speaker is Kyle Taylor.

K. TAYLOR: Ladies and gentlemen and potentially any nonbinary members of this Board, my name is Kyle Taylor. Attacks on this Board are counterproductive and I believe we can work together to reach an amicable

resolution. This is not a matter of us versus you. This is a matter of Florida and the freedom for Floridians to be humans.

I'm not politically motivated historically but I am beginning to feel threatened in my own home state which is why I'm here in this room today.

With that said, I see you all as humans. And there comes a time when as my other patch says, which is a military thing, that silence is betrayal, Dr. Martin Luther King, Jr. So that's why I'm here to speak out.

Again, I see you all as humans. Capable, able-bodied humans such as myself. I am here walking today as a capable, able-bodied person because I had access to the immediate lifesaving medical care necessary when I was in my motorcycle accident three years ago. Without said emergency care, I, while still being mildly physically disabled due to the injuries I sustained, would have been confined to a wheelchair for life due to the severity of my injuries.

Restricting access to gender-affirming care is willfully confining a vulnerable

minority group of humans, Floridians such as yourselves and myself, to a metaphorical wheelchair of assigned gender that is self-destructive, emotionally to many transgender people when we could otherwise be ourselves as capable, productive reciprocating members of this community that we belong in alongside you all. And instead, we are being confined and condemned as more and more hurdles are put in place of us achieving ourselves.

All we are asking for is easy access to the medically necessary health care we need, just as I had when I was physically injured. However, without my nurse practitioner as my primary care physician being able to prescribe the medications that I am taking to be myself, it's making life difficult. At this point, because of the difficulties put in place by these new rules and this Board, I now must leave my home state just to acquire the medically necessary care that I have already proven to the state by performing these new hurdles. I now have to travel outside this state. I must go to Georgia to provide myself with the medical care that I feel I need that

makes me better and makes me myself and a productive member of this community.

My opinion, this is an unAmerican and anti-Floridian act to restrict this health care as you would restrict any care to a physically injured person, why would you restrict care to someone who is emotionally injured by something that they had no control over and are trying to change about themselves so that they may be themselves. Thank you for your time.

MR. CHAIR: The next speaker is Jule Spiegel. Jule Spiegel?

J. SPIEGEL: Why are we eliminating adult care? Because of the emergency rulings, I lost access to my care. I am out of medication and can't see an endocrinologist until February. Do you know what happens when you discontinue medication abruptly, what it does to a person physically and mentally? You should.

You left us in limbo in June and are adopting so-called adult informed consent forms that provide misinformation about HRT. I can appreciate that language has been changed in addressing the research, please continue to keep in mind the needs of trans adults.

Gender-affirming care kept me alive and changed my life. The fear and reality of losing that care caused a decline in both my mental health and my physical health. This is legitimately due to these rules you have implemented. I received informed consent treatment from a nurse practitioner with Planned Parenthood. I am a grown adult and should be able to access this care. You have pushed me and my community to the brink.

We stand here and beg for you to see our humanity. See me, a transgender Floridian and parent trying to raise my kids and take care of myself. That's impossible when you don't see me. See my reality and what you are taking from me, from my family even. They have the right to a happy and healthy individual. See us. See me. I have been to every single Board of Medicine meeting. I'm exhausted. I'm broken. You're breaking us. But we will not disappear.

MR. CHAIR: The next speaker is Gina Duncan.

G. DUNCAN: Good afternoon. I'm Gina Duncan with Equality Florida, the state's

largest LGBTQ civil rights organization.

Despite decades of clear medical evidence of the importance of trans-affirming medical care, this Board remains obsessed with placing politics over people and creating barriers to our care.

Decades of science and lived experience are being dismissed to execute a culture war dedicated to the erasure of transgender Floridians. Your agenda puts transgender youth at higher risks of depression, anxiety and suicide. But I'm sure you already know that.

Transgender Floridians exist, always have, always will. Despite this administration.

