

Appendix Attachment

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

AUGUST DEKKER, et al.,

Plaintiffs,

v.

Case No. 4:22-cv-00325-RH-MAF

SIMONE MARSTILLER, et al.,

Defendants.

_____ /

DECLARATION OF MATTHEW BRACKETT

I, Matthew Brackett, hereby declare and state as follows:

1. I am over the age of 18, of sound mind, and in all respects competent to testify. I have personal knowledge of the information contained in this declaration and would testify completely to those facts if called to do so.

2. I am a program consultant for the Agency for Health Care Administration. While working for the agency, I prepared approximately ten reports supporting determinations of generally accepted professional medical standards.

3. I was responsible for preparing the report, Florida Medicaid Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria (“the GAPMS Report”), which was published in June 2022.

4. The GAPMS Report was created after “the Florida Department of Health released guidance on the treatment of gender dysphoria for children and adolescents.”

GAPMS Report Att. A. Because the “Florida Medicaid program” did “not have a policy on whether to cover such treatments for Medicaid recipients diagnosed with gender dysphoria,” *id.*, Secretary Marstiller requested the Division of Florida Medicaid to review “sex reassignment treatments” of gender dysphoria for a coverage determination under Rule 59G-1.035, Florida Administrative Code. Secretary Marstiller’s request to the Division of Florida Medicaid is Attachment A to the GAPMS Report.

5. “Sex reassignment treatments” refer to “medical services used to obtain primary and/or secondary physical sexual characteristics of a male or female.” GAPMS Report at 2. The following sex reassignment treatments were discussed in the GAPMS Report: puberty blockers, cross-sex hormones, and sex reassignment surgery.

6. As a condition for coverage, under Rule 59G-1.035, Florida Administrative Code, the treatments must be consistent with generally accepted professional medical standards and must not be experimental or investigational. That rule is Attachment B to the GAPMS Report. The Deputy Secretary for Medicaid makes the final determination as to whether treatments are consistent with generally accepted professional medical standards.

7. The GAPMS Report included assessments from six subject-matter experts: Romina Brignardello-Petersen, Wojtek Wiercioch, James Cantor, Quentin Van Meter, Patrick Lappert, and G. Kevin Donovan. Those experts discussed the following subject matters concerning gender dysphoria: health care research, clinical psychology,

plastic surgery, pediatric endocrinology, and bioethics. Their reports are Attachments C through G to the GAPMS Report.

8. Specifically, for health care research, Dr. Brignardello-Petersen and Dr. Wiercioch “performed a systematic review that graded a multitude of studies. They conclude[d] that evidence supporting sex reassignment treatments is low or very low quality.” GAPMS Report at 2-3.

9. For clinical psychology, Dr. Cantor “provided a review of literature on all aspects of the subject, covering therapies, lack of research on suicidality, practice guidelines, and Western European coverage requirements.” *Id.* at 3.

10. For plastic surgery, Dr. Lappert “provided an evaluation explaining how surgical interventions are cosmetic with little to no supporting evidence to improve mental health, particularly those altering the chest.” *Id.*

11. For pediatric endocrinology, Dr. Van Meter “explain[ed] how children and adolescent brains are in continuous phases of development and how puberty suppression and cross-sex hormones can potentially affect appropriate neural maturation.” *Id.*

12. And for bioethics, Dr. Donovan “provide[d] additional insight on the bioethics of administering these treatments, asserting that children and adolescents cannot provide truly informed consent.” *Id.*

13. The GAPMS Report concluded that “[a]vailable medical literature provides insufficient evidence that sex reassignment through medical intervention is

safe and effective treatment for gender dysphoria. Studies presenting the benefits to mental health, including those claiming that the services prevent suicide, are either low or very low quality and rely on unreliable methods such as surveys and retrospective analyses, both of which are cross-sectional and highly biased. Rather, the available evidence demonstrates that these treatments cause irreversible physical changes and side effects that can affect long-term health.” *Id.* at 2.

14. Specifically, for puberty blockers, “[e]vidence does not prove that puberty blockers are safe for treatment of gender dysphoria. Evidence that they improve mental health and reduce suicidality is low or very low quality.” *Id.* at 38.

15. For cross-sex hormones, “[e]vidence suggesting that cross-sex hormones provide benefits to mental health and prevents suicidality is low or very low quality. Rather, evidence shows that cross-sex hormones cause multiple irreversible physical consequences as well as infertility.” *Id.*

16. And for sex reassignment surgery, “[e]vidence of improvement in mental health and reduction in suicidality is low or very low quality. Sex reassignment surgery results in irreversible physical changes, including sterility.” *Id.*

17. The GAPMS Report also noted the emerging international consensus on treatments for gender dysphoria. Attachment D to the GAPMS Report provides more information on the consensus.

18. In Sweden, for example, “the Swedish National Board of Health stated that ‘the risks of hormonal interventions for gender dysphoric youth outweigh the

potential benefits.’ With the exception of youths who exhibited ‘classic’ signs of gender identity issues, adolescents who present with the condition will receive behavioral health services and gender-exploratory therapy.” *Id.* at 35.

19. “In Finland, the Palveluvalikoima issued guidelines in 2020 stating that sex reassignment in minors ‘is an experimental practice’ and that ‘no irreversible treatment should be initiated.’ The guidelines further assert that youths diagnosed with gender dysphoria often have co-occurring psychiatric disorders that must be stabilized prior to prescribing any cross-sex hormones or undergoing sex reassignment surgery.” *Id.*

20. And in the United Kingdom, the government “is also reassessing the use of irreversible treatments for gender dysphoria due the long-term effects on mental and physical health. In 2022, an independent interim report commissioned by the U.K.’s National Health Service (NHS) indicates that additional research and systematic changes are necessary to ensure the safe treatment of gender dysphoric youths. These include reinforcing the diagnosis process to assess all areas of physical and behavioral health, additional training for pediatric endocrinologists, and informing parents about the uncertainties regarding puberty blockers. The interim report is serving as a benchmark until the research is completed for final guidelines.” *Id.*

21. As a result, the GAPMS Report did “not recommend sex reassignment treatment as a health service that is consistent with generally accepted professional medical standards. Available evidence indicates that the services are not proven safe or effective treatments for gender dysphoria.” *Id.*

22. On July 8, 2022, the agency held an in-person hearing to receive public comments on the proposed changes to Rule 59G-1.050, Florida Administrative Code. I served as a panelist during the hearing. Attendees included physicians, attorneys, individuals who had detransitioned, and other interested parties. A true and correct copy of the transcript of the hearing is attached to this declaration.

23. Some attendees voiced opposition to the proposed rule change, but the overwhelming majority spoke in favor of the changes that will prohibit Medicaid coverage of puberty blockers, cross-sex hormones, and sex reassignment surgery when used to treat gender dysphoria.

24. Several attendees' comments were notable. The first attendee who spoke was Chloe Cole, a 17-year-old detransitioner, and said:

I was medically transitioned from ages 13 to 16. My parents took me to a therapist to affirm my male identity. The therapist did not care about causality or encourage me to learn to be comfortable in my body because of—partially due to California's conversion therapy bans. He brushed off my parents' concerns about that because he had hormones, puberty blockers, and surgeries. My parents were given a suicide threat as a reason to move me forward in my transition. My endocrinologist, after two or three appointments, put me on puberty blockers and injectable testosterone. At age 15, I asked to remove my breasts. My therapist continued to affirm my transition. I went to a top surgery class that was filled with around 12 girls that thought they were men—I thought that they were men. Most were my age or younger. None of us were going to be men. We were just fleeing from the uncomfortable feeling of becoming women. I was unknowingly physically cutting off my true self from my body, irreversibly and painfully. Our transidentities were not questioned. I went through with the surgery. Despite having therapists and attending the top surgery class, I really didn't understand all of the ramifications of

any of the medical decisions I was making. I wasn't capable of understanding it, and it was downplayed consistently. My parents, on the other hand, were pressured to continue my so-called gender journey with the suicide threat. I have been forced to realize that I will never be able to breastfeed a child, despite my increasing desire to as I mature. I have blood clots in my urine. I am unable to fully empty my bladder. I do not yet know if I am capable of carrying a child to full term. In fact, even the doctors who put me on puberty blockers and testosterone do not know. No child should have to experience what I have. My consent was not informed

Tr. 2:2 – 3:22.

25. Sophia Galvin, another detransitioner, also spoke and stated:

I began detransitioning at 17 and a half socially. At 18 was when I began detrans—I mean transitioning medically. I had a history of mental illness. I had suicidal ideation and I would self-harm. And my wanting to transition was all in an effort to escape the fear of being a woman in this society and because of traumas that I had been through in my life. So I continued down the process, and then ended up removing my breasts at 19 years old because I was trapped, afraid to go back to my original idea—to my original sex, and basically look crazy to the people around me. When I detransitioned—after I detransitioned, it was very difficult because I didn't have any support. The doctor basically just told me to stop the hormones. I didn't have any one to speak to about it, I didn't go to a mental health counselor, and I didn't prepare anything. I just really want to say that this is not good for children. I was harmed by this, and it should not be covered under Medicaid.

Id. at 4:2-25.

26. Katie Caterbury, a mother, spoke and stated:

At the age of 14, my once healthy and happy daughter was convinced by the Gay-Straight Alliance at school that she was my son. At the age of 16, a physician injected her with testosterone without my consent and without my knowledge. At the age of 17, Medicaid paid surgeons to perform a double mastectomy and a hysterectomy as an outpatient. At age 19,

Medicaid paid for her to undergo a phalloplasty. She had and still has private insurance that was bypassed. I fought against what happened to my daughter every step of the way, but to no avail. How can any rational adult, much less a physician, not know that it is impossible to change one's biological sex? Why are there doctors convincing trusting parents to affirm the lie that biological sex is changeable? They prescribe irreversible puberty-blocking drugs and powerful wrong-sex hormones and amputate healthy breasts and remove reproductive organs from children against the protests of their parents. . . . Why is this being funded with taxpayer dollars? This must be stopped. . . .

Id. at 5:3 – 6:18.

27. The agency also received comments concerning the proposed rule change. Several stakeholder and advocacy groups, including the Endocrine Society, the American Academy of Pediatrics, and Yale University, raised concerns about the proposed rule change. The agency reviewed the comments and ultimately determined that the comments were not persuasive.

28. It should also be noted that the agency offers coverage of services for gender dysphoria. Those services are community-based health services; psychiatric services; emergency services and inpatient services in hospital settings; and behavioral services provided in schools and by school districts. Documents evidencing these treatments are attached to this declaration.

“I declare under penalty of perjury under 28 U.S.C. § 1746 that the foregoing is true and correct to the best of my current knowledge and belief.” Executed this 3rd day of October 2022.

Respectfully submitted,

/s/ Matthew Brackett

Matthew Brackett

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TAPED PROCEEDINGS
IN RE: PROPOSED RULE 59G-1.050
HELD ON JULY 8, 2022

Transcribed by:
CLARA C. ROTRUCK
Court Reporter

TAPED PROCEEDINGS

1
2 MS. COLE: My name is Chloe Cole, and I am a
3 17-year-old detransitioner from the Central Valley
4 of California. I was medically transitioned from
5 ages 13 to 16. My parents took me to a therapist
6 to affirm my male identity. The therapist did not
7 care about causality or encourage me to learn to be
8 comfortable in my body because of -- partially due
9 to California's conversion therapy bans. He
10 brushed off my parents' concerns about that because
11 he had hormones, puberty blockers, and surgeries.
12 My parents were given a suicide threat as a reason
13 to move me forward in my transition.

14 My endocrinologist, after two or three
15 appointments, put me on puberty blockers and
16 injectable testosterone. At age 15, I asked to
17 remove my breasts.

18 My therapist continued to affirm my
19 transition. I went to a top surgery class that was
20 filled with around 12 girls that thought they were
21 men -- I thought that they were men. Most were my
22 age or younger. None of us were going to be men.
23 We were just fleeing from the uncomfortable feeling
24 of becoming women.

25 I was unknowingly physically cutting off my

1 true self from my body, irreversibly and painfully.
2 Our transidentities were not questioned.

3 I went through with the surgery. Despite
4 having therapists and attending the top surgery
5 class, I really didn't understand all of the
6 ramifications of any of the medical decisions I was
7 making. I wasn't capable of understanding it, and
8 it was downplayed consistently.

9 My parents, on the other hand, were pressured
10 to continue my so-called gender journey with the
11 suicide threat.

12 I have been forced to realize that I will
13 never be able to breastfeed a child, despite my
14 increasing desire to as I mature. I have blood
15 clots in my urine. I am unable to fully empty my
16 bladder. I do not yet know if I am capable of
17 carrying a child to full term. In fact, even the
18 doctors who put me on puberty blockers and
19 testosterone do not know.

20 No child should have to experience what I
21 have. My consent was not informed and I was filled
22 by (inaudible).

23 A VOICE: Thank you for your comment.

24 (Applause.)

25 A VOICE: The next speaker will be Sophia

1 Galvin.

2 MS. GALVIN: My name is Sophia Galvin. I am a
3 detransitioner. I began detransitioning at 17 and
4 a half socially. At 18 was when I began
5 detrans- -- I mean transitioning medically.

6 I had a history of mental illness. I had
7 suicidal ideation and I would self-harm. And my
8 wanting to transition was all in an effort to
9 escape the fear of being a woman in this society
10 and because of traumas that I had been through in
11 my life.

12 So I continued down the process, and then I
13 ended up removing my breasts at 19 years old
14 because I was trapped, afraid to go back to my
15 original ideo- -- to my original sex, and basically
16 look crazy to the people around me.

17 When I detransitioned -- after I
18 detransitioned, it was very difficult because I
19 didn't have any support. The doctor basically just
20 told me to stop the hormones. I didn't have anyone
21 to speak to about it, I didn't go to a mental
22 health counselor, and I didn't prepare anything. I
23 just really want to say that this is not good for
24 children. I was harmed by this, and it should not
25 be covered under Medicaid.

1 A VOICE: Thank you for your comments.

2 (Applause.)

