No. 23-12155

UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT

August Dekker et al.,
Plaintiffs-Appellees,

v.

Secretary, Florida Agency for Health Care Administration et al.,
Defendants-Appellants.

U.S. District Court for the Northern District of Florida, No. 4:22-cv-325
(Hinkle, J.)

APPELLANTS' APPENDIX – VOLUME I OF XXI

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INDEX TO APPENDIX

Volume	Tab	Title
1	Dkt	Docket Sheet
1	Doc.1	Complaint
1-3	Doc.11	Motion for Preliminary Injunction
3-4	Doc.49	Redacted Defendants' Response in Opposition to Motion for Preliminary Injunction
4-7	Doc 49-1	Redacted Appendix to Defendants' Response in Opposition to Motion for Preliminary Injunction
7-8	Doc.58	Reply to Defendants' Response in Opposition to Motion for Preliminary Injunction
8	Doc.60	Notice of Scrivener's Error and Filing of Supplemental Declaration to Correct Error re: Motion for Preliminary Injunction
8	Doc.64	Order Denying Preliminary Injunction
8	Doc.65	Answer to Complaint
8	Doc.108	Preliminary Injunction Motion Hearing Transcript
8	Doc.118	Order Allowing Mr. Weida's Deposition
8-9	Doc.120	Motion for Summary Judgment
9	Doc.120-27	Attachment to Motion for Summary Judgment: Dr. Edmiston Expert Report
9	Doc.120-36	Attachment to Motion for Summary Judgment: Dr. Edmiston Deposition
9	Doc.233	Amended Complaint
9-12	Doc.235	Plaintiffs' Deposition Designations
12	Doc.246	Final Order
12	Doc.247	Clerk's Judgment
12-13	Doc.248	Notice of Appeal
13-14	Doc.221	Trial Transcript, Day One
14-15	Doc.224	Trial Transcript, Day Two
15-16	Doc.225	Trial Transcript, Day Three
16-17	Doc.229	Trial Transcript, Day Four
17	Doc.232	Trial Transcript, Day Five
17-18	Doc.234	Trial Transcript, Day Six
18	Doc.241	Trial Transcript, Day Seven
18	Doc.193-1, DX1	U.S. Health and Human Services Notice and Guidance on Care

18	Doc.193-2, DX2	U.S. Health and Human Services Fact Sheet on Gender-Affirming Care
18	Doc.193-3, DX3	U.S. Department of Justice Letter to State Attorneys General
18	Doc.193-8, DX8	Sweden's Care of Children and Adolescents with Gender Dysphoria, Summary of National Guidelines
18-19	Doc.193-9, DX9	Finland's Recommendation of the Council for Choices in Health Care in Finland
19	Doc.193-10, DX10	The Cass Review, Independent Review of Gender Identity Services for Children and Young People
19-20	Doc.193-11, DX11	National Institute for Health and Care Excellence, Evidence Review: Gonadotrophin Releasing Hormone Analogues for Children and Adolescents with Gender Dysphoria
20	Doc.193-12, DX12	National Institute for Health and Care Excellence, Evidence Review: Gender-Affirming Hormones for Children and Adolescents with Gender Dysphoria
20	Doc.193-13, DX13	France's Academie Nationale de Medecine Press Release
20	Doc.193-14, DX14	The Royal Australian and New Zealand College of Psychiatrists' Position Statement on Gender-Affirming Care
20-21	Doc.193-16, DX16	WPATH Standards of Care, Version 8
21	Doc.193-17, DX17	WPATH Standards-of-Care-Revision Team Criteria
21	Doc.193-24, DX24	Endocrine Society Guidelines on Treatments for Gender Dysphoria

Dated: October 13, 2023

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Northern District of Florida (Tallahassee)
CIVIL DOCKET FOR CASE #: 4:22−cv−00325−RH−MAF

DEKKER et al v. WEIDA et al
Assigned to: JUDGE ROBERT L HINKLE
Referred to: MAGISTRATE JUDGE MARTIN A FITZPATRICK
Case in other court: USCA, 23−12155−J
Cause: 05:7703 Discrimination − Review of Agency Act

Date Filed: 09/07/2022
Date Terminated: 06/22/2023
Jury Demand: None
Nature of Suit: 440 Civil Rights: Other
Jurisdiction: Federal Question

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Date Filed	#	Docket Text
09/07/2022	1	COMPLAINT against FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER (Filing fee $ 402 receipt number AFLNDC−7430235.), filed by K. F., JANE DOE, AUGUST DEKKER, SUSAN DOE, JADE LADUE, JOHN DOE. (Attachments: # 1 Civil Cover Sheet Civil Cover Sheet) (ALTMAN, JENNIFER) (Entered: 09/07/2022)
09/07/2022	2	NOTICE *OF SUMMONS* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE re 1 Complaint, (Attachments: # 1 Summons) (ALTMAN, JENNIFER) (Entered: 09/07/2022)
09/07/2022	3	NOTICE *OF SIMILAR ACTION* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE re 1 Complaint, (ALTMAN, JENNIFER) (Entered: 09/07/2022)
09/07/2022	4	CIVIL COVER SHEET. (tpm) (Entered: 09/07/2022)
09/07/2022	5	Summons Issued as to FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION. (tpm) (Entered: 09/07/2022)
09/07/2022	6	Summons Issued as to SIMONE MARSTILLER. (tpm) (Entered: 09/07/2022)
09/12/2022	7	MOTION to Appear Pro Hac Vice by Omar Gonzalez−Pagan.(Filing fee $ 208 receipt number AFLNDC−7437127.) by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit Certificate of Good Standing) (GONZALEZ−PAGAN, OMAR) (Entered: 09/12/2022)
09/12/2022	8	MOTION to Appear Pro Hac Vice by Catherine McKee.(Filing fee $ 208 receipt number AFLNDC−7437453.) by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE, BRIT ROTHSTEIN. (MCKEE, CATHERINE) (Entered: 09/12/2022)
09/12/2022	9	MOTION to Appear Pro Hac Vice by Abigail Coursolle.(Filing fee $ 208 receipt number AFLNDC−7437634.) by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE, BRIT ROTHSTEIN. (COURSOLLE, ABIGAIL) (Entered: 09/12/2022)
09/12/2022	10	MOTION for Leave to Proceed Under Pseudonym *(UNOPPOSED)* by JANE DOE, JOHN DOE, SUSAN DOE. (ALTMAN, JENNIFER) (Entered: 09/12/2022)
09/12/2022	11	MOTION for Preliminary Injunction *and Incorporated Memorandum of Law* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Affidavit Affidavit of Jennifer Altman (with exhibits), # 2 Affidavit Affidavit of Dr. Olson−Kennedy (with exhibits), # 3 Affidavit