Gender-affirming health care is lifesaving care that is supported by every major medical organization and an overwhelmingly majority of medical providers. And, of course, you already know that. Trans-affirming medical care should be left to the patient, their family and their doctor, not to politicians with an extreme agenda. Thank you.

MR. CHAIR: The next speaker is Alexia Lowe. Alexia Lowe?

Okay. Next speaker is Brice Hackmier.

Hackmier.

B. HACKMIER: Good afternoon, Board members. My name is Brice Hackmier. I am a nonbinary Floridian born and raised here, proud. And I would like to first address Dr. Mortensen's suggested edits. I believe they cleared some but not all bias from the consent forms, so I appreciate those changes being made. I had disagreements with those first paragraphs in the forms stipulating that making in what I found to be biased claims regarding research made on gender-affirming care.

I highly recommend that members of both Boards of Medicines speak with gender-affirming care providers across the state as well as insurance companies, pharmacies and regulatory bodies. This should help y'all understand the increased fiscal, social, physiological and psychological burdens Floridians receiving gender-affirming care are now forced to bear due to SB 254 along with your proposed consent forms and standards of practice.

A doctor on this joint committee referenced in the meeting how expensive these

medications are for children. Additional requirements make treatment even more inaccessible to Floridian families who seek high quality individualized health care. Many trans, nonbinary, and gender nonconforming Floridians do not trust their state's medical institutions as well as the greater fields of osteopathic and allopathic medicine. This is greatly unfortunate.

And me and my queer -- colleagues will likely spend our entire careers attempting to build this trust with our trans, nonbinary and gender nonconforming patients. Allopathic and osteopathic medicine are for everyone. High quality individualized health care should be for everyone. If anyone on these Boards disagrees, I suggest y'all finding a different career. Thank you.

MR. CHAIR: Now the time is 4:15. I am going to allow five more people to speak from the public.

Next is Jay Frank. Jay Frank here?

Next is Autumn Fredier. Am I pronouncing that right? I'm sorry. Yeah, please come forward.

A. FREDIER: Thank you, Board. Hello. My name is Autumn and I'm a 30-year-old trans woman receiving gender-affirming care. I'll give you the benefit of the doubt and assume that the harm to my community and increased suicide rates caused by lack of access to gender-affirming care is a concern for you when writing the final language of this policy. In order to do that, though, I need to find a reason for this legislation.

Is it to save the children? Surely not, as minors taking hormones and getting surgeries is extremely rare and requires years of therapy and approval by multiple doctors. Besides social transition, minors are prescribed completely reversible puberty blockers. And according to the American Academy of Pediatrics, 98 percent of people under this treatment go on to take hormone replacement after turning 18, showing this is definitely not a phase. Is it the adults that you want to save from life-altering hormone replacement? Unlikely as the American Medical Association, the America Psychological and Psychiatric Association, the Endocrine Society and the

American Osteopathic Association have all recognized the medical necessity for these treatments.

Maybe it's all politics. With Roe v. Wade overturned, the RNC is looking for a new wedge issue. Most voters are single-issue voters. And according to multiple Republicans, this has become a losing issue. As Charles Morin, president of the Log Cabin Republicans said, do not take this resurgent of parental rights and weaponize it into something that the voters truly can get their heads around. If you overreach, you will do so at your own peril.

Pulling from Data for Progress shows that 74 percent of Americans, including 55 percent of Republicans, believe that this legislation is overreach. A poll -- Data for Progress reports that they found that voters across all political parties see the Republican attempt to flood state legislators with anti-LGBTQ legislation as political theater.

It also shows that the idea that trans people threaten children and that are identities are a woke invention doesn't resonate with the average voter. So if it's

not backed by medical science and it's becoming a losing issue with Republicans, makes me wonder if all this is because you've run out of ideas?

Thank you for your time and I hope you'll consider these points while finalizing the new informed consent forms. I hope you'll consider the lives of an entire community of people currently being used and abused as political scapegoats and move forward with compassion, humanity. Thank you for your time.

MR. CHAIR: Thank you.

The next speaker is Autumn Bidue.