3 A VOICE: The next speaker is Katie Caterbury.

4 MS. CATERBURY: At the age of 14, my once
5 healthy and happy daughter was convinced by the
6 Gay-Straight Alliance at school that she was my
7 son. At the age of 16, a physician injected her
8 with testosterone without my consent and without my
9 knowledge. At the age of 17, Medicaid paid
10 surgeons to perform a double mastectomy and a
11 hysterectomy as an outpatient. At age 19, Medicaid
12 paid for her to undergo a phalloplasty.

13 She had and still has private insurance that
14 was bypassed. I fought against what happened to my
15 daughter every step of the way, but to no avail.

16 How can any rational adult, much less a
17 physician, not know that it is impossible to change
18 one's biological sex? Why are there doctors
19 convincing trusting parents to affirm the lie that
20 biological sex is changeable? They prescribe
21 irreversible puberty-blocking drugs and powerful
22 wrong-sex hormones and amputate healthy breasts and
23 remove reproductive organs from children against
24 the protests of their parents.

25 Affirming the false notion to a child that it

1 is possible to change one's sex is child abuse.
2 Administering powerful hormones that cause
3 irreversible changes to their bodies and their
4 brains is child abuse. Amputating the healthy body
5 parts of a child whose brain has not reached full
6 decision-making maturity is simply criminal.

7 Why are these doctors not criminally charged?
8 Why is this being funded with taxpayer dollars?
9 This must be stopped.

10 Three years ago, I traveled to Washington,
11 DC -- Washington, DC, to speak to federal
12 lawmakers. I begged their staff to do something.
13 Democrats and Republicans, no one seemed to care.
14 But I will not give up trying until this medical
15 experiment on children is over.

16 To every single person fighting for the health
17 and lives of our children, I am profoundly
18 grateful. Thank you.

19 (Applause.)

20 A VOICE: Just so we get through all the
21 speakers, we'd ask that you hold your applause
22 until the end of the program.

23 Next speaker will be Jeanette Cooper.

24 MS. COOPER: My name is Jeanette Cooper, and I
25 am here on behalf of Partners for Ethical Care, a

1 nonpartisan, nonprofit organization that has no
2 paid staff.

3 No therapy is better than bad therapy, and
4 children are suffering because parents cannot find
5 professionals to serve the psychological needs of
6 their families and children, and they are being met
7 with a medical treatment for a psychological
8 condition. We need to make space in the public
9 sphere for ethical therapists by removing the
10 medical treatment option.

11 Nearly every therapist who publicly speaks is
12 a cheerleader for gender identity affirmation,
13 gluing that poisoned bandage on the skin of
14 children, causing permanent psychological and
15 physical harm by solidifying an idea that maybe you
16 were born in the wrong body.

17 We are here to state the obvious. No child
18 can or ever will be born in the wrong body.
19 Everyone knows what a woman is, but some people are
20 afraid to say it. We are not afraid.

21 Our organization was founded by a handful of
22 mothers who realized that no one was coming to
23 protect these children. We could not wait any
24 longer for help to arrive.

25 Families are desperate to find actual support.

1 They do not want a poisoned bandage that
2 cosmetically covers a wound that grows deeper when
3 covered and left untreated. Affirmation is a
4 poisoned bandage that does not help to heal, but
5 hides a deep need that will not be helped by
6 injections and surgeries.

7 The state has no business using taxpayer
8 funding to turn children into permanent medical
9 patients. The state has no business assisting
10 doctors in selling disabilities to vulnerable,
11 suffering children by prescribing puberty blockers,
12 cross-sex hormones, and extreme cosmetic body
13 modification. These so-called treatments are not
14 real health care.

15 The state should, however, fund legitimate and
16 proven care. For many children, a transidentity is
17 a crutch. It is a placeholder that stands in for
18 real suffering that hasn't been named. If they can
19 find a pediatrician, family therapist, or other
20 professionals who will address their actual needs,
21 children discard their transidentity and move
22 forward with self-actualization, rather than
23 staying in a state of stunted psychological and
24 physical growth, surviving with superficial,
25 short-term validation like a street drug that needs

1 to be injected every day. Our job is to protect
2 children, and we have to step in because the
3 medical field is failing these families.

4 Thank you for stepping in now before it costs
5 the State of Florida much more than dollars. Thank
6 you for this proposed rule. We support you.

7 (Applause.)

8 A VOICE: Thank you for your comments.

9 Next speaker, Donna Lambart.

10 MS. LAMBART: Hello. My name is Donna
11 Lambart. I am here on behalf of concerned parents
12 to speak in support of the rule to stop allowing
13 Medicaid to pay medical transition of children in
14 Florida.

15 Today I appeal to you on behalf of over 2,600
16 parents in our group. As parents, we know our
17 kids. As people, we know right from wrong. But
18 the health care professionals are presenting many
19 of us with a false and painful choice: Accept what
20 we know will permanently harm our children or lose
21 them to suicide. These false ideas are being
22 stated in the presence of children. This is not
23 only cruel, it's simply not true. There is no data
24 to prove that medically transitioning minors
25 prevents suicide.

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1 Society, the Internet, media, schools, and
2 government convince kids that their parents que- --
3 if their parents question -- if their parents
4 question their identity, it is because their
5 parents hate them. Parents who are unwilling to
6 drop all rational thinking and surrender to the
7 affirmation-only model of care pay a social,
8 emotional, and custodial price no parent should
9 ever have to pay.

10 Parents lose their children every day to
11 people who help them transition, leading them down
12 a dangerous medical path that permanently --
13 permanently harming their healthy bodies with
14 off-label drugs and experimental surgeries.

15 I interact with parents on a -- every day
16 whose children are instantly derailed as a result
17 of adopting a transgender identity. These children
18 become angry and hostile and resentful. They begin
19 lashing out at anyone who will not agree with their
20 new-found identity. Parents are left -- have been
21 forced to rely on each other to figure out how best
22 to navigate this destructive social phenomenon.

23 The current one-size-fits-all affirmation
24 model cuts parents out of the equation, charging
25 forward with a rigid, transition-only course of

1 action.

2 A VOICE: Ma'am, excuse me, your time is up.
3 Could you please wrap it up?

4 MS. LAMBART: Yes.

5 I would just like to say that on behalf of
6 thousands of loving parents, we ask Florida -- the
7 health -- to stand up for the protection of
8 children and teens who are under -- who are being
9 offered a magic fix. Parents deserve support and
10 children deserve sound care.

11 Thank you for your support and your time.

12 (Applause.)

13 A VOICE: Thank you for your comments.

14 The next speaker is Gerald Buston.

15 MR. BUSTON: Ladies and gentlemen, I am here
16 as a Christian pastor. 71 years ago, I gave my
17 life to Jesus Christ and chose to live my life
18 according to the Word of God, the Bible. The Bible
19 teaches that God makes people male and female, and
20 it says that repeatedly. Jesus said that himself.
21 And for us to try to transition people away from
22 what God did should be -- well, it definitely is a
23 sin, but it should be a criminal abuse of children,
24 especially when they're not at the age where they
25 can properly process what they're doing to

1 themselves or allowing to be done to themselves.

2 I urge Medicaid don't support this. I urge
3 the State of Florida to pass laws against it and
4 not allow our children to be abused the way they
5 are being abused by people that have one goal in
6 mind, and that is depopulating the world by cutting
7 back on the birth rate and by cutting back on the
8 population we have in our world right now.

9 So I support the bill that we do not pay for
10 this kind of stuff, and I would say let's go
11 further and pass laws against it and make that
12 extreme child abuse to do that to children that
13 don't have the right to know.

14 (Applause.)

15 A VOICE: The next speaker is -- I believe
16 it's Brady or perhaps Brandy Andrews.

17 MS. ANDREWS: Hey there, Brandy Andrews. I'm
18 here to speak in support of banning Medicaid
19 funding for transgender surgeries and treatments.

20 Transgender surgeries, puberty blockers, and
21 cross-sex hormone treatments have been shown to be
22 extremely harmful, especially to minors, causing
23 sterility and irreversible physical and
24 psychological damage.

25 Physically healthy, gender-confused girls are

1 being given double mastectomies at 13 and
2 hysterectomies at 16, while males are referred for
3 surgical castration and penectomies at 16 and 17,
4 respectively.

5 How have we reached this point in life where
6 we're allowing this at such a young age, but yet
7 you have to be 16 to drive a car, 18 to buy a pack
8 of cigarettes, where we're allowing children to
9 change their genders before they've even reached
10 puberty or shortly after?

11 Pharmaceutical companies are unethically
12 enriching themselves off the destruction of
13 countless young lives that are being fed puberty
14 blockers, which these companies are advertising
15 children. It's just straight-up child abuse, and
16 it's preying on our society's most vulnerable
17 youth.

18 Let kids be kids. I am asking Medicaid to
19 stop funding experimental medical treatments on
20 minors. Thank you.

21 (Applause.)

22 A VOICE: If I could remind folks to please
23 state your name before you start your comments.

24 Next speaker is Sabrina Hartsfield.

25 MS. HARTSFIELD: Good afternoon. My name is

1 Sabrina Hartsfield, and I am speaking just from my
2 own opinions. I am an alumni of Florida State
3 University and I am a born-again Christian.

4 Because of this conviction, I believe we as
5 human beings have an obligation to ensure poor and
6 marginalized people of all ages have adequate
7 medical care through the Medicaid program.

8 Without gender-affirming health care,
9 transgender and gender nonconforming individuals
10 will die. According to every major legitimate
11 medical organization, gender affirming care is the
12 treatment for gender dysphoria.

13 I am here today to speak against Rule
14 59G-1.050, the Florida Medicaid trans and medical
15 care ban, from being put into place.

16 Gender-affirming care is medically necessary
17 and life-saving treatment that should be decided
18 between a patient, their caregivers, and a health
19 care professional, not big government.

20 Florida is about freedom from big government
21 overreach. Medicaid should cover all
22 medically-necessary treatment, and under the right
23 to privacy found in Florida's constitution, this
24 is, again, a decision that should be hands -- in
25 the hands of the patient and their health care

1 providers.

2 This rule also violates the nondiscrimination
3 protections for people of all gender identities
4 found in the Affordable Care Act and the Medicaid
5 Act.

6 Transgender and gender nonconforming people
7 who have gender dysphoria are already at increased
8 risk for negative health outcomes, such as being
9 diagnosed with anxiety or depression, battling a
10 substance use disorder, and attempting suicide.
11 Denying medical care that has been determined to be
12 the best practice by every major medical
13 association from the American Psychological
14 Association to the American Medical Association to
15 the Endocrine Society will be life-threatening.
16 Denying transgender and gender nonconforming people
17 medical care can lead to depression, self-harming,
18 social rejection, and suicidal behavior.

19 If the trans medical care ban is enacted, it
20 will be putting the lives of over 9,000 transgender
21 Floridians in danger.

22 Please block proposed Rule 59G-1.050.

23 (Applause.)

24 A VOICE: The next speaker is Simone Chris.

25 MS. CHRIS: Good afternoon. My name is Simone

1 Chris and I'm an attorney. I'm the director of the
2 Transgender Rights Initiative Southern Legal
3 Council. We are a statewide, not-for-profit,
4 public interest civil rights law firm that utilizes
5 federal impact litigation policy reform and
6 individual advocacy to ensure communities that we
7 serve have access to justice and freedom from
8 discrimination.

9 We vehemently oppose the proposed rule based
10 both on the science and evidence supporting the
11 medical necessity of treatment for gender dysphoria
12 and our own extensive experience working with
13 hundreds of transgender adults and minors and
14 witnessing the tremendous benefits that access to
15 such care provides.

16 In effect, the proposed rule creates a blanket
17 exclusion for coverage of medically-necessary
18 health care for one of the most vulnerable
19 populations in our state, eliminating the right of
20 all transgender Floridians with Medicaid to even
21 have their health care needs subjected to a
22 medical-necessity analysis. The insidiousness of
23 this rule is exacerbated by the fact that it places
24 in its cross-hairs the individuals in our state who
25 are already disproportionately likely to experience

1 poverty, homelessness, unemployment, poor mental
2 and physical health outcomes, and to have the least
3 access to resources in health care as it is.

4 We urge AHCA to reject these proposed changes
5 to the rule excluding the coverage for all
6 medically-necessary gender-affirming care because
7 it directly contravenes the widely accepted,
8 authoritative standards of care and the consensus
9 of every major medical association in our country.
10 It will cause significant harm to the individuals
11 that we serve by depriving them of critical,
12 life-saving medical care. It interferes with and
13 substitutes the state's judgment in place of the
14 doctor/patient relationship, the rights of the
15 individual, and the fundamental rights of a parent
16 to determine appropriate medical treatment for
17 their own child, and it is a shameful waste of
18 state resources.

19 Similar exclusions have been enjoined or
20 struck down by courts across the country as
21 inconsistent with the rights guarantee to Medicaid
22 recipients under the Medicaid Act, under the equal
23 protection clause of the 14th Amendment, the
24 Affordable Care Act. And this litigation that the
25 state will certainly find itself embroiled in is

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1 wasting valuable state resources that could be
2 better utilized enhancing the lives of Floridians
3 rather than attacking them.

4 Thank you.

5 (Applause.)

6 A VOICE: Matthew Benson.

7 DR. BENSON: My name is Matthew Benson. I'm a
8 board-certified pediatrician and pediatric
9 endocrinologist in the state, and I agree with this
10 rule. I think the data on which the gender
11 affirmative model is based is not scientific.

12 The National Board of Health and Welfare of
13 Sweden has recently enacted in that country pretty
14 significant restrictions. And if we're going to do
15 this type of care, it needs to be under an
16 IRB-approved protocol and it needs to be based on
17 the best data.

18 I'm used to prescribing these medications in
19 the sense of puberty blockers. And one of the
20 largest studies that came from Sweden was published
21 around 2016, and basically what they showed is that
22 in those individuals who are transgender and
23 receive these types of procedures, the rates of
24 overall mortality compared to the general
25 population was three times that of the general

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1 population; completed suicide, 19 times that of the
2 general population; five times suicide attempts of
3 the general population. Similarly, in Denmark, out
4 of a 20-year period, by the time a similar study
5 was done, 10 percent of the population had died.