		Affidavit of Dr. Karasic (with exhibits), # 4 Affidavit Affidavit of Dr. Schechter (with exhibits), # 5 Affidavit Affidavit of Dr. Antommaria (with exhibits), # 6 Affidavit Affidavit of August Dekker, # 7 Affidavit Affidavit of Brit Rothstein, # 8 Affidavit Affidavit of Jane Doe, # 9 Affidavit Affidavit of Jade Ladue) (ALTMAN, JENNIFER) Modified on 9/13/2022 (tpm). (Entered: 09/12/2022)
09/12/2022	12	MOTION to Appear Pro Hac Vice(Filing fee $ 208 receipt number AFLNDC−7439531.) by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit) (LITTLE, JOSEPH) (Entered: 09/12/2022)
09/13/2022	13	MOTION to Appear Pro Hac Vice by William C. Miller.(Filing fee $ 208 receipt number AFLNDC−7440081.) by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit A) (MILLER, WILLIAM) (Entered: 09/13/2022)
09/13/2022	14	MOTION to Appear Pro Hac Vice by Gary J. Shaw.(Filing fee $ 208 receipt number AFLNDC−7440139.) by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE, BRIT ROTHSTEIN. (SHAW, GARY) (Entered: 09/13/2022)
09/13/2022	15	SUMMONS Returned Executed by K. F., SUSAN DOE, JADE LADUE, BRIT ROTHSTEIN, AUGUST DEKKER, JANE DOE, JOHN DOE. SIMONE MARSTILLER served on 9/8/2022, answer due 9/29/2022. (ALTMAN, JENNIFER) (Entered: 09/13/2022)
09/13/2022	16	SUMMONS Returned Executed by K. F., SUSAN DOE, JADE LADUE, BRIT ROTHSTEIN, AUGUST DEKKER, JANE DOE, JOHN DOE. FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION served on 9/8/2022, answer due 9/29/2022. (ALTMAN, JENNIFER) (Entered: 09/13/2022)
09/13/2022	17	MOTION to Appear Pro Hac Vice by Carl S. Charles.(Filing fee $ 208 receipt number AFLNDC−7441585.) by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K. F., JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit) (CHARLES, CARL) (Entered: 09/13/2022)
09/13/2022	18	ORDER ALLOWING 10 THE DOE PLAINTIFFS TO PROCEED UNDER PSEUDONYMS. Signed by JUDGE ROBERT L HINKLE on 9/13/22. (sms) (Entered: 09/13/2022)
09/13/2022	19	ORDER SETTING A SCHEDULING CONFERENCE. Signed by JUDGE ROBERT L HINKLE on 9/13/22. (sms) (Entered: 09/13/2022)
09/14/2022	20	NOTICE OF TELEPHONIC HEARING: Scheduling Conference set for **9/19/2022 03:00 PM** before JUDGE ROBERT L HINKLE. Call in number: **888−684−8852** Access code: **3243416#** Security code: **1234#** *Proceedings may not be recorded or otherwise broadcast for public dissemination.* *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 09/14/2022)
09/14/2022		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 12 MOTION to Appear Pro Hac Vice(Filing fee $ 208 receipt number AFLNDC−7439531.), 9 MOTION to Appear Pro Hac Vice by Abigail Coursolle.(Filing fee $ 208 receipt number AFLNDC−7437634.), 7 MOTION to Appear Pro Hac Vice by Omar Gonzalez−Pagan.(Filing fee $ 208 receipt number AFLNDC−7437127.), 13 MOTION to Appear Pro Hac Vice by William C. Miller.(Filing fee $ 208 receipt number AFLNDC−7440081.), 17 MOTION to Appear Pro Hac Vice by Carl S. Charles.(Filing fee $ 208 receipt number AFLNDC−7441585.), 14 MOTION to Appear Pro Hac Vice by Gary J. Shaw.(Filing fee $ 208 receipt number AFLNDC−7440139.), 8 MOTION to Appear Pro Hac Vice by Catherine McKee.(Filing fee $ 208 receipt number AFLNDC−7437453.). Referred to MARTIN A FITZPATRICK. (tpm)