A. BIDUE: Good afternoon, Board. As a trans person, you do not transition to become someone. You transition to stop pretending that you are someone else. There's a big difference. I have to live my life with the results of your ruling which will send me backwards, and future generations. There is hope of a brighter tomorrow with people like Maxwell Frost and other young lawmakers wanting to make a more open, free state and country.

I was born transgender, and a transgender woman I am. I'd love to be a hundred percent

cis female and live that life. But it can never be. I am living her through my ten-plus years of transgender-affirming care. Yes, doctors, I said gender-affirming care. We waste time, money, energy and professional logic when you could be treating core process diets, diabetes, obesity, a plethora of cancers, and besides being short health professionals.

Tomorrow I will still be transgender in a country which recites the Pledge of Allegiance with liberty and justice for all. Where's my liberty? Where's my justice? It doesn't say if you fit the category.

Under the grace of an amazing great creator, rise up and do what's right for all.

MR. CHAIR: Next speaker is Paula Pifer.

P. PIFER: Hi. My name Paula Pifer.

By show of hands, how many people are left-handed? Did you know that for a couple of hundred years up until the 1950s and the 1960s, that if you were born left-handed, it was thought that you were possessed by evil spirits. Thousands of children were being shamed, tortured and sometimes killed because

of a belief that had no facts supporting it whatsoever. My left-handed grandpa was one of those harmed children. It is now 2023 and it has been proven that one in 3,000 children are born with a gene variant that affects the estrogen receptors in the brain that causes a child to be transgender, yet lifesaving medical care is at risk for our transgender youth. This is the United States of America and every child deserves medical care.

Being transgender is one of the misunderstood medical conditions in history. You want proof my child was born that way? Here's the evidence. In 2018, Dr. Julie Baker from the European Society of Endocrinology discovered through MRI brain scans, which assess brain activation patterns, that transgender brains are more like their desired gender from an early age. In 2020, Drs. Graham Tyson and Lauren Slayman of the University of Augusta, Georgia identified the rare genetic variants in estrogen receptors in the brains of transgender persons.

A doctor guessed my daughter was my gay son or my transgender daughter when she was two

years old based on her stereotypical behaviors. And I chose to love her unconditionally. Every year since the age of four, my daughter insisted on going to see Santa Claus in person. She wanted Santa to know that her list of Barbies and Disney princesses wasn't a mistake. After she received her pink Barbie princess castle, she said, Mama, Santa really does love me.

At age 15, she told me she needed to go on hormone blockers to block the testosterone. Age 16, she received estrogen. Age 18, she had gender confirmation surgery. My daughter is 23-year-old, high-fashion runway model and actress Hunter Pifer. She has a bachelor of fine arts degree from UF, and she is as beautiful on the inside as she is on the outside.

When the first heart transplant was done, many people said we shouldn't be playing with God. But as medical advances took place, we were saving lives. I'm asking you to help to continue to save the lives of transgender children so they can have a normal life, or in my daughter's case, an extraordinary life.

Thank you.

MR. CHAIR: The next speaker is Debbie Parker.

D. PARKER: Good afternoon. And thank you for the opportunity today, and to urge you all to think.

Tonight there'll be a service at Washington's National Cathedral commemorating the 25th anniversary of Matthew Shepherd's murder. He was a University of Wyoming student who was gay. That murder is one example of hate. On November 28th, Guardian's journalist Richard Luscomb reported that hundreds of students of Monarch High School walked out of classes in support of a principal and senior staff who were reassigned on Monday the 27th for reportedly violating the Governor's law on transgender athletics. Angered teachers. Representatives joined them. Monarch High School is in Coconut Creek, Florida, and a part of the nation's sixth largest school district. The Governor's law is another example of hate.

On November 9th, the Florida Board of Governors met at UCF. Part of their meeting was in response to Florida's laws created by

hate. Students and adults of all pages spoke to protect and support diversity, equity and inclusion in higher education. Please keep all of these people in mind.