6 We need better data. We need long-term
7 perspective trials where we can look at adverse
8 effects. We need much more robust data to justify
9 these kinds of very aggressive therapies. And
10 we've already seen two individuals, Chloe and
11 Sophia, testify here today about how they were
12 harmed by these procedures.

13 Thank you for your time.

14 (Applause.)

15 A VOICE: Next speaker, Karen Shoen.

16 MS. SHOEN: My name is Karen Shoen. I'm with
17 the Florida Citizens Alliance and I'm a former
18 teacher.

19 I would like to know why .03 percent of the
20 population is dictating to 99.97 percent of the
21 population to accept and pay for an elective
22 surgery. Kids change their minds. I can tell you
23 as a teacher, one day they want to be a fireman,
24 the next day they want to be an engineer, and then
25 they go into being something else.

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1 The problem is we are not explaining the
2 wonders of what it is to be comfortable in your
3 body with both our parents and in our biology and
4 hygiene glasses. So kids become fearful. It's our
5 job to take that fear away as a teacher, not to
6 force them into something else.

7 The children may be afraid of maturing, they
8 may be afraid of a lot of things, but we're not
9 looking for the root cause, we are now suggesting
10 and implanting in their brains that they're not
11 comfortable in their body.

12 I'd like to leave you with this thought: Can
13 I drive a car? No, you're 13. Can I have a drink?
14 No, you're 13. Can I shoot a gun? No, you're 13.
15 Can I change my gender? Yes, you're in charge.
16 How is that possible?

17 (Applause.)

18 A VOICE: Next speaker, Bill Snyder.

19 MR. SNYDER: Thank you. Bill Snyder. I
20 (inaudible) Monticello.

21 I want to talk about a disease that has
22 infected society today called reality disease.
23 Charlie had reality disease. He woke up one
24 morning and wouldn't get out of bed and go to work.
25 His wife said, "Charlie, you've got to get up,

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1 you've got to go to work." He said, "I can't, I'm
2 dead." His wife said, "You're not dead, you're
3 talking to me. I can see you breathing." Charlie
4 says, "I can't get up and go to work, I'm dead."
5 The wife called in a psychologist. Psychologist
6 gave Charlie a lengthy interview. At the end of
7 the interview, the psychologist said, "Charlie,
8 come on, we're going to go downtown." They went
9 downtown to the morgue. The psychologist opened a
10 locker, (inaudible) out a cadaver on a tray, pulled
11 the sheet back over the feet of the cadaver, said,
12 "Charlie, dead people's hearts don't beat, they
13 don't have circulation, they do not bleed." He
14 took the toe of the cadaver, stuck a pin in it. No
15 blood came out. The psychologist said, "See,
16 Charlie, dead people don't bleed. Now, give me
17 your thumb." Took Charlie's thumb, stuck a pin in
18 it, out came bright, red blood. The psychologist
19 said, "See, Charlie, you're not dead. That's
20 blood." Charlie said, "What do you know? Dead
21 people do bleed."

22 The further we live from reality, the further
23 we move from morality, the further we move from
24 virtue, the more secular we become. The more
25 secular we become, the less freedom we have.

1 Please approve this proposed rule change. Thank
2 you.

3 (Applause.)

4 A VOICE: Next speaker, Ingrid Ford.

5 MS. FORD: Yes. Good afternoon. I'm Ingrid
6 Ford. Thank you for the opportunity. I'm with
7 Christian Family Coalition. I've been a college
8 counselor 15 years, and I'm here in support -- I'm
9 to speak in support of Rule 59G-1.050 to ban
10 Medicaid funding from transgender surgeries and
11 treatments.

12 This rule will protect Florida residents,
13 especially minors, from harmful transgender
14 surgeries, harmful blockers, and other unnatural
15 therapies being promoted by radical gender ideals
16 and with no basis in science.

17 This rule also will protect taxpayers from
18 being forced to subsidize these highly unethical
19 and dangerous procedures, which can cost upwards of
20 \$300,000.

21 Thank you.

22 (Applause.)

23 A VOICE: Next speaker, Richard Carlins.

24 MR. CARLINS: Hello, my name is Richard
25 Carlins and I am in support of the rule and I'm

1 just going to speak from the heart a little bit. I
2 feel like I'm walking in a house of mirrors or
3 something or it's just -- it's surreal, the world
4 that I live in today from the world that I grew up
5 in.

6 I had a traditional family, a mother and
7 father. We're saying the Pledge of Allegiance in
8 schools and having prayer in schools. We were
9 founded upon Biblical principles. Our constitution
10 goes hand in hand with that. We're battling with
11 each other right now, you know, over things that
12 were clearly right and wrong before.

13 Seriously, a kid has no idea. They're being
14 indoctrinated. They're being indoctrinated even
15 through commercials, Disney World, Coca-Cola
16 commercials, the restaurants they go to. And then
17 when they want to be what it is that they were
18 pushed to be, we mutilate their bodies and it's
19 irreversible. It's horrendous. It's a horrendous
20 evil.

21 And with that, I go. I just can't believe
22 where we're at. And we're -- God raises up nations
23 and he brings down nations, and we are in judgment
24 right now. This is wrong, we need to be able to
25 admit that it is wrong and to help the children to

1 have wholesome lives that history prior to us --
2 this is just recent this -- what we're battling
3 with right now. I'm just -- you know, not
4 well-studied or anything, but I think it's 1,500
5 years that we've been living in Judeo-Christian
6 principles, you know, and it's just recently that
7 we're throwing any mention of God, the Bible, under
8 the bus. They're not allowed to hear it. They're
9 not allowed to know it. If you feel like you want
10 to have pleasure this way or that way, with this,
11 with that, you can and we're going to support it
12 and do whatever it is so that you can never change
13 your mind again and give you nothing wholesome to
14 hold onto. That's all.

15 (Applause.)

16 A VOICE: Amber Hand. Amber Hand.

17 MS. HAND: Hi, I'm Amber Hand and I am just
18 with the body of Christ.

19 So I come today because I represent -- well, I
20 come from a family, my mom was gay and my dad was
21 gay. He struggled with his identity his whole
22 life, but he fought against it because he was a
23 Christian. And I was taught by my dad I was a
24 little girl, and by mom, I was a little boy. And
25 so I got real confused, you know what I mean, and

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1 I'm 36 today and I just realized -- last year I was
2 thinking about getting a sex change still. I've
3 always thought about it. And when I was a kid, I
4 was like, "When I get boobs, I'm going to cut them
5 off with a butter knife," you know what I mean?

6 And when we're kids, we're so impressionable.
7 I remember my sister going and seeing my dad use
8 the bathroom, and she went to use the bathroom like
9 him, but he corrected her, you know, because we
10 have to teach these kids right from wrong. And
11 it's wrong to take kids and teach them, "Hey, you
12 can make whatever decision you want and you don't
13 even know mentally what you're really going through
14 as a child." We need to take Medicaid and treat
15 people for psychiatric problems and depression and
16 teach them like you can be a female, it's okay to
17 be a female today and say that you're a woman, you
18 know, like -- and I just realized now at 36 that I
19 want to have a baby, and if I had done that, I
20 would have never been able to have a child.

21 And I just have to say that the Bible says,
22 "Beloved, I wish above all things that thou mayest
23 prosper and be in health even as thy soul
24 prospers." And when we struggle with identity, our
25 souls are in turmoil. And if we just begin to

1 realize that we just need to teach these kids right
2 from wrong and that it's not okay to change your
3 identity when God made you a male or a female, and
4 when a little boy puts on a high heel because he
5 sees his mother wearing a high heel, it's just
6 play, like it's okay, but that's not what you wear,
7 and teach him what to wear. We just don't
8 understand as kids what's going on until somebody
9 teaches us. We have learned behavior. We're
10 programming kids these days with everything --

11 A VOICE: Time's up. Please wrap it up.

12 MS. HAND: -- (inaudible) around us to be
13 somebody we're not. God bless.

14 (Applause.)

15 A VOICE: Shauna Peace.

16 MS. PEACE: Hi, my name is Shauna Peace, and I
17 am just am here to speak in support of Rule
18 59G-1.050 to ban Medicaid funding on transgender
19 surgery and treatment.

20 Children are being pressured and socialized at
21 a very young age to identify as transgender. Much
22 of the pressure is coming from on-line social
23 networking sites that celebrate and encourage
24 transgenderism while denying normal heterosexual
25 behaviors. It accounts for much of the metric rise

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1 in the children's identifying as transgender in the
2 recent years. It has doubled since 2017, according
3 to the news sensors for the Centers for Disease
4 Control and Prevention.

5 The most thorough followup of sex reassignment
6 people, which was conducted in Sweden, documented
7 that 10 to 15 years after surgical reassignment,
8 the suicide rate is twenty times to comparable
9 peers. The alarmingly high suicide rate among
10 post-operative transgender demonstrates the deep
11 regret that may feel after irreversible mutilating
12 their bodies with these barbaric procedures.

13 I am here today because I have had children
14 that have battled with identity and sexual
15 identity, and that my stepson is now identified as
16 female. He wanted to when he was younger in years,
17 to change, but now that he has gotten into his 20s,
18 he has now decided that he wants to have children,
19 and if you mutilate these children's bodies at an
20 early age, they don't understand that they will
21 never be able to procreate ever again. Whether you
22 go female or male or male or female, neither sex
23 will be able to procreate ever again. And I just
24 think it's mutilating and it's not right.

25 Thank you very much.

1 (Applause.)

2 A VOICE: The next speaker, Leonard Lord.

3 MR. LORD: My name is Leonard Lord. I am much
4 in favor of the bill.

5 Even as a boy, I wasn't comfortable in my body
6 because I didn't know why I was here. So when I
7 got the age to say, "I want to find out why I'm
8 here," I spent three days fasting, praying, seeking
9 God. He brought me to his Word, and I found out
10 that the only way I got comfortable in my body was
11 to know what I was created for.

12 And so what I found, either we're playing
13 games, or if we really believe there's a God and
14 the Bible is true, we find out this whole problem
15 happens because we do not retain the knowledge of
16 God in our conscience and are given over onto our
17 own deception.

18 And now I hear all of the mental problems
19 we're having. Well, it's real simple. God's
20 spirit is the answer to what's missing in our
21 lives. We're only complete in Jesus Christ. And
22 the scripture says in Timothy 1:7, God has not
23 given us a spirit of fear, we ought to fear man or
24 woman, but he's given us power, love, and a sound
25 mind. You take the Bible out of school, you take

1 God out of school, you take prayer out of school,
2 and what have you got? You have no power, you have
3 no love, and you have no sound mind.

4 So I'm just saying let's go back to getting
5 mentally right is the only way I can at 75 is to
6 know God created me, his Word is true, live in
7 supernatural peace and joy and know where you'll
8 spend eternity and don't live confused.

9 A VOICE: Thirty seconds.

10 MR. LORD: The devil is the author of
11 confusion. Get a pure heart and live in peace and
12 joy and enjoy things. If you spend your life
13 trying to find out if you're a man or a woman,
14 you'll never know why you're here.

15 All I can say, God bless you, I'm in support
16 of the bill, and hopefully America will wake up and
17 be a shining city on a hill for all the nations one
18 more time. Lord bless you.

19 (Applause.)

20 A VOICE: Pam Olsen. Pam Olsen.

21 A VOICE: Dan or Pam?

22 A VOICE: Pam.

23 MS. OLSEN: It's me, Pam Olsen.

24 Thank you for this proposal. I've read all
25 the pages. It's excellent. I am for stopping

1 Medicaid from paying for children and teenagers to
2 have sex changes.

3 I've talked to a lot of kids that are
4 confused, and they are confused. That's what's
5 going on today. There is so much onslaught against
6 these kids, and you've got kids saying, "I'm a boy,
7 I'm a girl; no, I'm a girl, I'm a boy." You have
8 kids today saying, "I'm a furry animal." Are we
9 going to start paying for them to have furry animal
10 body parts put into them? I mean, where does this
11 stop?

12 And I am so thankful that this has been
13 proposed, that we will stop the madness in Florida
14 and we will not do this. I hope that you guys do
15 approve this today because it matters for the sake
16 of the children. You know, I've got 12 grandkids
17 and I'm going to fight tenaciously, not only for my
18 grandkids, but for their friends and for all the
19 children across our state, our nation. We need to
20 say stop the nonsense and let's do what is right.
21 There are boys, there are girls, there are men,
22 there are women.

23 Thank you so much for approving this. I
24 believe you will do that. Thank you.

25 (Applause.)

1 A VOICE: Jon Harris Maurer.

2 MR. MAURER: Good afternoon. My name is Jon
3 Harris Maurer and I'm the public policy director
4 for Equality Florida, the state's largest civil
5 rights organization based on securing full equality
6 for Florida's LGBTQ community.

7 The proposed change to Rule 59G-1.050 is
8 without sound scientific basis, it is without legal
9 basis, and it is clearly discriminatory. The
10 agency should reject it.

11 The proposed rule is about politics, not
12 public health. We urge you to listen to the
13 numerous medical professionals opposed to the rule.
14 Experts from the country's and the world's leading
15 health organizations disagree with the fundamental
16 premise of the proposed rule. They endorse
17 gender-affirming [sic] care. These organizations
18 represent millions of medical professionals, and
19 they recommend gender-affirming care. We're
20 talking about the American Academy of Pediatrics
21 and its Florida chapter, the American Medical
22 Association, the American College of Obstetricians
23 and Gynecologists, the American College of
24 Physicians, the American Psychiatric Association,
25 the American Psychological Association, the

1 American Academy of Family Physicians, the American
2 Academy of Child and Adolescent Psychiatry, the
3 Endocrine Society, the Society for Adolescent
4 Health and Medicine, the Pediatric Endocrine
5 Society, the World Professional Health Association
6 for Transgender Health, and others; again,
7 representing millions of medical professionals.

8 Furthermore, AHCA lacks the specific delegated
9 rulemaking authority to adopt the proposed rule.
10 The statutes that AHCA names as its authority to
11 make this proposed rule --

12 A VOICE: Thirty seconds.

13 MR. MAURER: -- grant no authority for
14 (inaudible) patient of the individual role for
15 health care practitioners to make decisions with
16 their patients.