		(Entered: 09/14/2022)
09/14/2022	21	NOTICE of Appearance by MOHAMMAD OMAR JAZIL on behalf of FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER (JAZIL, MOHAMMAD) (Entered: 09/14/2022)
09/14/2022	22	NOTICE of Appearance by MICHAEL ROBERT BEATO on behalf of FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER (BEATO, MICHAEL) (Entered: 09/14/2022)
09/14/2022	23	NOTICE of Appearance by GARY VERGIL PERKO on behalf of FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER (PERKO, GARY) (Entered: 09/14/2022)
09/15/2022	24	ORDER: It is ORDERED that the motion for leave to appear pro hac vice, ECF No. 7 , is GRANTED.. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 09/15/2022. (tpm) (OMAR GONZALEZ−PAGAN added as attorney for Plaintiffs) (Entered: 09/15/2022)
09/15/2022	25	ORDER: It is ORDERED that the motion for leave to appear pro hac vice, ECF No. 8 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 09/15/2022. (tpm) (CATHERINE ANNE MCKEE added as attorney for Plaintiffs) (Entered: 09/15/2022)
09/15/2022	26	ORDER: It is ORDERED that the motion for leave to appear pro hac vice, ECF No. 9 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 09/15/2022. (tpm) (ABIGAIL K COURSOLLE added as attorney for Plaintiffs) (Entered: 09/15/2022)
09/15/2022	27	ORDER: It is ORDERED that the motion for leave to appear pro hac vice, ECF No. 12 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 09/15/2022. (tpm) (JOSEPH K LITTLE added as attorney for Plaintiffs) (Entered: 09/15/2022)
09/15/2022	28	ORDER: It is ORDERED that the motion for leave to appear pro hac vice, ECF No. 13 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 09/15/2022. (tpm) (WILLIAM CLARKE MILLER added as attorney for Plaintiffs) (Entered: 09/15/2022)
09/15/2022	29	ORDER: It is ORDERED that the motion for leave to appear pro hac vice, ECF No. 14 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 09/15/2022. (tpm) (GARY JOSEPH SHAW added as an attorney for Plainitiffs) (Entered: 09/15/2022)
09/15/2022	30	ORDER: It is ORDERED that the motion for leave to appear pro hac vice, ECF No. 17 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 09/15/2022. (tpm) (CARL SOLOMON CHARLES added as attorney for Plaintiffs) (Entered: 09/15/2022)
09/19/2022	31	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Telephonic Scheduling Conference held on 9/19/2022. Ruling by Court: Defendants' response to motion for preliminary injunction due by October 3. Plaintiffs' reply due by October 7. A preliminary injunction hearing will be set for October 12. An order will follow. (Court Reporter Lisa Snyder, Official Court Reporter) (ckm) (Entered: 09/19/2022)
09/19/2022	32	SCHEDULING ORDER re: 11 MOTION for Preliminary Injunction *and Incorporated Memorandum of Law* − Hearing on preliminary−injunction set for **10/12/2022 09:30 AM** in U.S. Courthouse Tallahassee before JUDGE ROBERT L HINKLE. The defendants must file by **10/3/2022**, a memorandum in response to the preliminary−injunction motion. The defendants must file by **10/3/2022**, a notice stating whether they expect to offer live testimony at the hearing. The plaintiffs may file by 5:00 p.m. on **10/7/2022**, a reply memorandum and any rebuttal evidence. If, based on the defendants' filings, the plaintiffs expect to offer live testimony, they must file by 5:00 p.m. on **10/7/2022**, a notice identifying each witness and providing a brief description of the expected testimony. A witness will be allowed to testify by live transmission from a remote location if (a) both sides agree that the witness may so testify or (b) the court so orders on a motion filed by **10/3/2022** (for the defendants) or by 5:00 p.m. on **10/7/2022** (for the plaintiffs). Signed by JUDGE ROBERT L

		HINKLE on 09/19/2022. (tpm) (Entered: 09/20/2022)
09/22/2022	33	INITIAL SCHEDULING ORDER: Attorney Conference to take place by **10/24/2022**. Rule 26 Meeting Report due by **11/7/2022**. Discovery due by **4/24/2023**. Jury Trial set for **8/7/2023 08:15 AM** in U.S. Courthouse Tallahassee before JUDGE ROBERT L HINKLE. Signed by JUDGE ROBERT L HINKLE on 09/22/2022. (tpm) (Entered: 09/22/2022)
09/27/2022	34	MOTION for Leave to File *Brief of Amici Curiae* by AMERICAN ACADEMY OF PEDIATRICS, Academic Pediatric Association, American Academy of Family Physicians, American Academy of Nursing, American College of Obstetricians and Gynecologists, American College of Osteopathic Pediatricians, American College of Physicians, American Medical Association, American Pediatric Society, Association of American Medical Colleges, Endocrine Society, the Florida Chapter of the American Academy of Pediatrics, National Association of Pediatric Nurse Practitioners, North Central Florida Council of Child & Adolescent Psychiatry, Pediatric Endocrine Society, Societies for Pediatric Urology, Society for Adolescent Health and Medicine, Society for Pediatric Research, Society of Pediatric Nurses, World Professional Association for Transgender Health, American Academy of Child & Adolescent Psychiatry, American Psychiatric Association. (Attachments: # 1 BRIEF OF AMICI CURIAE AMERICAN ACADEMY OF PEDIATRICS AND ADDITIONAL NATIONAL AND STATE MEDICAL AND MENTAL HEALTH ORGANIZATIONS IN SUPPORT OF PLAINTIFFS MOTION FOR PRELIMINARY INJUNCTION) (LANNIN, CORTLIN) (Entered: 09/27/2022)
09/27/2022	35	RESPONSE by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER re 34 MOTION for Leave to File *Brief of Amici Curiae* . (JAZIL, MOHAMMAD) (Entered: 09/27/2022)
09/28/2022		Set/Reset Deadlines as to 11 MOTION for Preliminary Injunction *and Incorporated Memorandum of Law*, 34 MOTION for Leave to File *Brief of Amici Curiae*. (Internal deadline for referral to judge if response not filed earlier: **10/12/2022)**. (rcb) (Entered: 09/28/2022)
09/28/2022	36	MOTION to Appear Pro Hac Vice by Cortlin H. Lannin.(Filing fee $ 208 receipt number AFLNDC−7472080.) by AMERICAN ACADEMY OF PEDIATRICS, Academic Pediatric Association, American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Nursing, American College of Obstetricians and Gynecologists, American College of Osteopathic Pediatricians, American College of Physicians, American Medical Association, American Pediatric Society, American Psychiatric Association, Association of American Medical Colleges, Endocrine Society, the Florida Chapter of the American Academy of Pediatrics, National Association of Pediatric Nurse Practitioners, North Central Florida Council of Child & Adolescent Psychiatry, Pediatric Endocrine Society, Societies for Pediatric Urology, Society for Adolescent Health and Medicine, Society for Pediatric Research, Society of Pediatric Nurses, World Professional Association for Transgender Health. (Attachments: # 1 Exhibit Certificate of Standing) (LANNIN, CORTLIN) (Entered: 09/28/2022)
09/29/2022		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 36 MOTION to Appear Pro Hac Vice by Cortlin H. Lannin.(Filing fee $ 208 receipt number AFLNDC−7472080.). Referred to MARTIN A FITZPATRICK. (sjb) (Entered: 09/29/2022)
09/29/2022	37	MOTION to Appear Pro Hac Vice(Filing fee $ 208 receipt number AFLNDC−7474163.) by Abdul−Latif Hussein, Susan D. Boulware, Rebecca Kamody, Laura Kuper, Meredithe McNamara, Christy Olezeski, Nathalie Szilagyi, Anne Alstott. (Attachments: # 1 Exhibit Certificate of Good Standing) (CLARK, KAILA) (Entered: 09/29/2022)
09/29/2022	38	MOTION to Appear Pro Hac Vice by Valerie C. Samuels.(Filing fee $ 208 receipt number AFLNDC−7476394.) by Anne Alstott, Susan D. Boulware, Abdul−Latif Hussein, Rebecca Kamody, Laura Kuper, Meredithe McNamara, Christy Olezeski, Nathalie Szilagyi. (Attachments: # 1 Exhibit Certificate of Good Standing) (SAMUELS, VALERIE) (Entered: 09/29/2022)

