

**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 DEMONSTRATIVES

Pursuant to the Court's instruction, Plaintiffs submit this Notice of Filing Trial Demonstratives, with copies of Plaintiffs' Trial Demonstratives 1 - 24, which are excerpts from the following trial exhibits:

- **Defendants' Trial Exhibit 2** – Masculinizing Medications for Patients with Gender Dysphoria, Patient Information and Informed Consent Form
- **Defendants' Trial Exhibit 3** – Masculinizing Medications for Patients with Gender Dysphoria, Patient Information and Informed Parental Consent and Assent for Minors Form
- **Defendants' Trial Exhibit 4** – Puberty Suppression Treatment for Patients with Gender Dysphoria, Patient Information and Informed Parental Consent and Assent for Minors Form
- **Defendants' Trial Exhibit 5** – Surgical Treatment for Adults with Gender Dysphoria, Patient Information and Informed Consent Form

- **Defendants’ Trial Exhibit 6** – Feminizing Medications for Patients with Gender Dysphoria, Patient Information and Informed Consent Form
- **Defendants’ Trial Exhibit 7** – Feminizing Medications for Patients with Gender Dysphoria, Patient Information and Informed Parental Consent and Assent for Minors Form
- **Plaintiffs’ Trial Exhibit 21** – Rulemaking Record (produced by Defendants)

Dated: December 14, 2023

LOWENSTEIN SANDLER LLP

By: /s/ Thomas Redburn, Jr.

Thomas E. Redburn, Jr.*

New York Bar No. 5822036

Maya Ginsburg*

New York Bar No. 5128152

1251 Avenue of the Americas

New York, NY 10020

(212) 262-6700

tredburn@lowenstein.com

mginsburg@lowenstein.com

SOUTHERN LEGAL COUNSEL

Simone Chriss

Florida Bar No. 124062

Chelsea Dunn

Florida Bar No. 1013541

1229 NW 12th Avenue

Gainesville, FL 32601

(352) 271-8890

Simone.Chriss@southernlegal.org

Chelsea.Dunn@southernlegal.org

**NATIONAL CENTER FOR
LESBIAN RIGHTS**

Christopher F. Stoll*

CA Bar No. 179046

Kelly Jo Popkin*

NY Bar No. 5698220

National Center for Lesbian Rights

870 Market Street, Suite 370

San Francisco, CA 94102

Tel. 415-365-1320

cstoll@nclrights.org

kpopkin@nclrights.org

**GLBTQ LEGAL ADVOCATES &
DEFENDERS**

Jennifer Levi*

MA Bar No. 562298

Chris Erchull*

MA Bar No. 690555

18 Tremont, Suite 950

Boston, MA 02108

(617) 426-1350

jlevi@glad.org

cerchull@glad.org

**HUMAN RIGHTS CAMPAIGN
FOUNDATION**

Cynthia Cheng-Wun Weaver*

NY No. 5091848

Jason Starr* NY No. 5005194

Ami Patel* CA No. 325647

1640 Rhode Island Avenue NW

Washington, D.C. 20036

(202) 993-4180

Cynthia.Weaver@hrc.org

Jason.Starr@hrc.org

Ami.Patel@hrc.org

* Admitted by *pro hac vice*

Counsel for Plaintiffs

CERTIFICATE OF SERVICE

I hereby certify that, on December 14, 2023, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system.

By: /s/ Thomas Redburn, Jr.

“Medical treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient’s psychological functioning in some, but not all, research studies.”

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 1; **DX 3**, Masculinizing Medications Form for Minors, pg. 1; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 5**, Surgical Treatment Form for Adults, pg. 1; **DX 6**, Feminizing Medications Form for Adults, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 1

“This practice is purely speculative, and the possible psychological benefits may not outweigh the substantial risks of medical treatments and, in many cases, the need for lifelong medical treatments.”

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 1; **DX 3**, Masculinizing Medications Form for Minors, pg. 1; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 5**, Surgical Treatment Form for Adults, pg. 1; **DX 6**, Feminizing Medications Form for Adults, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 1

What are other options . . . ?

One option available is psychological therapy with a mental health provider.

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 2; **DX 3**, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 6**, Feminizing Medications Form for Adults, pg. 3; **DX 7**, Feminizing Medications Form for Minors, pg. 2

“Treatment . . . will not prevent serious psychiatric events, including suicide.”

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 6; **DX 3**, Masculinizing Medications Form for Minors, pg. 7; **DX 5**, Surgical Treatment Form for Adults, pg 5; **DX 6**, Feminizing Medications Form for Adults, pg. 6; **DX 7**, Feminizing Medications Form for Minors, pg. 6

“Treatment . . . will not prevent serious psychiatric events such as suicide.”

Quoted from:

DX 4, Puberty Suppression Treatment Form for Minors, pg. 4

The specific requirements for a minor to receive and continue treatment include the following:

5. Has experienced puberty to at least Tanner Stage 2 (this is the first stage of puberty and refers to breast or testicle growth), which must be confirmed by a physician

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg.

The specific requirements for a minor to receive and continue treatment include the following:

7. Undergoes an in-person evaluation by the prescribing physician or their designated covering physician at least every 6 months

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 2

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The specific requirements for a minor to receive and continue treatment include the following:

8. Undergoes a suicide risk assessment by a licensed mental health care professional at least every 3 months

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 2

Doe Pls' Trial
Demonstrative

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The specific requirements for a minor to receive and continue treatment include the following:

12. Annual mental health assessments by a Board-certified Florida licensed psychiatrist or psychologist

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 2

Doe Pls' Trial
Demonstrative

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The specific requirements for a minor to receive and continue treatment include the following:

13. Continued counseling with a licensed mental health care professional during the treatment period, with the frequency recommended by the licensed mental health care professional

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 2

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“Both testosterone and the treatment process can affect mood. Therefore, individuals must be under the care of a licensed mental health care professional while undergoing treatment.”