17 The rule is simply discriminatory, it
18 undeniably targets the transgender community. You
19 may not understand what it's like to be
20 transgender --

21 A VOICE: Fifteen seconds.

22 MR. MAURER: -- or to be a parent of a
23 transgender kid just trying to find the best care
24 for your kid, but transgender Floridians are here
25 in this audience and they're telling you about how

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1 harmful this rule would be to the more than 9,000
2 transgender Floridians on Medicaid. We know these
3 therapies are safe because the agency is not
4 opposing them for all Floridians.

5 A VOICE: Sir, please wrap it up. Your time
6 is up.

7 MR. MAURER: In conjunction with the state
8 willingly ignoring the body of scientific evidence
9 that supports gender-affirming care, there's no
10 question of the politically-calculated animus
11 behind this proposed rule. Please reject the
12 proposed rule.

13 (Applause.)

14 A VOICE: I appreciate your comments. I would
15 just ask for decorum in the crowd. We want to give
16 everybody equal opportunity to speak.

17 A VOICE: Next speaker, Anthony Verdugo.

18 MR. VERDUGO: Thank you. Good afternoon. I
19 want to start off by thanking all of you for being
20 here today and for your public service.

21 My name is Anthony Verdugo. I am the founder
22 and executive director of the Christian Family
23 Coalition. We are a leading human rights and
24 social justice advocacy organization of Florida,
25 and we're here to strongly support Rule 59G-1.050

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1 to ban Medicaid funding for transgender surgeries
2 and treatment.

3 They call it gender-affirming care. They
4 don't care and it's not affirming. Let's get that
5 straight. And we know that because of heroes who
6 are among us here today, folks like Chloe Cole and
7 Sophia Galvin. They are heroes because they've had
8 the courage to come out and speak the truth in
9 love.

10 And everyone needs to be respected and treated
11 with dignity, but this is a war on children. These
12 are crimes against humanity. Groomers are using
13 their authority as adults to pressure children and
14 ruin their lives.

15 I'm going to share with you about a brand, the
16 No. 1 prescribed puberty blocker in America. It's
17 called Lupron. And they themselves list on their
18 package that "Emotional instability is a side
19 effect and warrants prescribers to monitor for
20 development or worsening of psychiatric symptoms
21 during treatment."

22 These so-called medical organizations which
23 were just listed --

24 A VOICE: Thirty seconds.

25 MR. VERDUGO: -- have been discredited.

1 World-renowned organizations such as the Royal
2 College of General Practitioners in the United
3 Kingdom, Australian College of Physicians, and the
4 American College of Pediatricians -- and I will end
5 with their quote -- say, "Americans are being led
6 astray by a medical establishment driven by a
7 dangerous ideology and economic opportunity, not
8 science and the Hippocratic oath." The suppression
9 of normal puberty, the use of disease-causing
10 cross-sex hormones, and the surgical mutilation and
11 sterilization of children constitute atrocities to
12 be banned, not health care. Let kids be kids.

13 Thank you.

14 (Applause.)

15 A VOICE: Next speaker, Roberto Rodriguez.

16 MR. RODRIGUEZ: Thank you very much for this
17 opportunity. I love America as a veteran,
18 ex-police officer, father, grandfather -- let me
19 see what else, you know, and a father of a veteran
20 who is serving in the Navy today as a pilot. And
21 first of all, I wanted to thank you. You guys made
22 me cry. Why? Because, you know, I have a
23 question. Has -- you know, anybody can answer it.
24 Has a doctor ever been wrong? You know, has a
25 parent ever been wrong? Has teachers ever been

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1 wrong? Have scientists ever been wrong? But,
2 then, why are we listening and waiting for
3 scientists and doctors to talk different to what we
4 have evidence here today?

5 We have the evidence right here today. They
6 came walking in this place and we're being blind to
7 them, and I want to recognize you and I want you to
8 let you know that the true dream is interwoven in
9 every atom of your existence. God will fulfill his
10 true dream to you, no matter what man try to do to
11 you. You have a purpose, you have a reason, and
12 today proves it.

13 And I'm here to tell you that this rule, we
14 need to go ahead, I support it. We need to stop
15 being ignorant to what faces us and listening to
16 people.

17 I am from the Centers of God and I have
18 multiple churches that will stand here today. So
19 I'll tell you what, we're bigger than any
20 organization there is right now and represent that
21 we are for this rule.

22 God bless you and thank you. We love you guys
23 for serving. Thank you.

24 (Applause.)

25 A VOICE: Next speaker, Michael Haller, M.D.

1 All right. Michael Haller, M.D.

2 DR. HALLER: Good afternoon, everyone. My
3 name is Michael Haller and I am a graduate of the
4 University of Florida's College of Medicine,
5 pediatric residency, and the pediatric
6 endocrinology fellowship. I hold a Master's in
7 clinical investigation and I am the professor and
8 chief of the Pediatric Endocrinology Division at
9 the University of Florida. The views expressed
10 here are, however, my own.

11 I have trained thousands of medical providers,
12 participated in the development of national
13 guidelines, and have treated tens of thousands of
14 children, including many transgender youth.

15 I provide this background with full humility,
16 but also to establish myself as an actual expert,
17 both in the management of gender-diverse youth and
18 as one who can review and analyze relevant
19 literature.

20 The Gapums document and proposed rule change
21 seeking to remove Medicare -- medical -- Medicaid
22 coverage for gender dysphoria makes numerous false
23 claims, uses a biased review of the literature, and
24 relies on more so-called experts who actually lack
25 actual expertise in the care of children with

1 dysphoria.

2 While there are a number of flaws, the state's
3 plan following deserves specific commentary.

4 First, the state's primary assertion that
5 gender-affirming therapy has not demonstrated
6 efficacy and safety is patently false. Nearly
7 every major medical organization that provides care
8 for children, as you heard previously, have
9 provided well-evidenced guidelines supporting
10 gender-affirming care as the standard of care. The
11 assertion from the state, the data included in
12 those guidelines, are not as robust as the state
13 would like them to be --

14 A VOICE: Thirty seconds.

15 DR. HALLER: -- is at best a double standard,
16 and is at worst discriminatory [sic] political fear.
17 The state is either unwilling or willfully chooses
18 to ignore the totality of evidence in support of
19 gender-affirming care, and the latter seems most
20 likely.

21 Second, the state's use of --

22 A VOICE: Fifteen seconds.

23 DR. HALLER: -- (inaudible) experts as
24 (inaudible) advisers seeking to discredit evidence
25 used (inaudible) of care is laughable. Several of

1 the state's own experts have been legally
2 discredited from testifying as such in cases
3 regarding gender-affirming care, while others have
4 acknowledged publicly that they have never provided
5 gender-related care to children.

6 A VOICE: Wrap it up.

7 DR. HALLER: The proposal to limit
8 gender-affirming care to those dependent on
9 Medicaid is poorly conceived, is likely to cause
10 significant harm to Floridians dependent on
11 Medicaid, and should be rejected. Thank you.

12 (Applause.)

13 A VOICE: Next speaker, Robert Yules.

14 Jason, did you want to comment?

15 A VOICE: I'm sorry, we have -- the panel has
16 one comment to that. I'm going to refer this to
17 Dr. Van.

18 DR. V: So just some insight into the support
19 of gender-affirming care by the large societies,
20 medical societies in the United States. The
21 American Academy of Pediatrics has actually made a
22 statement against this -- this, and the Florida
23 chapter as well.

24 These are not standards of care. Standards of
25 care by definition are an arduous process of

1 listening to all input from every side, every
2 aspect, of a medical condition, and these
3 individuals get together and they agree on
4 someplace in the middle that they can all live with
5 as a then standard of care.

6 These are merely guidelines. The guidelines
7 from the Endocrine Society specifically state they
8 are not standards of care. They're just
9 guidelines. They are the opinions of the
10 individuals who wrote the guidelines. The
11 Endocrine Society guidelines were written by nine
12 people in the first go-round and ten in the second
13 go-round, all of which were ideologues from the
14 World Professional Association of Transgender
15 health.

16 That group -- that interest group excluded
17 world renowned experts in the field and did not
18 listen to their input, didn't include their input
19 on purpose. And so it's not surprising that you
20 come up with one view that does not really
21 represent any kind of standards of care.

22 So we have to stop using the term "standards
23 of care" when there are absolutely no standards of
24 care in this instance that have been addressed.

25 (Applause.)

1 A VOICE: Mr. Yules. Mr. Yules.

2 DR. HALLER: I would also --

3 A VOICE: Sir, you've spoken already. If you
4 have further comments, please submit them in
5 writing.

6 A VOICE: No, I'm sorry, Dr. Haller. If you
7 have further comments, you can -- you can refer
8 them in writing. You can refer them in writing,
9 Doctor.

10 A VOICE: Robert Yules.

11 MR. YULES: Yes, my name is Robert Yules.
12 It's an honor and privilege to be here. I was born
13 and raised in St. Petersburg, Florida, and my, how
14 things have changed. Forty-three years ago, my
15 senior high school class came here to view the
16 legislature, and the topic of the day was about
17 dog-catching rules in the state of Florida. My,
18 how far we've come.

19 This was not even in the purview of anyone at
20 that time. This was not in the purview of anyone
21 ten years ago. This was not in the purview really
22 of anyone five years ago to bring it to the state
23 level, the city level, the classroom level, to be
24 driven by the teachers' unions with all of their
25 ideology, and really it begins and ends when man

1 proclaims himself as God. The truth begins with me
2 and it ends with me. And our country is in a lot
3 of trouble because people aren't willing to say
4 "No, that's not your truth." There is a truth.
5 That might be your perspective of the truth, but
6 there is not your truth, your truth, your truth, my
7 truth, his truth. It's not the way it works, and
8 we're going down -- just even philosophically and
9 morally, we're going down a very, very slippery
10 road when we start delving into these things.

11 It's interesting to me also how a child cannot
12 own this or own that or own this, and the thing
13 we've been told for the last ten years, "Well,
14 their brain's not fully developed until around 25."
15 Everybody says that, right? Their brains aren't
16 developed until they're 25, and now our governor
17 caught such flack because he said don't teach
18 kindergarteners --

19 A VOICE: Thirty seconds.

20 MR. YULES: -- about transgendering, leave it
21 out till third grade. I think they should leave it
22 out till 12th grade and let parents have those
23 conversations with people. Put it back where
24 parents talk to their own kids, and let's -- let's
25 make school about science, technology,

1 engineering --

2 A VOICE: Fifteen seconds.

3 MR. YULES: -- and mathematics and get back
4 where we need to be.

5 Thank you so much for your time. Thank you.

6 (Applause.)

7 A VOICE: At this time, we would like to
8 remind everyone that they can submit comments in
9 writing to medicaidrulecomments@ahca.myflorida.com.
10 Information is provided on cards at the exit when
11 we are finished, as well as up on the screen.
12 We'll continue with the speakers.

13 A VOICE: Flaugh. Keith Flaugh.

14 MR. FLAUGH: Good afternoon. My name is Keith
15 Flaugh. I am one of the founders of an
16 organization called Florida Citizens Alliance,
17 which is a not-for-profit organization of almost
18 200,000 parents and grandparents, and we focus on K
19 through 12 education.

20 We have recently completed a detailed study in
21 all 67 county school districts based on 58 novels
22 that we found throughout. I've left a copy with
23 Cole. I would encourage you to read it.

24 Twenty of those are LGBTQ and gender --
25 promoting gender dysphoria. Some of these

1 materials are actually designed for pre-K.

2 Children in our public schools are being
3 purposefully confused, desensitized, and even
4 pressured into abnormal sexual behavior. Gender
5 idealogues are coaching kids to be into this
6 dysphoria, and even telling them to threaten
7 suicide.

8 There is a considerable debate in the
9 psychiatric and medical circles about whether the
10 transgender condition is biological or
11 psychological. In numerous public schools, staffs
12 and even teachers are aiding this dysphoria and
13 purposely hiding what they're doing from the
14 parents. Further, taxpayers shouldn't have to pay
15 for this.

16 Florida Citizens Alliance strongly supports
17 the rule of 59G-1.050, especially to protect minors
18 from the harmful transgender surgeries, hormone
19 blockers, and other unnatural therapies. Thank
20 you.

21 (Applause.)

22 A VOICE: Robert Roper.

23 MR. ROPER: Hi, my name is Robert Roper. I'm
24 here to speak in support of the rule to ban
25 Medicaid funding for transgender surgeries and

1 lot of money off the very vulnerable element of our
2 society -- that's our children.

3 While most counselors somehow have been
4 convinced that affirmation is the only way, even
5 the APA would be the first to affirm that a child
6 simply does not have the capacity to make these
7 kinds of long-range decisions. In fact, you don't
8 need to be a doctor --

9 A VOICE: Thirty seconds.

10 MR. ROPER: -- of psychology to know this.
11 Ask any parent. They will tell you that a child
12 wants what they want, and they want it now.

13 What some -- some will call on their faith,
14 some will call on a counselor, but all do so to be
15 delivered from the disorder, not to be sent deeper
16 into it.

17 A VOICE: Fifteen seconds.

18 A VOICE: You don't give drugs to a drug
19 addict, alcohol to an alcoholic, porn to someone
20 addicted to pornography. This is not a form of
21 treatment.

22 In closing, transgender regret is among the
23 fastest-growing movements on social media today --

24 A VOICE: (Inaudible).

25 MR. ROPER: -- on Reddit this morning. I

1 found a thread with 35,600 entries of people
2 regretting their transgenderism. It increased to a
3 hundred more while I drove here today.

4 Watchful waiting from loving parents yields an
5 exponentially higher success rate of resolving
6 gender disorders than any prescription drugs or
7 surgery, 90 plus percent. This rule will protect
8 Florida residents.

9 (Applause.)

10 A VOICE: Carl Charles.

11 MR. CHARLES: Good afternoon. My name is Carl
12 Charles and I'm a senior attorney in the Atlanta,
13 Georgia, office of Lambda Legal, the nation's
14 oldest and largest legal organization fighting for
15 the rights of LGBT people and everyone living with
16 HIV.

17 We are here today to share that we strongly
18 oppose and are deeply disturbed by AHCA's notice of
19 proposed rule, which if approved will remove
20 coverage of medically-necessary care for
21 transgender youth and adults from the Florida
22 Medicaid program. This essential and in some cases
23 life-saving care is clinically effective, evidence
24 based, and widely accepted and used by medical
25 professionals across the country to treat gender

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1 dysphoria.