09/29/2022	39	NOTICE of Appearance by JOSEPH JOHN KRASOVEC, III on behalf of Anne Alstott, Susan D. Boulware, Abdul−Latif Hussein, Rebecca Kamody, Laura Kuper, Meredithe McNamara, Christy Olezeski, Nathalie Szilagyi (KRASOVEC, JOSEPH) (Entered: 09/29/2022)
09/30/2022		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 37 MOTION to Appear Pro Hac Vice(Filing fee $ 208 receipt number AFLNDC−7474163.), 38 MOTION to Appear Pro Hac Vice by Valerie C. Samuels.(Filing fee $ 208 receipt number AFLNDC−7476394.). Referred to MARTIN A FITZPATRICK. (sjb) (Entered: 09/30/2022)
09/30/2022	40	MOTION for Leave to File *Brief of Amici Curiae and Memorandum in Support of the Motion* by Anne Alstott, Susan D. Boulware, Abdul−Latif Hussein, Rebecca Kamody, Laura Kuper, Meredithe McNamara, Christy Olezeski, Nathalie Szilagyi. (Attachments: # 1 Exhibit Amici Curiae Brief) (KRASOVEC, JOSEPH) (Entered: 09/30/2022)
09/30/2022	41	MOTION to Appear Pro Hac Vice by William Isasi.(Filing fee $ 208 receipt number AFLNDC−7481064.) by AMERICAN ACADEMY OF PEDIATRICS, Academic Pediatric Association, American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Nursing, American College of Obstetricians and Gynecologists, American College of Osteopathic Pediatricians, American College of Physicians, American Medical Association, American Pediatric Society, American Psychiatric Association, Association of American Medical Colleges, Endocrine Society, the Florida Chapter of the American Academy of Pediatrics, National Association of Pediatric Nurse Practitioners, North Central Florida Council of Child & Adolescent Psychiatry, Pediatric Endocrine Society, Societies for Pediatric Urology, Society for Adolescent Health and Medicine, Society for Pediatric Research, Society of Pediatric Nurses, World Professional Association for Transgender Health. (Attachments: # 1 Exhibit Exhibit of William Isasi's admission to D.C. Bar) (ISASI, WILLIAM) (Entered: 09/30/2022)
09/30/2022	42	RESPONSE in Opposition re 40 MOTION for Leave to File *Brief of Amici Curiae and Memorandum in Support of the Motion* filed by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER. (JAZIL, MOHAMMAD) (Entered: 09/30/2022)
10/03/2022		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 41 MOTION to Appear Pro Hac Vice by William Isasi.(Filing fee $ 208 receipt number AFLNDC−7481064.). Referred to MARTIN A FITZPATRICK. (sjb) (Entered: 10/03/2022)
10/03/2022	43	ORDER DENYING LEAVE TO FILE AMICUS BRIEFS − The motions for leave to file amicus briefs, ECF Nos. 34 and 40 , are denied. Signed by JUDGE ROBERT L HINKLE on 10/3/22. (sjb) (Entered: 10/03/2022)
10/03/2022	44	DOCKET ANNOTATION BY COURT: 1 courtesy copy of Re 40 MOTION for Leave to File *Brief of Amici Curiae and Memorandum in Support of the Motion* filed by Susan D. Boulware, Nathalie Szilagyi, Anne Alstott, Rebecca Kamody, Abdul−Latif Hussein, Christy Olezeski, Meredithe McNamara, Laura Kuper (sjb) (Entered: 10/03/2022)
10/03/2022	45	ORDER − The motion for leave to appear pro hac vice for amici curiae, ECF No. 36 , is GRANTED. The motion for leave to appear pro hac vice for amici curiae, ECF No. 41 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 10/3/22. (sjb) (Entered: 10/03/2022)
10/03/2022	46	MOTION to Appear Pro Hac Vice by Jean Veta.(Filing fee $ 208 receipt number AFLNDC−7484567.) by AMERICAN ACADEMY OF PEDIATRICS, Academic Pediatric Association, American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Nursing, American College of Obstetricians and Gynecologists, American College of Osteopathic Pediatricians, American College of Physicians, American Medical Association, American Pediatric Society, American Psychiatric Association, Association of American Medical Colleges, Endocrine Society, the Florida Chapter of the American