I'm going to be reading just a moment from the Peace and Justice Institute Journal, volume 13, number one, on page 25. According to Josh Bell, our LGBTQ+ community members are neither guests nor political pawns. We belong here. We're part of the fabric of Florida. We're parents, children, grandparents and siblings. We work in every profession. We're present in every socioeconomic stratum. We are the members of every racial, ethnic and language group. We represent every faith, tradition, and a broad range of secular perspectives. We live in every neighborhood. We attend every school.

I'll read two principles from the Peace and Justice Institute's principles for how we treat each other. One of them, number two, listen deeply. Listen intently to what is said. Listen to the feelings beneath the words. Strive to achieve a balance between listening and reflecting, speaking and acting.

Number seven, suspend judgment. Set aside your judgments. By creating a space between judgments and reactions, we can listen to the other and to ourselves more fully.

I'll request today that each member of the Florida Boards of Medicine and Osteopathic Medicine be courageous in this process. Please be the person to voice a unique idea. Please think. Please take special care of everyone, including individuals who are in need of gender-affirming care. Thank you.

MR. CHAIR: The last speaker is Quinn Diaz.

Q. DIAZ: Quinn Diaz, Equality Florida. Equality Florida strongly opposes the draft permanent rules limiting youth and adult access to gender-affirming care this Board seeks to adopt. Our bodies and senses of self have become battlegrounds for political gain and community division, equipped with falsehoods and hypocrisy, politicians, pundits, and the droves they incite through fear mongering, hate and bigotry now feel an entitlement to arbitrate human nature and what should constitute an individual's being and medical

care. Religion and morality are being manipulated to serve prejudicial unconstitutional ends. And despite the endorsement of every major medical association nationwide on the lifesaving benefits of gender-affirming care for youth, settled medical opinions is construed as experimental.

In the wake of the nationwide legislative attacks on trans people, the American Medical Association strengthened its commitment to protecting the gender-affirming care, including for youth. But this committee is moving to permanently adopt barriers to lifesaving care that remain rife with misinformation, offensive language and grueling requirement. It is an affront to medicine and a violation of your duty to protect us that has already caused a statewide crisis in care and a mass migration of trans Floridians to safer states.

Since the Board's adoption of emergency rules, our already comprehensive medical understanding of the benefits gender-affirming care has deepened. A Lancet study published in July confirms what we already know to be true, that gender-affirming care is necessary and

lifesaving preventative care that increases positive psych outcomes and is an integral determinate of wellbeing. The inability of this committee to hear us only underscores its commitment to misunderstanding and denigrating us.

Equality Florida opposes these rules and forms as written and any effort to deny transgender Floridians the same access to bodily autonomy and self-determination that you enjoy without fear of persecution. We strongly urge this committee to bring in an outside expert to support the revision of these rules and forms. Thank you.

MR. CHAIR: Thank you.

At this time, the public hearing has ended. And now the Board members -- does any of the Board members want to make a motion to adopt any of the changes -- at this time?

If the Board has no additions or a motion --

UNIDENTIFIED SPEAKER: Dr. Mortensen had some recommendations for change, so I think we need to adopt that.

MR. DIERLAM: Well, and I do believe, and

just kind of -- it's obviously up to the Board as far as what route they would like to go down, but, too, I think kind of consensus was, I believe, Dr. Hunter and Dr. Benson had mentioned perhaps reaching out to a third-party expert to provide some information regarding perhaps simplifying the consent forms, bringing them down to, I believe, it was a sixth-grade reading level as opposed to the level that they're at. That seemed to be one issue that had some consensus among the Board.

Then there was also, I think, some consensus among the Board in asking Ms. McNulty and myself to go back and do some research regarding Mr. Grossman's recommended revision.

UNIDENTIFIED SPEAKER: So can we wrap that up into one motion or you want three different things?

MR. DIERLAM: Nope.