2 Unlawful exclusions of this kind cause
3 significant harm to a state's most vulnerable
4 residents. Indeed, should this proposed rule be
5 adopted, it will cause serious, immediate, and
6 irreparable harm to transgender Medicaid
7 participants in Florida who already experience
8 well-documented and pervasive stigma,
9 discrimination in their day-to-day lives, including
10 significant challenges, if not all-out barriers to
11 accessing competent health care services.

12 We are especially concerned by the
13 administration's characterization of this care as
14 experimental and ineffective. This is contrary to
15 all available medical evidence and relies on
16 misrepresentations of the findings of various
17 studies, as well as reports by so-called experts,
18 one of whom is on this panel, who have been
19 discredited and notably do not treat transgender
20 people --

21 A VOICE: Thirty seconds.

22 MR. CHARLES: -- in their medical practice.

23 Finally, I would like to note for the record
24 as to whether or not this was a negotiated
25 rulemaking process and who on the panel is a

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1 transgender Medicaid recipient in Florida. Okay,
2 there's no one.

3 Finally, singling out transgender Medicaid
4 participants for unequal treatment by denying them
5 coverage for services that non-trans Medicaid
6 participants access plainly violates the equal
7 protection clause of the U.S. Constitution and
8 federal law.

9 A VOICE: Time. Please wrap up your comment.

10 A VOICE: Furthermore, Section 15-57 of the
11 Affordable Care Act prohibits discrimination on the
12 basis of sex by any health program or activity
13 receiving federal financial assistance.

14 Finally, shame on you all for proposing this
15 rule.

16 (Applause.)

17 A VOICE: Jason, did you want to comment?

18 A VOICE: Just quickly, I would like to refer
19 everyone to the Gapums report, in particular the
20 numerous appendices that we attached to that
21 report. There have been references to the numerous
22 clinical organizations that have endorsed these
23 procedures, and in particular, I would refer you to
24 Dr. Canter's report, pages 27 through 28 -- I'm
25 sorry, pages 32 through 42, which go through each

1 one of those organizations. Thank you.

2 A VOICE: Speaker Ed Wilson.

3 MR. WILSON: Ed Wilson. I've traveled here
4 today to speak in support of Rule 59G-1.050 to ban
5 Medicare funding from being used for transgender
6 treatments and surgeries.

7 This rule will protect children who are not
8 mature enough to be comfortable in their own body
9 or to have sexual desires that they have not gone
10 through puberty yet from making mistakes that will
11 destroy their lives.

12 Children are being misguided into believing
13 that they're transgender. Taxpayer money should
14 never be used to destroy innocent lives.

15 Transgender treatments and surgeries never
16 actually succeed in changing someone to the
17 opposite sex, but do cause permanent harm to the
18 people who undergo such treatments.

19 Health care professionals need to focus on
20 healing the mind of confused and/or abused people,
21 not mutilating their bodies. As Anthony already
22 quoted, I'm going to skip part of the quote from
23 the American College of Pediatrics, but it ends
24 with, "The suppression of normal puberty, the use
25 of disease-causing cross-sex hormones, and the

1 surgical mutilation and sterilization of children
2 constitute atrocities to be banned, not health
3 care.

4 Please take their advice. Ban these
5 atrocities --

6 A VOICE: Thirty seconds.

7 MR. WILSON: -- and keep Medicaid about health
8 care. Thank you very much.

9 (Applause.)

10 A VOICE: Speaker Suzanne Zimmerman.

11 MS. ZIMMERMAN: I'm Suzanne Zimmerman, and I
12 am merely a mother, grandmother, great-grandmother,
13 aunt, great-aunt, and specifically great great-aunt
14 of a young child who is going through the throes of
15 gender dysphoria from the age -- a young age. He
16 is now 8 years old, and I pray that our state
17 doesn't make it easy for her parents to be
18 dissuaded toward gender change.

19 I listened to the young people here who have
20 gone through this, and I think they speak volumes
21 more than any of the rest of us could say because
22 they've been through the difficulties and they've
23 learned through the difficulties.

24 And my bottom line is God doesn't make
25 mistakes. We're all created equal and different,

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1 each in His image, and there are many, many
2 different people in this world and we are to love
3 them all. It's a commandment, it's God
4 commandment, and He loves us all.

5 I urge you to support this ban to make it easy
6 through Medicaid to have --

7 A VOICE: Thirty seconds.

8 MS. ZIMMERMAN: -- the surgery for children
9 who are children with very young brains. Have a
10 heart and please pass this ban. Thank you.

11 (Applause.)

12 A VOICE: Judy Hollerza, H-o-l-l-e-r-z-a.

13 MS. HOLLERIN: I'm Judy Hollerin, poor work --
14 poor penmanship apparently.

15 I support -- I support that we ban -- that we
16 ban this. I -- every day, of course, we wake up
17 seeing new things that we can't believe are
18 happening to us today. And I support everything
19 that's been said -- everything in support of that
20 has been said today.

21 The idea that Medicaid should be doing --
22 should be supporting this or paying for it --
23 again, this expansion of us paying for these kinds
24 of critical things without further thought. My,
25 I -- I would like to look 20 years younger, but I

1 do not expect Medicaid to be paying for it. Enough
2 said.

3 (Applause.)

4 A VOICE: Next speaker, Ezra Stone.

5 MR. STONE: Good afternoon. My name is Ezra
6 Stone and I'm a licensed clinical social worker.

7 Social work is a profession with a long
8 history of valuing human dignity and autonomy, and
9 according to the values of my profession, I have an
10 ethical obligation to support my clients in
11 reaching their fullest potential, problem-solving
12 barriers to treatment with them, and collaborating
13 with other professionals.

14 Additionally, we have a professional
15 obligation to provide evidence-based treatment, and
16 there is significant research that medical
17 transition is safe, effective at relieving symptoms
18 of dysphoria, and improves mental health.

19 In my private therapy practice, my clients
20 express tremendous relief at being able to access
21 medical care, which decreases their anxiety and
22 depression and increases their feelings of safety,
23 comfort, and joy as their bodies and minds become
24 more congruent. Understanding and being seen as
25 their true selves creates a sense of belonging,

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1 which is a fundamental human need.

2 On the other hand, the current political
3 climate in the state is causing significant harm to
4 transgender, nonbinary questioning and gender
5 diverse Floridians. My clients report increases in
6 anxiety with each proposed anti-LGBT measure the
7 state takes, fear violence in their daily lives,
8 and worry about their continued access to medical
9 care.

10 These observations from my clinical practice
11 support the research on the minority stress model,
12 which demonstrates that expecting experiences of
13 harm, marginalization, and rejection have a
14 negative impact on people's mental health and
15 overall well-being.

16 Passing this change to Medicaid --

17 A VOICE: Thirty seconds.

18 MR. STONE: -- will not only take away
19 medically-necessary care from several thousand of
20 the most vulnerable Floridians, but it will also
21 further create a climate of fear for LGBT people
22 and their health care providers across the state.

23 (Applause.)

24 A VOICE: Jason. Speaker Peggy Joseph.

25 MS. JOSEPH: Hello. I'm Peggy Joseph, and I

1 would just like to share some thoughts from an
2 author and doctor, Ryan T. Anderson, who wrote
3 about -- a book called, "When Harry Became Sally."

4 So in 2016, the Obama administration and the
5 Center for Medicare and Medicaid Services revisited
6 the question of whether sex reassignment surgery
7 would have to be covered by Medicare plans. It
8 refused on the grounds that we lack evidence that
9 it benefits patients. They stated, "Based on a
10 thorough review of the clinical evidence available,
11 there is not enough evidence to determine whether
12 gender reassignment surgery improves health
13 outcomes."

14 There were conflicting study results, and the
15 quality and strength of evidence were low. Many
16 studies that reported positive outcomes were
17 exploratory-type studies with no confirming
18 follow-up. The author says, "The lack -- the lost
19 of follow-up could be pointing to suicide."

20 The largest and most robust study, a study
21 from Sweden, found a 19 times greater likelihood of
22 death by suicide and a host of other poor outcomes.

23 To provide the best possible care serving the
24 patient's interest requires an understanding of
25 human --

1 A VOICE: Thirty seconds.

2 MS. JOSEPH: -- wholeness and well-being. The
3 minimal standard of care should be with a standard
4 of normality. Our brains and senses are designed
5 to bring us into contact with reality. Thoughts
6 that distort --

7 A VOICE: Fifteen seconds.

8 MS. JOSEPH: -- (inaudible) are misguided and
9 cause harm. Okay.

10 (Applause.)

11 A VOICE: Next speaker, Jack Barton.

12 A VOICE: Actually, I have one comment with
13 respect to that, so as a partial addendum to my
14 earlier answer focusing on some of the clinical
15 organizations in the United States, but I wanted to
16 also mention because it has come up a couple times
17 here, that the Gamus report on pages 35 and 36 also
18 talks about international consensus as also talked
19 about in Dr. James Canter's report on pages 42
20 through 45. So I would encourage people to look at
21 that as well.

22 A VOICE: Go ahead.

23 MR. BARTON: My name is Jack Barton. I'm here
24 with the Christian Family Coalition. I'm an
25 Assembly of God pastor. The 37 years I have

1 Suicide that we talk about so much comes when
2 a person has followed up on these things, has done
3 it, and now they are confused because they still
4 don't find the completion that they thought they
5 felt.

6 Among those that go through these processes,
7 many of it comes from child abuse that happened
8 when they were kids, some who have wanted to have
9 acceptance by others and were rejected. One man,
10 his grandmother wanted a granddaughter. She
11 dressed him like that, and so he adopted that life.

12 A VOICE: Thirty seconds.

13 MR. BARTON: I'll close with this. There are
14 two genders, male and female. Women bear children,
15 women breastfeed, women have menstrual cycles. Men
16 do not. I would not provide the anorexic with food
17 and I would not say give money to do something that
18 would harm a child.

19 A VOICE: Fifteen seconds.

20 MR. BARTON: It's a terrible thing to do and I
21 ask you to stand your ground.

22 (Applause.)

23 A VOICE: Jose Martin.

24 MR. MARTIN: Good afternoon. Thank you for
25 letting me speak. I'm also with the Christian

1 Coalition, and I'm here to speak in support of Rule
2 59G-1.050. I am a father and a grandfather, and I
3 am here to stand against mutilation that we all are
4 asked to fund. The people we are talking about
5 need counseling, not promotion to a destructive
6 choice.

7 I also want to remind that one day we will all
8 stand before a living God and give account for
9 where we stand on this and other issues. And I
10 also want to thank you brave people, who I think
11 are more qualified than all the other experts that
12 came up, because you are living and you lived
13 through it and you know the results of that, and I
14 thank you. Thank you very much.

15 (Applause.)

16 A VOICE: Folks, we have a number of speakers
17 coming up from the same organization. We just ask
18 that you be respectful of others' time. We've got
19 a number of speakers to get through before 5:00
20 p.m., so if you could just be brief and support
21 comments of others, if possible. Thank you.

22 Next speaker, Bob Johnson.

23 MR. JOHNSON: Good afternoon, Bob Johnson. I
24 am a retired and recovering attorney, but I am --
25 and I'll be very brief.

1 I say thank you to the Florida Division of
2 Medicaid for putting together this report. I've
3 read the whole report. It's not my area of
4 expertise, but I've had significant experience
5 working with the development of agency rules,
6 statements of need, and reasonableness as we call
7 them in the state that I come from, and I just want
8 to compliment the agency. I've read through it. I
9 think the case is compelling for the rule change.
10 I strongly support the rule change.

11 There is specifics in there again that's not
12 an area that I studied, but in reading the report
13 and looking how thorough that it was put together,
14 the case has been made for the need to adopt this
15 rule change, the case has been made for the
16 reasonableness of what you're proposing. I just
17 found it compelling the fact that the FDA does not
18 approve any medication as clinically indicated for
19 gender dysphoria. The fact that there's no
20 randomized, controlled trials for the use of these
21 puberty suppression, that's the gold standard, I
22 know, in medical studies, and there are no
23 randomized, controlled trials, and the fact that
24 there's no long-term data. I just think there is
25 so much concrete, substantial evidence that totally

1 justifies it, and I would just echo many of the
2 others that have testified here today. I urge you
3 to go forward, adopt these rules, changes --

4 A VOICE: Thirty seconds.

5 MR. JOHNSON: -- (inaudible) we need them, we
6 need them in the state of Florida. Thank you.

7 (Applause.)

8 A VOICE: Next speaker, Sandy Westad,
9 W-e-s-t-a-d, I believe.

10 MS. WESTAD: My name is Sandy Westad and I'm
11 also here with CFC, Christian Family Coalition.

12 I -- I want to speak from the heart. I'm a
13 mother, I'm a grandmother, I'm a sister, whatever,
14 and my heart is breaking for what these kids are
15 going through. It just seems to me that if the
16 parents -- the parents need to stay in control.
17 They need to stay in the authority of their
18 children. They need to be able to speak to their
19 kids about the sex and the transgender.

20 Kids play house. They pretend. You know,
21 they do things in a play world, but they don't want
22 to be or understand or even know what it is to
23 change from one sex to another. They pretend. I
24 remember my sons playing and pretending they were
25 girls and sometimes they would pretend they were

1 boys, but they were boys and they grew up to be
2 boys. They didn't want to be girls. They felt
3 that that was what they were supposed to be. Jesus
4 made them boys, and they were going to stay boys.
5 But the thing is we -- we need to understand that
6 children cannot make those kinds of decisions.
7 They cannot --

8 A VOICE: Thirty seconds.

9 A VOICE: -- decide who they are. The parents
10 need to be their guide, and the parents -- God gave
11 children parents for a reason.

12 So I just support this bill, this rule, and I
13 thank you so much for everyone that's here.

14 (Applause.)

15 A VOICE: Gail Carlins.

16 MS. CARLINS: Good afternoon. I'm Gail
17 Carlins and I'm with CFC also. And I am in favor,
18 I support this rule change here with not having the
19 funds -- the Medicaid funds go to supporting these.