		Academy of Pediatrics, National Association of Pediatric Nurse Practitioners, North Central Florida Council of Child & Adolescent Psychiatry, Pediatric Endocrine Society, Societies for Pediatric Urology, Society for Adolescent Health and Medicine, Society for Pediatric Research, Society of Pediatric Nurses, World Professional Association for Transgender Health, Florida Chapter of the American Academy of Pediatrics. (Attachments: # 1 Exhibit Exhibit of Jean Veta's D.C. Bar admission.) (VETA, D) (Entered: 10/03/2022)
10/03/2022	47	ORDER− The motion for leave to appear pro hac vice for amici curiae, ECF No. 37 , is GRANTED. The motion for leave to appear pro hac vice for amici curiae, ECF No. 38 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 10/3/22. (sjb) (Entered: 10/03/2022)
10/03/2022	48	Witness List by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER. (JAZIL, MOHAMMAD) (Entered: 10/03/2022)
10/03/2022	49	REDACTED DEFENDANTS' RESPONSE in Opposition re 11 MOTION for Preliminary Injunction *and Incorporated Memorandum of Law* filed by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER. (Attachments: # 1 Appendix Part 1, # 2 Appendix Part 2, # 3 Appendix Part 3, # 4 Appendix Part 4, # 5 Appendix Part 5, # 6 Appendix Part 6) (JAZIL, MOHAMMAD) Modified on 10/4/2022 edit to title(sjb). Modified on 10/4/2022 to reflect unredacted version is at ECF 53 (ckm). (Entered: 10/03/2022)
10/03/2022	50	NOTICE *TO THE COURT* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER (JAZIL, MOHAMMAD) (Entered: 10/03/2022)
10/04/2022		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 46 MOTION to Appear Pro Hac Vice by Jean Veta.(Filing fee $ 208 receipt number AFLNDC−7484567.). Referred to MARTIN A FITZPATRICK. (sjb) (Entered: 10/04/2022)
10/04/2022	51	ORDER − Accordingly, it is ORDERED that the motion for leave to appear pro hac vice for amici curiae, ECF No. 46 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 10/4/22. (sjb) (Entered: 10/04/2022)
10/04/2022	52	DOCKET ANNOTATION BY COURT: 2nd courtesy copy of Re 40 MOTION for Leave to File *Brief of Amici Curiae and Memorandum in Support of the Motion* filed by CHRISTY OLEZESKI, ABDUL−LATIF HUSSEIN, REBECCA KAMODY, MEREDITHE MCNAMARA, SUSAN D BOULWARE, ANNE ALSTOTT, NATHALIE SZILAGYI, LAURA KUPER (sjb) (Entered: 10/04/2022)
10/04/2022	53	Sealed (Unredacted) Response in Opposition to 11 Motion for Preliminary Injunction and Incorporated Memorandum of Law filed by Defendants. (Attachments: # 1 Cover Letter, # 2 Appendix, # 3 1 − GAPMS on Treatment of Gender Dysphoria, # 4 1a − Attachment A to GAPMS Report, # 5 1b − Attachment B to GAPMS Report, # 6 1c − Attachment C to GAPMS Report (Brignardello−Petersen Report), # 7 1d − Attachment D to GAPMS Report (Cantor Report), # 8 1e − Attachment E to GAPMS Report (Van Meter Report), # 9 1f − Attachment F to GAPMS Report (Lappert Report), # 10 1g − Attachment G to GAPMS Report (Donovan Report), # 11 2 − Diagnostic & Statistical Manual, # 12 3 − Brackett Declaration, # 13 4 − Cantor Declaration, # 14 5 − Van Meter Declaration, # 15 6 − Van Mol Declaration, # 16 7 − Lappert Declaration, # 17 8 − Nagia Declaration, # 18 9 − Donovan Declaration, # 19 10 − Zanga Declaration, # 20 11 − Laidlaw Declaration, # 21 12 − Kaliebe Declaration, # 22 13 − C.G. Declaration, # 23 14 − Kiefel Declaration, # 24 15 − Freitas Declaration, # 25 16 − Cole Declaration, # 26 17 − Duncan Declaration, # 27 18 − Wright Declaration, # 28 19 − Hawes Declaration, # 29 20 − Sheinfeld Declaration, # 30 21 − Framingham Declaration, # 31 22 − Crowley Declaration) (ckm) ***Redacted version is at ECF 49 .*** (Entered: 10/04/2022)
10/04/2022	54	NOTICE *TO THE COURT* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER re 49 Response in Opposition to Motion,, (JAZIL, MOHAMMAD) (Entered: 10/04/2022)