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 2.

“HRT, the use of androgen blockers and antiandrogens, and the treatment process can affect your mood. Therefore, you must be under the care of a licensed mental health care professional while undergoing treatment.”

Quoted from:

DX 6, Feminizing Medications Form for Adults, pg. 2.

“Mood changes may be caused by these medicines, and I will continue therapy with a licensed mental health care professional during treatment.”

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 6; **DX 6**, Feminizing Medications Form for Adults, pg. 2.

The Florida Board of Medicine or the Florida Board of Osteopathic Medicine requires that your prescribing physician provide this form in accordance with section 456.52, F.S. This form contains information required to be disclosed to you by Florida law and does not necessarily reflect the views or opinions of your physician.

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 9; **DX 3**, Masculinizing Medications Form for Minors, pg. 9; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 7; **DX 5**, Surgical Treatment Form for Adults, pg. 6; **DX 6**, Feminizing Medications Form for Adults, pg. 11; **DX 7**, Feminizing Medications Form for Minors, pg. 11

The specific requirements for a minor to receive and continue treatment include the following:

9. Undergoes relevant laboratory testing at least every 4 months

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 2

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The specific requirements for a minor to receive and continue treatment include the following:

10. X-ray of the hand (bone age) at least once a year [if the minor is still growing]

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 2

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The specific requirements for a minor to receive and continue treatment include the following:

11. Annual bone density scan (DEXA) which will allow monitoring of the minor's bone density (bone strength) during treatment . . .

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 2

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None of the medications have been approved by the FDA to be used in minors with gender dysphoria. In other words, using these medications for gender dysphoria is considered “off-label” use because they are not being used for their intended purpose.

Quoted from:

DX 4, Puberty Suppression Treatment Form for Minors, pg. 2

[Testosterone/feminizing medications] does not have [FDA] approval [to be used in the treatment of gender dysphoria] and [its use to treat gender dysphoria] is considered “off-label” use because they are not being used for their intended purpose.

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 1; **DX 6**, Feminizing Medications Form for Adults, pg. 1

[Testosterone/feminizing medications] does not have [FDA] approval to be used by minors and its use in this population is considered “off-label” because they are not being used for their intended purpose.

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 1

[T]he effects of these medications could be permanent.

Quoted from:

DX 4, Puberty Suppression Treatment Form for Minors, pg. 4

Puberty blockers can interfere with fertility.

Quoted from:

DX 3, Masculinizing Medications Form for Minors, pg. 2; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 7**, Feminizing Medications Form for Minors, pg. 2

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The adverse effects and safety of puberty blockers used for the treatment of gender dysphoria is not well known.

Quoted from:

DX 4, Puberty Suppression Treatment Form for Minors, pg. 4

I know that the medicine and dose that is recommended is based solely on the judgment and experience of the [minor's] prescribing physician and there is no data in the medical literature or controlled research studies that support the timing, dosing, and type of administration of [HRT/feminizing medications] [for minors].

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 6; **DX 3**, Masculinizing Medications Form for Minors, pg. 6; **DX 4**, Puberty Suppression Treatment Form for Minors, pg. 1; **DX 6**, Feminizing Medications Form for Adults, pg. 6; **DX 7**, Feminizing Medications Form for Minors, pg. 6

Cyproterone acetate, a synthetic progestogen with strong antiandrogen activity, is commonly used in many countries. When paired with estrogen, cyproterone acetate is associated with elevated prolactin, decreased HDL cholesterol, and rare meningiomas (tumors). Cyproterone acetate has also been associated with uncommon episodes of fulminant hepatitis.

Quoted from:

DX 6, Feminizing Medications Form for Adults, pg. 6; **DX 7**, Feminizing Medications Form for Minors, pg. 6

“Treatment . . . will not prevent serious psychiatric events, including suicide.”

Quoted from:

DX 2, Masculinizing Medications Form for Adults, pg. 6; **DX 3**, Masculinizing Medications Form for Minors, pg. 7; **DX 5**, Surgical Treatment Form for Adults, pg 5; **DX 6**, Feminizing Medications Form for Adults, pg. 6; **DX 7**, Feminizing Medications Form for Minors, pg. 6

at <https://lboardofmedicine.gov/forms/Masculinizing-Medications-for-Patients-with-Gender-Dysphoria-Patient-Information-and-Parental-Consent-and-Assent-for-Minors.pdf>.

(3) A Board-approved informed consent form is not executed until:

(a) The physician issuing the prescription, while physically present in the same room as the patient, has

(3) A Board-approved informed consent form is not executed until:

(a) The physician issuing the prescription, while physically present in the same room as the patient, has informed the patient and the patient's parent or legal guardian of the nature and risks of the prescription, and has provided and received the written acknowledgement of the patient and the patient's legal guardian before the prescription is prescribed or administered. The physician is prohibited from delegating this responsibility to another person. The physician is also required to sign the informed consent form.

treatment:

4. The patient will have psychological and social support during treatment;

5. The patient has experienced puberty to at least Tanner Stage 2; and

Quoted from:

PX 21, Florida Admin. Code R.64B8ER23-7; Florida Admin. Code R.64B15ER23-9