20 My beliefs are based on the Bible, and the
21 Bible, I believe, is the only truth that there is.
22 And the Bible says, as was mentioned a couple
23 times, God created male and female. If you want to
24 bring science into it, females have two X
25 chromosomes, males have an X and a Y chromosome.

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1 just -- it needs to be taken out of the schools,
2 and this doctor that was from UF or USF or
3 whatever, it's shameful, shameful what you are
4 trying to teach our students, and that's why we are
5 in this bloody mess right now. Okay? And this
6 needs to be changed --

7 A VOICE: Thirty seconds.

8 MS. BERRING: -- and you all need to listen.

9 And thank you, doctors, for being here and for
10 giving us this forum. Thank you.

11 (Applause.)

12 A VOICE: We would ask that the comments be
13 focused on the rule and be respectful of other
14 speakers, please.

15 Troy Peterson.

16 MR. PETERSON: Good afternoon, Troy Peterson.

17 I come supporting Anthony and Christian Family
18 Coalition. I'm also the President of Warriors of
19 Faith here in Florida. We brought a few people
20 with us from the Tampa Bay area, and really we come
21 representing thousands that stand in agreement with
22 this rule.

23 And I want to thank you, doctors. I read the
24 40-page report. I'm not a doctor, I'm a pastor.
25 But when I saw the evidence, I could clearly see

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1 that we need this rule.

2 In the book of Genesis, in the beginning God
3 created man in his own image, male and female, and
4 then he said, "Be fruitful and multiply the earth."
5 So that's why I'm here is because I'm opposed to
6 even that doctor back there. And I appreciate you
7 said that because if I had any authority in the
8 medical field, I would have his license revoked.

9 The most thorough follow-up of sex reassigning
10 people, which was conducted in Sweden, documented
11 that 10 to 15 years --

12 A VOICE: Thirty seconds.

13 MR. PETERSON: -- of surgical reassessment,
14 that the suicide rate is 20 times that of the
15 comparable peers.

16 I also read in the medical evidence that
17 50 percent --

18 A VOICE: Fifteen seconds.

19 MR. PETERSON: -- of the gender
20 identity-confused children have thoughts of
21 suicide.

22 Thank you for your time.

23 (Applause.)

24 A VOICE: Janet Rath.

25 MS. RATH: Hi, my name is Janet Rath. I'm a

1 Gerald Loomer. I drove three and a half hours from
2 Lady Lake, Florida, to be here because I want to
3 support Rule 59G-1.050. Especially I want to
4 support the best governor in the United States, Ron
5 DeSantis who also supports this.

6 (Applause.)

7 MR. LOOMER: But I'd like to share three quick
8 stories with you. The first is the little girl who
9 saw her brothers go fishing with their dad, out in
10 the backyard playing catch with a football, says,
11 "You know, I'd like to spend more time with Dad.
12 If I were a boy, I could spend more time with Dad."

13 Or the boy who said, "You know, those girls,
14 they're in the kitchen cooking with Mom, they go
15 shopping with Mom, they're doing makeup with Mom.
16 I want to spend more time with Mom. I think I
17 should be a girl, then I can spend more time with
18 Mom." Well, those things passed.

19 Remember the child who said, "Can I drive the
20 car?" "Of course not, you're 13 years old."
21 "Well, can I drink a beer?" "Of course not, you're
22 13 years old." "Can I smoke a cigarette?"

23 A VOICE: Thirty seconds.

24 MR. LOOMER: "Of course not, you're 13 years
25 old." "Can I take hormones to block puberty?"

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1 "No, you're 13 years old. Of course, you can. You
2 know what you want." "Can I take cross-sex
3 hormones?"

4 A VOICE: Fifteen seconds.

5 MR. LOOMER: "You're 13 years old. Of course,
6 you can. You know what you want." "Can I have
7 gender sterilizing surgery?" "You're 13 years old.
8 Of course, you can, you know what you want." "Can
9 I have body-mutilating surgery" --

10 A VOICE: Time. Please wrap up your comment.

11 MR. LOOMER: -- "that's going to alter my
12 sex?" "Of course, you can, you's are 13 years old,
13 you know what you want."

14 A VOICE: Sir, your time is up. Please wrap
15 it up.

16 MR. LOOMER: How absurd is all of this?
17 Continue to keep this resolution.

18 Thank you.

19 (Applause.)

20 A VOICE: Pastor Marta Marcano.

21 MS. MARCANO: Good afternoon. I'm Pastor
22 Marta Marcano from (inaudible) Jacksonville,
23 Florida. I'm a director of Protect our Children
24 Project, Duval County chapter, and an organizer of
25 the Christian Family Coalition in Jacksonville too.

1 I'm here to let you know that I'm support of
2 the Rule 59G-1.050 to ban Medicaid funding for
3 transgenders, surgeries, (inaudible) blockers, and
4 other unnatural therapies.

5 Also, this rule protect taxpayers from being
6 forced to subsidize the (inaudible) is driving by
7 unethical pharmaceutical companies enriching
8 themselves with the puberty blockers. That is an
9 atrocity of children abuse.

10 World-renowned Swedish psychiatric,
11 Dr. Christopher Gilbert, has said that pediatric
12 confusion is possibly one of the greater --

13 A VOICE: Thirty seconds.

14 MS. MARCANO: -- scandal in medical history
15 and call for an immediate moratorium.

16 As a pastor --

17 A VOICE: Fifteen seconds.

18 MS. MARCANO: -- I want to remind you that doc
19 do not been a stumbling block for the little one,
20 because Hebrews 10:31 said --

21 A VOICE: Time. Please complete your comment.

22 MS. MARCANO: -- "It's a fearful thing to fall
23 into the hands of the living God."

24 Please protect our children. Thank you very
25 much for this time.

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1 (Applause.)

2 A VOICE: Paul Arrans.

3 MR. ARRANS: Good afternoon. My name is Paul
4 Arrans. I'm a physician. In practice, I've had
5 transgender patients, and I have transgender
6 personal friends with whom I discuss their medical
7 care at length.

8 With profound respect for the young people who
9 testified earlier, I still oppose this amendment
10 (inaudible) the preponderance of medical science
11 and practice when we do irreparable harm to the
12 health and well-being of thousands of transgender
13 Floridians of all ages and their families.

14 The American Academy of Pediatrics and its
15 Florida chapter representing thousands of
16 board-certified pediatricians have directly
17 reviewed many controversial assertions in your
18 publication on gender dysphoria, and the Florida
19 Department of Health's statement responded.

20 Contrary to an earlier comment, the Endocrine
21 Society has stated, "Both medical intervention for
22 transgender youth and adults, including puberty
23 suppression, hormone therapy, and
24 medically-indicated surgery has been established as
25 the standard of care. Federal and private

1 insurance should cover such interventions as
2 prescribed by a physician," end quote.

3 Gender dysphoria is very real. You can learn
4 this for yourselves by meeting with transgender
5 people. You will then realize that denial of
6 appropriate gender-affirming care at any age would
7 be inhumane and a violation of human rights. These
8 medically-necessary treatments are the generally
9 accepted professional medical standards,
10 (inaudible) authoritative opposition to the
11 proposed rule.

12 A VOICE: Thirty seconds.

13 MR. ARRANS: (Inaudible) to just rush this
14 through, thereby putting the health and lives of
15 trans people in danger.

16 It feels like Medicaid is crossing into a
17 political lane by seeking to preempt
18 provider/patient/family decision-making here, and I
19 urge you to withdraw this proposal.

20 A VOICE: Fifteen seconds.

21 MR. ARRANS: This represents knowledge and
22 practice regarding gender-affirming care. If you
23 are still determined to address this topic, at
24 least convene (inaudible) panels of experts,
25 including transgender community members, who inform

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1 yourselves and the public about the overwhelming
2 evidence --

3 A VOICE: Time.

4 MR. ARRANS -- against denying coverage for
5 gender-affirming care.

6 Thank you for the opportunity to testify.

7 (Applause.)

8 A VOICE: Thank you for that comment. I'm
9 going to refer for further comment to Dr. Van.
10 VANMOLE, VANMO, VENMO?

11 DR. V: I would encourage everybody just to
12 read the Gaplins report, and particularly the
13 attachment to it. A great deal of attention has
14 been put in there into evaluating the science. And
15 some of the studies that have been brought up, both
16 pro and con, are involved -- they're specifically
17 the flaws that are in so many of these studies.
18 Specifically --

19 A VOICE: Hold on.

20 A VOICE: (Inaudible) while Dr. Vanmo speaks.

21 DR. V: Yeah, and by the way, I like the idea
22 that everybody lets everybody speak. So it kinds
23 of bothers me when I'm hearing speakers shout it
24 down because they're saying something you don't
25 like. How we treat other people with whom we

1 disagree is a reflection of our own character, not
2 theirs. So, please, let -- due decorum.

3 First of all, the Endocrine Society's 2017
4 guidelines are guidelines, just that. And it
5 states specifically page 3895 that they do not
6 guarantee an outcome and they do not establish a
7 standard of care. It's in black and white there.

8 I would refer you also, as is mentioned in the
9 Gaplins report, the histories in the United
10 Kingdom, Sweden, Finland, France, four nations that
11 were leading this from quite some time, they did
12 national-level reviews involving scientific
13 organizations, divisions of governments, medical
14 professionals. And mind you, these are nations
15 that were leading it. And after review, they all
16 came to the same conclusion, this should not be
17 going on in minors at all under 16, and only
18 between 16 and 18 under tightly-regulated studies,
19 the kind of which we really don't see happening.

20 And they also came to the conclusion that
21 strong psychological support is what's needed when
22 we talk about evaluating kids for this. We have
23 four decades of literature showing the overwhelming
24 probability of mental health problems, adverse
25 childhood events, neuropsychological problems like

1 autism spectrum disorder, and other things that
2 need to be addressed. And, in fact, also for these
3 nations, somebody strongly demonstrating
4 psychologic instability -- quite specifically, you
5 say you're suicidal -- blocks you from the
6 transition pathway. They insist that those things
7 be taken care of first because transition simply
8 won't fix them. The underlying problems of a
9 transgender youth become the underlying problems of
10 an adult who identifies as transgender. That's
11 what is going on here.

12 So, again, I'd refer you to the report and
13 some of the other letter, complaints, that I've
14 seen come in in the past 24 hours from the AAP, as
15 well as from the Endocrine Society, what they're
16 complaining about is actually addressed here,
17 including some of the studies they bring up, and
18 there too, it's a very well-researched document.
19 The State of Florida put a lot of effort into this.

20 You're free to disagree, but please make sure
21 you've read it and understand it before you do.

22 A VOICE: Just to be a little bit more
23 specific with respect to the report, I'd refer you
24 to Dr. Rigner (inaudible) Peterson's report, which
25 is Attachment C to the Gaplins report, and also a

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1 doctor named Paul Hruz, H-r-u-z. Title of his
2 publication is, "Deficiencies in Scientific
3 Evidence for Medical Management of Gender
4 Dysphoria." He did not provide an expert report
5 for purposes of this report, but he is published in
6 medically reviewed literature, and I would
7 encourage you to read that as well.

8 Thank you.

9 (Applause.)

10 A VOICE: January Littlejohn.

11 MS. LITTLEJOHN: My name is January
12 Littlejohn. I am a mother of three children and a
13 licensed mental health counselor.

14 In the spring of 2020, our 13-year-old
15 daughter told us that she was experiencing distress
16 over her sex and that she didn't feel like a girl.
17 She had expressed no previous signs of gender
18 confusion, and three of her friends at school had
19 recently started identifying as transgender.

20 As we tried to understand our own observations
21 and seek professional help, we discovered that her
22 middle school had socially transitioned her without
23 our knowledge or consent. Her mental health
24 spiraled. We worked with a psychologist to help
25 our daughter explore and resolve co-occurring

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1 issues, including low self-esteem and anxiety. We
2 also gave her more one-on-one time, in-person
3 activities away from trans influences, limited her
4 Internet use, and declined to affirm her
5 newly-chosen name and pronouns. We set appropriate
6 boundaries and allowed her to choose her hair style
7 and clothing, but denied harmful requests such as
8 breast binders, puberty blockers, cross-sex
9 hormones, and surgeries.

10 It was clear from our conversations that our
11 daughter was uncomfortable with her developing body
12 and had an intense fear of being sexualized. She
13 was filled with self-loathing and was in true
14 emotional pain, but had been led by peers and
15 influencers to believe that gender was the source
16 of her pain.

17 What she really needed was for us to help her
18 make sense of her confusion and remind her that
19 hormones and surgeries could never change her sex
20 or resolve her issues.

21 A VOICE: Thirty seconds.

22 MS. LITTLEJOHN: I shudder to think what could
23 have happened if we had affirmed her false identity
24 and consented to medical treatment as opposed to
25 what we did, which was to lovingly affirm her as

1 she is: Beautifully unique and irreplaceable and
2 undeniably female.

3 A VOICE: Fifteen seconds.

4 MS. LITTLEJOHN: Our daughter has desisted and
5 is on a path to self-love, but, unfortunately,
6 gender-dysphoric children are being encouraged
7 through activism and peer pressure to disassociate
8 from their bodies and to believe their body parts
9 can be simply removed --

10 A VOICE: Time. Please finish your comment.

11 MS. LITTLEJOHN: -- modified, or replaced.

12 The irreversible consequences of medically
13 transitioning, including loss of sexual and
14 reproductive function, cannot be fully understood
15 by children or teens who lack the necessary
16 maturity or experience. These children need love
17 and therapy, not hormones or surgery.

18 Thank you.

19 (Applause.)

20 A VOICE: Next up, Kendra Paris.

21 MS. PARIS: Hi there, my name is Kendra Paris.
22 I still suffer from being an attorney. I'm a
23 mental health attorney, and I wanted to follow up
24 on the comment about the lack of peer-reviewed
25 standards of care, because as an attorney, the lack

1 of peer-reviewed standards of care mean that a lot
2 of people who are harmed or experience bad outcomes
3 from these surgeries or other interventions have no
4 ability to sue, and I find that problematic as an
5 attorney. They've had decades to create
6 peer-reviewed standards of care, and they have not.
7 And I suspect some people don't want those
8 standards of care because it would open them up to
9 lawsuits for bad outcomes, which is not happening
10 right now and it really frustrates me.