10/05/2022	55	Witness List by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER. (JAZIL, MOHAMMAD) (Entered: 10/05/2022)
10/06/2022	56	ORDER NOTING RUSH v. PARHAM. Signed by JUDGE ROBERT L HINKLE on 10/6/22. (sms) (Entered: 10/06/2022)
10/07/2022	57	MOTION Plaintiffs' Motion for an Order Excluding Testimony and or to Disclose the Identity of Declarants and Incorporated Memorandum of Law re 53 Sealed Document − X by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (ALTMAN, JENNIFER) Modified on 10/11/2022 (tpm). (Entered: 10/07/2022)
10/07/2022	58	REPLY to Response to Motion re 11 MOTION for Preliminary Injunction *and Incorporated Memorandum of Law* filed by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Affidavit of Jennifer Altman, # 2 Affidavit of Dr. Schechter, # 3 Affidavit of Dr. Karasic, # 4 Affidavit of Dr. Antommaria, # 5 Affidavit of Dr. Olson−Kennedy) (ALTMAN, JENNIFER) (Entered: 10/07/2022)
10/10/2022	59	RESPONSE in Opposition re 57 MOTION Plaintiffs' Motion for an Order Excluding Testimony and or to Disclose the Identity of Declarants and Incorporated Memorandum of Law re 53 Sealed Document − X filed by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER. (Attachments: # 1 Exhibit Declaration of Camille Kiefel, # 2 Exhibit Declaration of Carol Freitas, # 3 Exhibit Declaration of Chloe Cole, # 4 Exhibit Declaration of Kathy Grace Duncan, # 5 Exhibit Declaration of Sydney Wright, # 6 Exhibit Declaration of Zoe Hawes, # 7 Exhibit Declaration of Yaacov Sheinfeld, # 8 Exhibit Declaration of Julie Framingham) (JAZIL, MOHAMMAD) Modified on 10/11/2022 (tpm). (Entered: 10/10/2022)
10/10/2022	60	NOTICE *OF SCRIVENER'S ERROR AND FILING OF SUPPLEMENTAL DECLARATION TO CORRECT ERROR* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN re 11 MOTION for Preliminary Injunction *and Incorporated Memorandum of Law* (Attachments: # 1 Supplement Declaration of Jade Ladue) (ALTMAN, JENNIFER) (Entered: 10/10/2022)
10/12/2022	61	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Preliminary Injunction Hearing held on 11 Motion for Preliminary Injunction. Ruling by Court: The motion is denied. An order will follow. (Court Reporter Megan Hague, Official Court Reporter) (ckm) (Entered: 10/12/2022)
10/13/2022	62	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Preliminary Injunction Proceedings held on 10/12/2022, before Judge Robert L. Hinkle. Court Reporter/Transcriber Megan A. Hague, Telephone number 850−443−9797. Transcript may be viewed at the court public terminal or purchased through the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **10/20/2022**. Release of Transcript Restriction set for **1/18/2023**. (mah) (Entered: 10/13/2022)
10/22/2022	63	ORDER EXCLUDING TESTIMONY OF WITNESSES C.G. AND CROWLEY: The motion to exclude testimony, ECF No. 57 , is granted by consent in partand denied in part. The testimony of C.G. and Jeanne Crowley is excluded. Signed by JUDGE ROBERT L HINKLE on 10/22/2022. (tpm) (Entered: 10/24/2022)
10/24/2022	64	ORDER DENYING A PRELIMINARY INJUNCTION: The preliminary−injunction motion, ECF No. 11 , is denied. Signed by JUDGE ROBERT L HINKLE on 10/24/2022. (tpm) (Entered: 10/24/2022)
10/26/2022	65	*Defendant Secretary Marstiller and Florida Agency for Health Care Administration's* ANSWER to 1 Complaint, by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER. (JAZIL, MOHAMMAD) (Entered: 10/26/2022)

11/07/2022	66	JOINT REPORT by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (ALTMAN, JENNIFER) Modified on 11/8/2022 to amend title. (tpm). (Entered: 11/07/2022)
11/15/2022	67	SCHEDULING ORDER: The clerk must set a scheduling hearing by telephone for the earliest available date. The trial is set for Tuesday, **5/9/2023 08:15 AM** in U.S. Courthouse Tallahassee before JUDGE ROBERT L HINKLE. A party with a conflict during that trial period must raise it at the scheduling hearing. The fact−discovery deadline is **2/14/2023**. The deadline for Federal Rule of Civil Procedure 26(a)(2) disclosures is **2/28/2023**. The deadline for summary−judgment motions, other potentially dispositive motions, or Daubert motions is **4/7/2023**. The deadline is **4/21/2023**, for an attorney conference to address pretrial matters, stipulate to as many facts and agree on as many issues as possible, and prepare the pretrial stipulation. The parties must file a pretrial stipulation by **4/28/2023**. Each party must prefile by **4/28/2023**, a copy of every exhibit the party expects to offer. Each party must file a trial brief by **4/28/2023**. Signed by JUDGE ROBERT L HINKLE on 11/15/2022. (tpm) (Entered: 11/15/2022)
11/16/2022	68	NOTICE OF TELEPHONIC HEARING: Telephonic Scheduling Conference set for **11/28/2022 02:00 PM** before JUDGE ROBERT L HINKLE. Call in number: **888−684−8852** Access code: **3243416#** Security code: **1234#** *Proceedings may not be recorded or otherwise broadcast for public dissemination.* *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 11/16/2022)
11/16/2022	69	NOTICE OF TELEPHONIC HEARING: Telephonic Pretrial Conference set for **5/4/2023 10:00 AM** before JUDGE ROBERT L HINKLE. Call in number: **888−684−8852** Access code: **3243416#** Security code: **1234#** *Proceedings may not be recorded or otherwise broadcast for public dissemination.* *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 11/16/2022)
11/28/2022	70	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Telephonic Scheduling Conference held on 11/28/2022. Ruling by Court: Discovery schedule will be modified. An order will follow. (Court Reporter Lisa Snyder, Official Court Reporter) (ckm) (Entered: 11/28/2022)
11/28/2022	71	AMENDMENT TO SCHEDULING ORDER: The fact−discovery deadline is **2/7/2023**. The deadline for Federal Rule of Civil Procedure 26(a)(2) disclosures is **2/14/2023**. But if the evidence is intended solely to contradict or rebut evidence on the same subject matter identified by another party under Rule 26(a)(2)(B) or (C), the deadline is 21 days after the other partys disclosure. Signed by JUDGE ROBERT L HINKLE on 11/28/2022. (tpm) (Entered: 11/28/2022)
12/14/2022	72	MOTION to Extend Time *and Incorporated Memorandum* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER. (JAZIL, MOHAMMAD) (Entered: 12/14/2022)
12/15/2022	73	ORDER ADVANCING THE DEADLINE TO RESPOND TO THE MOTION TO EXTEND THE DISCOVERY DEADLINE. The plaintiff must file by noon on December 16, 2022 a response to the motion to extend the discovery deadline. Signed by JUDGE ROBERT L HINKLE on 12/15/22. (sms) (Entered: 12/15/2022)
12/16/2022	74	PLAINTIFFS' OPPOSITION TO DEFENDANTS' MOTION FOR EXTENSION OF TIME AND INCORPORATED MEMORANDUM OF LAW OR, ALTERNATIVELY, MOTION TO EXTEND FACT AND EXPERT DISCOVERY DEADLINES IN AMENDED CASE SCHEDULE 72 filed by AUGUST DEKKER,

		JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit Composite Exhibit A) (ALTMAN, JENNIFER) Modified to match document title on 12/19/2022 (tpm). (Entered: 12/16/2022)
12/16/2022	75	ORDER DENYING 72 AN EXTENSION TO RESPOND TO DISCOVERY REQUESTS. Signed by JUDGE ROBERT L HINKLE on 12/16/22. (sms) (Entered: 12/16/2022)
01/03/2023	76	MOTION *FOR ENTRY OF STIPULATED PROTECTIVE ORDER* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Text of Proposed Order Stipulated Confidentiality Agreement and Protective Order) (ALTMAN, JENNIFER) (Entered: 01/03/2023)
01/05/2023	77	STIPULATED CONFIDENTIALITY AGREEMENT AND PROTECTIVE ORDER (granting 76 Motion). Signed by JUDGE ROBERT L HINKLE on 1/5/2023. (ckm) (Entered: 01/05/2023)
01/12/2023	78	NOTICE *of Substitution of Defendant* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, SIMONE MARSTILLER (JAZIL, MOHAMMAD) (Entered: 01/12/2023)
01/17/2023	79	DEFENDANTS' MOTION FOR RULE 35 EXAMINATIONS OF PLAINTIFFS, SUSAN DOE AND K.F., AND INCORPORATED MEMORANDUM OF LAW. (Internal deadline for referral to judge if response not filed earlier: **1/31/2023)**. (Attachments: # 1 Appendix Attachment A, Dr. Nangia CV) (JAZIL, MOHAMMAD) Modified to edit title on 1/17/2023 (rcb). (Entered: 01/17/2023)
01/17/2023		Set/Reset Deadlines as to 79 DEFENDANTS' MOTION FOR RULE 35 EXAMINATIONSOF PLAINTIFFS, SUSAN DOE AND K.F., ANDINCORPORATED MEMORANDUM OF LAW. (Internal deadline for referral to judge if response not filed earlier: **1/31/2023)**. (rcb) (Entered: 01/17/2023)
01/17/2023	80	ORDER DENYING WITHOUT PREJUDICE THE MOTION FOR RULE 35 EXAMINATIONS. The motion for Rule 35 examinations, ECF No. 79 , is denied without prejudice. Signed by JUDGE ROBERT L HINKLE on 1/17/2023. (kjw) (Entered: 01/18/2023)
01/20/2023	81	PLAINTIFFS' MOTION TO COMPEL PRODUCTION OF DOCUMENTS AND FOR EXPEDITED BRIEFING AND RULING. (Attachments: # 1 Exhibit Plaintiffs' Conferral Letter 01/09/2023, # 2 Exhibit Defendants' Conferral Letter 01/12/2023, # 3 Exhibit Defendants' Privilege Log, # 4 Exhibit 06/27/2022 Email from English to Cogle, # 5 Exhibit 2016 GAPMS Memo for Puberty Suppression Therapy) (DUNN, CHELSEA) Modified to edit title on 1/23/2023 (rcb). (Entered: 01/20/2023)
01/23/2023		Set/Reset Deadlines as to 81 MOTION to Compel *Production of Documents*. (Internal deadline for referral to judge if response not filed earlier: **2/6/2023)**. (rcb) (Entered: 01/23/2023)
01/23/2023	82	NOTICE OF TELEPHONIC HEARING on 81 Motion to Compel: Telephonic Motion Hearing set for **1/26/2023 10:00 AM** before JUDGE ROBERT L HINKLE. ***The defendant may but need not file a written response to the motion prior to the hearing.*** Call in number: **888−684−8852** Access code: **3243416#** Security code: **1234#** *Proceedings may not be recorded or otherwise broadcast for public dissemination.* *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 01/23/2023)
01/25/2023	83	NOTICE OF HEARING: Bench Trial set for **5/9/2023 09:00 AM** before JUDGE ROBERT L HINKLE, United States Courthouse, Courtroom 5 East, 111 North Adams St., Tallahassee, Florida 32301.

		NOTE: If you or any party, witness or attorney in this matter has a disability that requires special accommodation, such as a hearing impairment that requires a sign language interpreter or a wheelchair restriction that requires ramp access, please contact Cindy Markley at 850−521−3518 in the Clerk's Office at least one week prior to the hearing (or as soon as possible) so arrangements can be made. *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 01/25/2023)
01/25/2023	84	NOTICE *of Filing 1) Declaration of Matthew Brackett and 2) Defendant's amended responses to Plaintiffs' First Request for Production* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA re 81 MOTION to Compel *Production of Documents*, 82 Notice of Hearing on Motion,, (Attachments: # 1 Exhibit Declaration of Matthew Brackett, with accompanying attachments, # 2 Exhibit Defendants' amended responses to Plaintiffs' First Request for Production) (JAZIL, MOHAMMAD) (Entered: 01/25/2023)
01/26/2023	85	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Telephonic Motion Hearing held on 1/26/2023. Court hears argument of counsel on plaintiffs' 81 motion to compel. Plaintiffs move to extend the fact discovery deadline. Ruling by Court: An order will follow detailing the ruling as announced on the record. (Court Reporter Megan Hague, Official Court Reporter) (ckm) (Entered: 01/26/2023)
01/30/2023	86	ORDER COMPELLING DISCOVERY AND EXTENDING THE DISCOVERY DEADLINE. Signed by JUDGE ROBERT L HINKLE on 1/30/2023. (sms) (Entered: 01/30/2023)
01/30/2023	87	DOCKET ANNOTATION BY COURT re 86 Order: The party to pay attorney's fees is the defendant, not the plaintiff. A corrected order will follow. (ckm) (Entered: 01/30/2023)
01/30/2023	88	MOTION for Psychiatric Exam , *Renewed, under Rule 35 of Plaintiffs, Susan Doe and K.F., and Incorporated Memorandum of Law* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA. (Internal deadline for referral to judge if response not filed earlier: **2/13/2023)**. (Attachments: # 1 Affidavit Declaration of Joshua D. Sanderson, M.D., with attached CV) (PERKO, GARY) (Entered: 01/30/2023)
01/31/2023		Set Deadlines− Fact Discovery & Fees assessed under or based in ECF 86 by **2/14/2023)**. Fee due by **2/17/2023**. (rcb) (Entered: 01/31/2023)
01/31/2023	89	AMENDED ORDER COMPELLING DISCOVERY AND EXTENDING THE DISCOVERY DEADLINE. Signed by JUDGE ROBERT L HINKLE on 1/31/23. (sms) (Entered: 01/31/2023)
01/31/2023	90	NOTICE OF TELEPHONIC HEARING on 88 Renewed Motion for Rule 35 Examinations: Telephonic Motion Hearing set for **2/6/2023 11:00 AM** before JUDGE ROBERT L HINKLE. ***The plaintiffs may but need not file a written response to the motion. If the plaintiffs intend to file a response, it must be filed no later than February 4, 2023.*** Call in number: **888−684−8852** Access code: **3243416#** Security code: **1234#** *Proceedings may not be recorded or otherwise broadcast for public dissemination.* *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 01/31/2023)
01/31/2023		Set Deadline−Defendants Revised Privilege Log − by **2/2/2023**. (rcb) (Entered: 02/01/2023)
02/02/2023	91	DEFENDANTS' NOTICE OF FILING AMENDED PRIVILEGE LOG. (Attachments: # 1 Exhibit Defendants' Amended Privilege Log) (JAZIL, MOHAMMAD) Modified to edit title on 2/3/2023 (rcb). (Entered: 02/02/2023)