UNIDENTIFIED SPEAKER: I think we should adopt Dr. Mortensen and Dr. Benson's changes to the form. I think we should --

MR. DIERLAM: Those are different. Dr. Benson made different changes than what Dr. Mortensen had recommended. And I really

think that they were kind of -- I don't want to put any words in anyone's mouth, but I really think that this was kind of the get-the-ball-rolling as far as adopting a formal consent form.

UNIDENTIFIED SPEAKER: Okay. I'm sorry.

MR. DIERLAM: They have prepared these for the Board's information to get that discussion going. And then we can kind of amend them as appropriate --

UNIDENTIFIED SPEAKER: So what is the process to incorporate both of those changes into one?

UNIDENTIFIED SPEAKER: Well, it's sort of like you need to kind of go through because sometimes they might address the same item, the same paragraph but there's two different things.

UNIDENTIFIED SPEAKER: So how do we meld them?

UNIDENTIFIED SPEAKER: You will have to talk and figure out what you want. I mean --

UNIDENTIFIED SPEAKER: That's my idea is looking at these and trying to see how to meld them into three forms for minors, four --

UNIDENTIFIED SPEAKER: So do you want this third-party expert to make it more simple?

UNIDENTIFIED SPEAKER: Who could meld them for us and bring something back to us.

UNIDENTIFIED SPEAKER: That's a great idea.

MR. CHAIR: So would you bring it into your form of a motion?

UNIDENTIFIED SPEAKER: So, yeah. So my motion is that we -- that we accept the changes by Dr. Mortensen and Dr. Benson -- hang on -- that we accept those changes and then empower or then give this to a third party to review and to incorporate those changes and also make it more simple as Drs. Hunter and Benson recommended, to a sixth-grade level.

UNIDENTIFIED SPEAKER: So direct staff --

UNIDENTIFIED SPEAKER: Right direct staff to --

UNIDENTIFIED SPEAKER: -- to take the --

UNIDENTIFIED SPEAKER: We need to speak.

UNIDENTIFIED SPEAKER: Direct staff to take the modifications made by Drs. Mortensen and Benson, and to the extent they kind of merge those and simplify the language to

Dr. Hunter's point, into a sixth-grade language.

UNIDENTIFIED SPEAKER: And then bring it back to us. But staff to make it a sixth-grade level or I think Dr. Hunter --

UNIDENTIFIED SPEAKER: Somebody else -- ask somebody else to --

MR. DIERLAM: That's what I was just about to point out. This would obviously be -- you know, we'll attempt to find a third-party expert. You know, we'll have to find someone who's willing to participate, willing to cooperate.

UNIDENTIFIED SPEAKER: There's people that write consent forms all the time.

UNIDENTIFIED SPEAKER: And then the second thing -- so let's do that. Can we do that motion first? That's the motion I made.

UNIDENTIFIED SPEAKER: Okay. I second that.

MR. CHAIR: Yeah. There's a motion, seconded.

Is there any further discussion?

Hearing none, all in favor, say aye.

(Members reply aye.)

MR. CHAIR: The motion carries.

The next motion.

UNIDENTIFIED SPEAKER: And the next part, which is the third part really, is to direct staff to do a deep dive into the issue regarding carving out care for hospitalized patients and come back to us with recommendation. So the group is -- we would certainly want people to continue their care in the hospital.

MR. CHAIR: So we'll have Donna McNulty and Chris work together and come with a recommendation to the Board.

UNIDENTIFIED SPEAKER: Yeah, that my motion.

MR. CHAIR: Motion.

DR. DIAMOND: Diamond, second.

MR. CHAIR: Is there any further discussion?

Hearing none, all in favor say aye.

(Members reply aye.)

MR. CHAIR: Is there any item to come before the Board? Otherwise, the meeting's stand adjourned.

UNIDENTIFIED SPEAKER: Thank you.

(Meeting adjourned.)

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CERTIFICATE OF REPORTER

STATE OF FLORIDA

COUNTY OF LEON

I, Tracy Brown, certify that I was authorized to and did stenographically transcribe the foregoing audio-recorded proceedings, and that the transcript is a true and complete record of my stenographic notes.

Dated this 10th day of December, 2023.

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