11 You all are so brave. I'm so proud of you for
12 coming and telling your stories.

13 We just don't know, and I want to talk about a
14 particularized thing that we don't know yet. When
15 you put a female on testosterone, within about five
16 years, she's going to have to have a hysterectomy,
17 though you passed most recent standards of care,
18 recommend hormone -- cross-sex hormone therapy for
19 females at 14. So we're talking about a potential
20 hysterectomy before she turns 20. We have known
21 for a very long time that hysterectomies correlated
22 with negative mental health outcomes and cognitive
23 decline. And we know that the earlier a
24 hysterectomy is performed, the worse mental health
25 and cognitive decline is. Essentially, the earlier

1 you do the hysterectomy, the earlier the onset of
2 dementia.

3 And so what I am very concerned about is in, I
4 don't know, 10, 20, 30 years, we're going to have
5 an absolute wave of young females, 40, 50 years
6 old, with early-onset cognitive decline --

7 A VOICE: Thirty seconds.

8 MS. PARIS: -- or dementia in our assisted
9 living facilities.

10 And in surveys and anecdotal experience is
11 starting to indicate that some individuals who are
12 trans and have dementia forget that they're trans.
13 In a state like Florida, we have substituted
14 judgment.

15 A VOICE: Fifteen seconds.

16 MS. PARIS: So if they don't have written
17 documentation allowing for their medical proxy to
18 allow for detransition, they might be cut off. And
19 I really worry that we have not considered all of
20 the implications of this.

21 So I appreciate the rulemaking and I thank
22 you --

23 A VOICE: Time.

24 MS. PARIS: -- for your time. Thank you.

25 (Applause.)

1 A VOICE: Nathan (inaudible).

2 MR. BRUMER: My name is Nathan Brumer. I am
3 Florida's LGBTQ consumer advocate as appointed by
4 Commissioner of Agriculture Nikki Fried. One of
5 FDACS' many critical roles here in the state
6 includes serving as Florida's consumer protection
7 agency.

8 On behalf of health care consumers, I provide
9 the following comments in opposition to the
10 proposed changes to Rule 59G-1.050: As a state
11 agency, FDACS encourages all consumers to remain
12 aware, vigilant, and act when necessary, but to do
13 so, we know consumers must be provided with
14 accurate information, education, choice, safety,
15 representation, and redress.

16 Documented, well-researched standards of care
17 have been established, are based on a wide range of
18 evidence, and conclude gender-affirming medical
19 care is medically necessary and safe and effective.
20 In other words, gender-affirming care is the
21 standard of care, and the proposed rule as it
22 stands would deny health care consumers in the
23 state of Florida access to the standard of care.

24 State agencies must serve and advocate for all
25 Floridians. We should not deny any Floridian the

1 ability to thrive. We serve the public good and we
2 must defend the rights of every Floridian,
3 including transgender Floridians, and this includes
4 the right to nondiscriminatory health care
5 coverage. We must work to increase access to
6 health care, not lessen it or remove it all
7 together.

8 A VOICE: Thirty seconds.

9 MR. BRUMER: On a personal note, Florida is my
10 home state. I am one of thousands, tens of
11 thousands of transgender Floridians here in our
12 state who have had the privilege to have access to
13 gender-affirming health care --

14 A VOICE: Fifteen seconds.

15 MR. BRUMER -- for decades who are happy and
16 successful and thriving. I'm an attorney, I'm an
17 advocate, and I work for and very hard and I'm
18 proud to serve the State of Florida. We are part
19 of the fabric of this nation --

20 A VOICE: Time. Please wrap up your comment.

21 MR. BRUMER -- and of this great state, and we
22 deserve the rights and benefits afforded to all.

23 (Applause.)

24 A VOICE: Nathan Bremmer.

25 MR. NEWELL: Hi, I'm Nathan Newell. I think

1 we got the Nathans mixed up. Here (inaudible) for
2 support. Tell you a little bit, I have a son, I
3 have four children. My son, 15, is -- doing
4 everything we can to keep him straight. He doesn't
5 make good decisions. One of the things lately, you
6 know those little things on the side of the road
7 that flashes and tells you your speed? Well, we
8 had one of those near our house. So he decides to
9 take his dirt bike in pitch black and with his
10 friends out there and go 80 miles per hour down the
11 road. We know this because of the ring. He was
12 bragging to his friends, so we watched the ring and
13 saw that.

14 Then a couple days ago, he was upset with us
15 and said he was leaving. So we said, "Where are
16 you going to go, Hunter?" He goes, "I'm going to
17 St. Teresa, I got friends down there." "How are
18 you going to get there, Hunter?" "I'm going to
19 ride my bike." I said, "It's going to take you
20 forever," and he goes, "It's going to take me four
21 hours."

22 So, anyways, this 15-year-old, he's not making
23 good decisions. And to sit here and to even think
24 that these kids can make a decision on what they
25 want that's going to be with them for the rest of

1 life is child abuse. These doctors are despicable.
2 They need to have their license taken away. They
3 are a disgrace to the human race. It's just
4 despicable to think that these people are taking
5 care of us and taking care of our children, and I
6 appreciate what y'all are doing.

7 (Applause.)

8 A VOICE: We'd ask that you please be
9 respectful to the other speakers.

10 A VOICE: Thank you for your comments. We
11 respect your comment, we respect everybody's
12 comments, including the doctors that you
13 referenced.

14 A VOICE: Nathan Brumer.

15 Dotty McPherson.

16 MS. MCPHERSON: Hi there, I'm Dotty McPherson.
17 I'm speaking as the District 2 representative for
18 the Florida Federation of Republican Women.

19 The age of majority is 18, but even at 18,
20 children don't have the maturity to handle certain
21 responsibilities given them, like driving, alcohol.
22 Even older adults don't.

23 Your agency's safety net programs include
24 programs for abused and neglected children, but not
25 gender decisions. Please prevent funding the

1 destruction of children's genitalia and hormonal
2 balance.

3 Please consider unintended consequences of,
4 No. 1, is taxpayer money that will need to be used
5 for lawsuits by those whose lives are ruined from
6 surgeries that got -- that they got while they were
7 immature or too young to understand, also by
8 parents whose parental rights were denied to
9 protect their children's future.

10 I grew up in a low-income neighborhood on the
11 low-income side of town. When I got to junior high
12 school, I saw how rich kids were, and a lot of them
13 were just real brainiacs, and I felt so inadequate.
14 I had a terrible inferiority complex, but I got
15 over it. I graduated with honors from FSU. I had
16 a good job and made a good life for myself and my
17 four children. Life isn't fair. We've got to stop
18 giving in to the poor, pitiful me syndrome. People
19 need to get their brains right and --

20 A VOICE: Thirty seconds.

21 MS. MCPHERSON: -- get straight. Government
22 has no business funding these things. Our elected
23 governor has authority to make this rule, which
24 should be upheld. Please support our governor's
25 rule. Thank you.

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1 (Applause.)

2 A VOICE: I'm going to get this first name
3 wrong, but I think it's Marjorie Caulkins.

4 MS. CAULKINS: Hello, my name is (inaudible)
5 Caulkins and I am from Milton, Florida, and I came
6 in support of the ban of Medicaid funding for
7 transgender surgeries and treatments.

8 I believe that Floridians do not need our
9 taxpayers' money to be spent in this funding of
10 surgeries that are both unnecessarily and
11 tremendously harmful.

12 As a mother of two, I believe there is a war
13 on our children and we need to stand on the right
14 side of this war and protect our children, support
15 our Governor DeSantis. We are blessed with our
16 governor, and I think we should be on the right
17 side and support this rule and ban Medicaid funding
18 for transgender surgeries.

19 Thank you so much, and thank you for your
20 service.

21 (Applause.)

22 A VOICE: James Caulkins.

23 MR. CAULKINS: Hi. I'm James Caulkins from
24 Milton, Florida, and I just want to say we really
25 need this rule passed to support Rule 59G-1.050 to

1 ban Medicaid funding for transgender surgery and
2 treatment.

3 We are in a battle in this country, and I'd
4 like to thank all the people who showed up today,
5 because your voice matters. Our state -- the
6 people have spoken. They elected the greatest
7 governor in the United States, Ron DeSantis. They
8 put Republicans in office in this state to stand
9 for what's right, and this rule change is what's
10 right.

11 We don't need this stuff, this evil, this
12 Medicaid funding for transgender surgery. We don't
13 need this in our state of Florida. We need to lead
14 in Florida, we need to lead the other states in
15 Florida against this evil transgender surgeries.

16 So please pass this rule. Thank you all so
17 much for your public service and God bless the
18 state of Florida. Thank you.

19 (Applause.)

20 A VOICE: Tuana Aman.

21 MS. AMAN: Thank you for the opportunity for
22 us to be here. I am in support of the ban to the
23 Medicaid funding for transgender surgeries and
24 treatments. And let me say that years ago, I was
25 told that I needed to go on hormone therapy, and I

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1 had one doctor tell me that it was the right thing
2 to do, but as I did more and more surg- -- more and
3 more study and research, I saw the risks involved
4 to hormonal therapy. And when someone tries to
5 tell you there isn't any risk to these kinds of
6 procedures and these kinds of things that are
7 happening to young people, to young kids -- I mean,
8 I'm an adult who's fully developed, right, as a
9 human being now, right, and they say 25 generally,
10 look at these kids and their development, the
11 process.

12 And what I think is even more sad is that
13 they're born like the young girl with a certain
14 amount of eggs that will be released every month
15 from the time she starts puberty, and here we're
16 trying to prevent those natural things from
17 occurring and expect it not to have any problems.

18 I was watching Bill Mayer, which he's not a
19 favorite of conservatives, right? And he came out
20 a couple of weeks ago and was slammed by the LGBT
21 community because he said, "Isn't it
22 interesting" -- and this is him, right -- "Isn't it
23 interesting that if you look at Los Angeles and New
24 York and Miami and all these different hubs, that's
25 where this transgender service -- these surgeries

1 are going on, the focus," and he got slammed. They
2 said they wanted him off the air, and, I mean, he
3 had -- they had a campaign against him --

4 A VOICE: Thirty seconds.

5 MS. AMAN: -- because it was focused on the
6 fact that he was just saying, "Isn't there
7 something ironic about the fact that you look at
8 the rest of the country and these things aren't
9 going on, and then you look at these hubs where
10 social engineering is happening and where people
11 are being influenced that I" --

12 A VOICE: Fifteen seconds.

13 MS. AMAN: -- "can't go out into the media and
14 say anything against transgender, because what will
15 happen? I will be criticized and condemned." It
16 isn't fair. I think it's right to be here and have
17 the opportunity to give our voices, but I believe
18 that the government should not be involved in
19 supporting any --

20 A VOICE: Time. Please wrap up your comment.

21 MS. AMAN: -- kind of procedure for these
22 young kids. Thank you. Amen.

23 (Applause.)

24 A VOICE: Jason, do you have a follow up?

25 A VOICE: Just very quickly. We appreciate

1 your comments, just like we appreciate the comments
2 of everyone in this room and all the people that
3 have made comments on-line and otherwise.

4 I just wanted to make sure -- clear, just so
5 we're crystal-clear about the purpose of this rule
6 is that we're not talking about a ban of treatment
7 for gender dysphoria. We're talking about not
8 covering through reimbursement in the Florida
9 Medicaid program for the services that are
10 enumerated in the rule itself.

11 I also want to make clear that there are other
12 comprehensive coverage of services for gender
13 dysphoria currently in the Florida Medicaid
14 program, and I just want to read a couple of those:
15 "Community-based health services provided by an
16 array of provider types; psychiatric services
17 provided by a physician or other qualified health
18 care practitioner in office settings, clinics, and
19 hospitals; emergency services and inpatient
20 services in hospital settings; behavioral health
21 services provided in schools and by school
22 districts."

23 So I just wanted to make sure that everyone
24 was crystal-clear about the purpose of this rule.
25 I very much appreciate your comment and the

1 comments of everybody else.

2 A VOICE: Thank you, everyone, for your
3 participation in this hearing. We will accept
4 written material or comments until 5:00 p.m. on
5 Monday, July 11, 2022. Comments may be submitted
6 by e-mail to
7 medicaidrulecomments@ahca.myflorida.com.

8 That being our time, this hearing is now
9 closed. Thank you.

10 (Whereupon, the hearing was concluded.)

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C E R T I F I C A T E

STATE OF FLORIDA)

COUNTY OF LEON)

I hereby certify that the foregoing transcript is of a tape-recording taken down by the undersigned, and the contents thereof were reduced to typewriting under my direction;

That the foregoing pages 02 through 91 represent a true, correct, and complete transcript of the tape-recording;

And I further certify that I am not of kin or counsel to the parties in the case; am not in the regular employ of counsel for any of said parties; nor am I in anywise interested in the result of said case.

Dated this 19th day of July, 2022.



CLARA C. ROTRUCK

Notary Public

State of Florida at Large

Commission Expires:

November 13, 2022

Commission NO.: GG 272880

Medicaid Certified School Match Program Fee Schedule

2022

*Reimbursement amount is the Federal Share of these fees. However, reimbursement can also be based on the individual school district's cost and vary from school district to school district.

Occupational Therapy Services				
Code	Modifier	Description of Service	Maximum Fee	Maximum Allowable Units
97165		Occupational Therapy Evaluation, Low Complexity	\$51.05	1 per year
97166		Occupational Therapy Evaluation, Moderate Complexity	\$51.05	1 per year
97167		Occupational Therapy Evaluation, High Complexity	\$51.05	1 per year
97530		Occupational Therapy Treatment Individual Session	\$17.86	4 per day, 14 per week
97530	HM	Occupational Therapy Individual Session Provided by an Occupational Therapy Assistant	\$14.30	4 per day, 14 per week
97150	GO	Occupational Therapy Group Session by an Occupational Therapist	\$3.47	4 per day, per week
97150	UC	Occupational Therapy Group Session by an Occupational Therapy Assistant	\$2.74	4 per day
97542	GO	Wheelchair Evaluation and Fitting by an Occupational Therapist	\$51.05	1 per 5 years
92597	GO	AAC Initial Evaluation Provided by an Occupational Therapist	\$102.63	1 per 5 years
29799	HA	Application of Casting or Strapping	\$19.56	2 per day

Physical Therapy Services				
Code	Modifier	Description of Service	Maximum Fee	Maximum Allowable Units
97161		Physical Therapy Evaluation, Low Complexity	\$51.05	1 per year
97162		Physical Therapy Evaluation, Moderate Complexity	\$51.05	1 per year
97163		Physical Therapy Evaluation, High Complexity	\$51.05	1 per year
97110		Physical Therapy Treatment Individual Session	\$17.86	4 per day, 14 per week
97110	HM	Physical Therapy Individual Session Provided by a Physical Therapy Assistant	\$14.29	4 per day, 14 per week
97150	GP	Physical Therapy Group Session by a Physical Therapist	\$3.47	4 per day
97150	HM	Physical Therapy Group Session by a Physical Therapist Assistant	\$2.74	4 per day
97542	GP	Wheelchair Evaluation and Fitting by a Physical Therapist	\$51.05	1 per 5 years
92597	GP	AAC Initial Evaluation Provided by a Physical Therapist	\$102.63	1 per 5 years
29799	HA	Application of Casting or Strapping	\$19.56	2 per day

Speech-Language Pathology Services				
Code	Modifier	Description of Service	Maximum Fee	Maximum Allowable Units
92521		Evaluation/ Re-evaluation of speech fluency (e.g., stuttering, cluttering)	\$51.05	1 per 5 months
92522		Evaluation/ Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	\$51.05	1 per 5 months

92523		Evaluation/ Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	\$51.05	1 per 5 months
92524		Evaluation/ Re-evaluation Behavioral and qualitative analysis of voice and resonance	\$51.05	1 per 5 months
92610		Evaluation/Re-Evaluation of oral and pharyngeal swallowing function	\$48.94	1 per 5 months
92507		Speech-Language Pathology Individual Session by a Speech-Language Pathologist	\$17.86	4 per day, 14 per week
92507	HM	Speech-Language Pathology Individual Session Provided by a Speech Therapy Assistant	\$14.30	4 per day, 14 per week
92508		Speech-Language Pathology Group Session by a Speech-Language Pathologist	\$3.47	4 per day 14 per week
92508	HM	Speech-Language Pathology Group Session by a Speech-Language Pathology Assistant	\$3.74	4 per day, 14 per week
92597		AAC Initial Evaluation Provided by a Speech-Language Pathologist	\$102.63	1 per 5 years
92597	GN	AAC Re-Evaluation Provided by a Speech-Language Pathologist	\$52.63	1 per 6 months
92609		AAC Fitting, Adjustment, and Training Visit	\$42.11	8 per year

TRANSPORTATION

Transportation fees vary for each school district. They are not included in this appendix, instead each district is notified of its fee.

Behavioral Services					
Code	Modifier 1	Modifier 2	Description of services	Maximum Fee	Maximum Allowable Units
H0031	AH		Psychologist-Individual Service-Evaluation	\$9.66	32 units per school district

					staff member, per day.
H0046	AH		Psychologist-Individual Service-All Else	\$9.66	32 units per school district staff member, per day.
H0046	AH	HQ	Psychologist-Group Service	\$4.95	32 units per school district staff member, per day.
H0031	SE		Certified Behavior Analyst-Individual Service-Evaluation	\$8.00	32 units per school district staff member, per day.
H2019	HA		Certified Behavior Analyst-Individual Service-All Else	\$10.41	32 units per school district staff member, per day.
H2019	HA	HQ	Certified Behavior Analyst-Group Service	\$3.24	32 units per school district staff member, per day.
H0002	HA		Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior Analyst-Individual Service-Evaluation	\$6.70	32 units per school district staff member, per day.
H2014	HA		Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior Analyst-Individual Service-All Else	\$6.70	32 units per school district staff member, per day.
H2014	HA	HQ	Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior Analyst-Group Service	\$3.35	32 units per school district staff member, per day.
H0031	HU		Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors Individual Service - Evaluation	\$8.97	32 units per school district staff member, per day.
H0046	SE		Social Worker (Master's Level);	\$8.97	32 units per school district

			Marriage and Family Therapist; Mental Health and Guidance Counselors- Individual Service-All Else		staff member, per day.
H0046	SE	HQ	Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors- Group Service	\$4.25	32 units per school district staff member, per day.
H0002	HN		Social Worker (Bachelor's Level)- Individual Service-Evaluation	\$7.17	32 units per school district staff member, per day.
H0046	HN		Social Worker (Bachelor's Level)- Individual Service-All Else	\$7.17	32 units per school district staff member, per day.
H0046	HN	HQ	Social Worker (Bachelor's Level)- Group Service	\$3.40	32 units per school district staff member, per day.

Nursing Services				
Code	Modifier	Description of Service	Maximum Fee	Maximum Allowable Units
T1002		Nursing Service-Registered Nurse	\$6.20	32 units per nurse or aide, per day
T1003		Nursing Service-Licensed Practical Nurse	\$4.80	32 units per nurse or aide, per day
T1004		Nursing Service-School Health Aide	\$3.80	32 units per nurse or aide, per day
T1002	KO	Medication Administration-Registered Nurse	\$2.07	32 units per nurse or aide, per day
T1003	KO	Medication Administration-Licensed Practical Nurse	\$1.06	32 units per nurse or aide, per day
T1004	KO	Medication Administration-School Health Aide	\$.80	32 units per nurse or aide, per day

Behavioral Health Overlay Services Fee Schedule 2022

Description of Service	Procedure Code	Modifier	Maximum Fee	Reimbursement and Service Limitations
Behavioral health overlay services	H2020	HA	\$32.75 per day	<p>Medicaid will not reimburse for behavioral health overlay services when a recipient is absent because he or she is in a Department of Juvenile Justice detention center placement.</p> <p>Medicaid will not reimburse a provider for behavioral health overlay services if the provider has been paid for the provision of the same type of services by another purchasing entity.</p>

Florida Medicaid Community Behavior Health Fee Schedule
2022

Description of Service	Procedure Code	Mod	Maximum Fee	Reimbursement and Service Limitations
<u>59G-4.028: Behavioral Health Assessment Services Coverage Policy</u>				
Psychiatric evaluation by a physician	H2000	HP	\$210.00 per evaluation	Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year.
Psychiatric evaluation by a non-physician	H2000	HO	\$150.00 per evaluation	Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year.
Brief behavioral health status exam	H2010	HO	\$14.66 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses for brief behavioral health status examinations a maximum of 10 quarter-hour units annually (2.5 hours), per recipient, per state fiscal year. A brief behavioral assessment is not reimbursable on the same day that a psychiatric evaluation, bio-psychosocial assessment, or in-depth assessment has been completed by a qualified treating practitioner.
Psychiatric review of records	H2000		\$26.00 per review	Medicaid reimburses a maximum of two psychiatric reviews of records, per recipient, per state fiscal year. This service may not be billed for review of lab work (see medication management).
In-depth assessment, new patient, mental health	H0031	HO	\$125.00 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, mental health	H0031	TS	\$100.00 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, new patient, substance abuse	H0001	HO	\$125.00 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, substance abuse	H0001	TS	\$100.00 per assessment	Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year. An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.

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Description of Service	Procedure Code	Mod	Maximum Fee	Reimbursement and Service Limitations
Bio-psychosocial Evaluation, mental health	H0031	HN	\$48.00 per assessment	Medicaid reimburses one biopsychosocial evaluation, per recipient, per state fiscal year. A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.
Bio-psychosocial evaluation, substance abuse	H0001	HN	\$48.00 per assessment	Medicaid reimburses one biopsychosocial evaluation, per recipient, per state fiscal year. A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.
Psychological testing	H2019		\$15.00 per quarter hour	Medicaid reimburses a maximum of 40 quarter-hour units (10 hours) of psychological testing per state fiscal year.
Limited functional assessment, mental health	H0031		\$15.00 per assessment	Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year.
Limited functional assessment, substance abuse	H0001		\$15.00 per assessment	Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year.
Treatment plan development, new and established patient, mental health	H0032		\$97.00 per event	Medicaid reimburses for the development of one treatment plan per provider, per state fiscal year. Medicaid reimburses for a maximum total of two treatment plans per recipient per state fiscal year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan development, new and established patient, substance abuse	T1007		\$97.00 per event	Medicaid reimburses for the development of one treatment plan per provider, per state fiscal year. Medicaid reimburses for a maximum total of two treatment plans per recipient per state fiscal year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan review, mental health	H0032	TS	\$48.50 per event	Medicaid reimburses a maximum of four treatment plan reviews, per recipient, per state fiscal year. The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.
Treatment plan review, substance abuse	T1007	TS	\$48.50 per event	Medicaid reimburses a maximum of four treatment plan reviews, per recipient, per state fiscal year. The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.
<u>59G-4.029: Behavioral Health Medication Management Services Coverage Policy</u>				
Medication management	T1015		\$60.00 per event	Medicaid reimburses medication management as medically necessary. Medication management is not reimbursable on the same day, for the same recipient, as brief group medical therapy or brief individual medical psychotherapy.
Behavioral health medical screening, mental health	T1023	HE	\$43.62 per event	Medicaid reimburses two behavioral health medical screening services, per recipient, per state fiscal year. Behavioral health-related medical screening services are not reimbursable on the same day, for the same recipient, as behavioral health-related medical services: verbal interactions, medication management.

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Description of Service	Procedure Code	Mod	Maximum Fee	Reimbursement and Service Limitations
Behavioral health medical screening, substance abuse	T1023	HF	\$43.62 per event	Medicaid reimburses two behavioral health medical screening services, per recipient, per state fiscal year. Behavioral health-related medical screening services are not reimbursable on the same day, for the same recipient, as behavioral health-related medical services: verbal interactions, medication management.
Behavioral health-related medical services: verbal interaction, mental health	H0046		\$15.00 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year. Behavioral health-related medical services: verbal interactions are not reimbursable on the same day as behavioral health screening services.
Behavioral health-related medical services: verbal interaction, substance abuse	H0047		\$15.00 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year. Behavioral health-related medical services: verbal interactions are not reimbursable on the same day as behavioral health screening services.
Behavioral health-related medical services: medical procedures, mental health	T1015	HE	\$10.00 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.
Behavioral health-related medical services: medical procedures, substance abuse	T1015	HF	\$10.00 per event	Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.
Behavioral health-related medical services: alcohol and other drug screening specimen	H0048		\$10.00 per event	Medicaid reimburses 52 behavioral health – related medical services: alcohol and other drug screening specimen collections, per recipient, per state fiscal year.
Medication-assisted treatment services	H0020		\$67.48 weekly rate	Medicaid reimburses medication assisted treatment services 52 times, per recipient, per state fiscal year. The service is billed one time per seven days. This service is not reimbursable using any other procedure code.
<u>59G-4.031: Behavioral Health Community Support Services Coverage Policy</u>				
Psychosocial rehabilitation services	H2017		\$9.00 per quarter hour	Medicaid reimburses a maximum of 1,920 quarter-hour units (480 hours) of psychosocial rehabilitation services, per recipient, per state fiscal year. These units count against clubhouse service units.
Clubhouse services	H2030		\$5.00 per quarter hour	Medicaid reimburses a maximum of 1920 quarter-hour units (480 hours) annually, per recipient, per state fiscal year. These units count against psychosocial rehabilitation units of service.
<u>59G-4.052: Behavioral Health Therapy Services</u>				
Brief individual medical psychotherapy, mental health	H2010	HE	\$15.00 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year.* Brief individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.

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Description of Service	Procedure Code	Mod	Maximum Fee	Reimbursement and Service Limitations
Brief individual medical psychotherapy, substance abuse	H2010	HF	\$15.00 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year. Brief individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.
Brief group medical therapy	H2010	HQ	\$8.65 per quarter hour	There is a maximum daily limit of two quarter-hour units. Medicaid reimburses a maximum of 18 quarter-hour units (4.5 hours) of group medical therapy, per recipient, per state fiscal year. Brief group medical therapy is not reimbursable on the same day, for the same recipient as brief individual medical psychotherapy or behavioral health-related medical services: verbal interactions, medication management.
Individual and family therapy	H2019	HR	\$18.33 per quarter	Medicaid reimburses a maximum of 104 quarter-hour units (26 hours) of individual and family therapy services, per recipient, per state fiscal year. There is a maximum daily limit of four quarter-hour units (1 hour).
Group therapy	H2019	HQ	\$6.67 per quarter hour	Medicaid reimburses a maximum of 156 quarter-hour units (39 hours) of group therapy services, per recipient, per state fiscal year.
<u>59G-4.370: Behavioral Intervention Services Coverage Policy</u>				
Therapeutic behavioral on-site services, therapy	H2019	HO	\$16.00 per quarter hour	Medicaid reimburses therapeutic behavioral on-site therapy services a maximum combined limit of a total of 36 15-minute units per month (9 hours) by a master's level or certified behavioral analyst.
Therapeutic behavioral on-site services, behavior management	H2019	HN	\$10.00 per quarter hour	Medicaid reimburses therapeutic behavioral on-site behavior management and therapeutic behavioral on-site therapy services for a maximum combined total of 36 15-minute units per month (9 hours) by a master's level practitioner, certified behavioral analyst, or certified associate behavioral analyst.
Therapeutic behavioral on-site services, therapeutic support	H2019	HM	\$4.00 per quarter hour	Medicaid reimburses therapeutic behavioral on-site therapeutic support services for a maximum of 128 quarter-hour units per month (32 hours), per recipient.
Behavioral health day services, mental health	H2012		\$12.50 per hour	Medicaid reimburses a maximum of 190-hour units per recipient, per state fiscal year. Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.
Behavioral health day services, substance abuse	H2012	HF	\$12.50 per hour	Medicaid reimburses a maximum of 190-hour units per recipient, per state fiscal year. Medicaid will not reimburse for behavioral health day services the same day as psychosocial rehabilitation services.
<u>59G-4.127: Florida Assertive Community Treatment (FACT) Services Coverage Policy</u>				
Florida Assertive Community Treatment	H0040		\$27.40 per day	Medicaid reimburses 1 unit per day for 365 or 366 days per state fiscal year per recipient.