02/04/2023	92	PLAINTIFFS' RESPONSE IN OPPOSITION TO DEFENDANTS' RENEWED MOTION FOR RULE 35 EXAMINATIONS OF PLAINTIFFS SUSAN DOE AND K.F. (GONZALEZ−PAGAN, OMAR) Modified to edit title on 2/6/2023 (rcb). (Entered: 02/04/2023)
02/06/2023	93	MOTION to Quash *Subpoena Issued to Dr. Miriam Grossman and Supporting Memorandum of Law* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION. (Attachments: # 1 Exhibit 1, # 2 Exhibit 2, # 3 Exhibit 3, # 4 Exhibit 4, # 5 Exhibit 5, # 6 Exhibit 6) (NORDBY, DANIEL) (Entered: 02/06/2023)
02/06/2023	94	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Telephonic Motion Hearing held on 2/6/2023. Court hears argument of counsel on Defendants' 88 renewed motion for Rule 35 examination. Ruling by Court: The motion is denied. An order will follow. (Court Reporter Megan Hague, Official Court Reporter) (ckm) (Entered: 02/06/2023)
02/06/2023	95	ORDER DENYING THE 88 MOTION FOR RULE 35 EXAMINATIONS. The defendants' renewed motion to compel Rule 35 examinations, ECF No. 88 , is denied. Signed by JUDGE ROBERT L HINKLE on 02/06/2023. (rcb) (Entered: 02/06/2023)
02/06/2023	96	NOTICE OF TELEPHONIC HEARING on 93 Motion to Quash Subpoena: Telephonic Motion Hearing set for **2/9/2023 01:00 PM** before JUDGE ROBERT L HINKLE. Call in number: **888−684−8852** Access code: **3243416#** Security code: **1234#** *Proceedings may not be recorded or otherwise broadcast for public dissemination.* *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 02/06/2023)
02/06/2023	97	MOTION to Appear Pro Hac Vice by Michael Ding.(Filing fee $ 208 receipt number AFLNDC−7682640.) by Miriam Grossman. (Attachments: # 1 Exhibit Letter of Good Standing) (DING, MICHAEL) (Entered: 02/06/2023)
02/07/2023	98	DOCKET ANNOTATION BY COURT: Re 93 *** Attorney Nordby is advised that for all future pleadings in this case and any future cases assigned to Judge Hinkle, exhibits attached to a document filing should be properly identified in the docket text when posting the document. (Example: Deposition of John Doe rather than Exhibit A.*** (rcb) (Entered: 02/07/2023)
02/08/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 97 MOTION to Appear Pro Hac Vice by Michael Ding.(Filing fee $ 208 receipt number AFLNDC−7682640.). Referred to MARTIN A FITZPATRICK. (rcb) (Entered: 02/08/2023)
02/08/2023	99	PLAINTIFFS' RESPONSE IN OPPOSITION TO DR. MIRIAM GROSSMAN'S MOTION TO QUASH SUBPOENA. (LITTLE, JOSEPH) Modified to edit title on 2/9/2023 (rcb). (Entered: 02/08/2023)
02/08/2023	100	DECLARATION OF ATTORNEY JOE LITTLE IN SUPPORT OF PLAINTIFFS' OPPOSITION TO DR. MIRIAM GROSSMANS MOTION TO QUASH SUBPOENA. (Attachments: # 1 Exhibit A Plaintiffs second subpoena dated January 27 2023, # 2 Exhibit B Proof of service for Plaintiffs subpoena dated January 27 2023, # 3 Exhibit C Email from Attorney Little to Attorney Nordby, # 4 Exhibit D Copy of public information, # 5 Exhibit E Email from Dr Grossman dated July 7 2022, # 6 Exhibit Email from Dr Grossman daed July 9 2022, # 7 Exhibit G Email from Dr Grossman dated July 8 2022, # 8 Exhibit H Email from Jason Weida dated July 19 2022, # 9 Exhibit I Dr Grossman biography, # 10 Exhibit J Amicus curiae brief filed by Dr Grossman and Others, # 11 Exhibit K Copy of webpage published on December 23 2021) (LITTLE, JOSEPH) Modified to edit title on 2/9/2023 (rcb). (Entered: 02/08/2023)

02/08/2023	101	AFFIDAVIT re 93 MOTION to Quash *Subpoena Issued to Dr. Miriam Grossman and Supporting Memorandum of Law SECOND DECLARATION OF MIRIAM GROSSMAN, MD* by Miriam Grossman. (DING, MICHAEL) (Entered: 02/08/2023)
02/08/2023	102	SECOND DECLARATION OF ATTORNEY JOE LITTLE IN SUPPORT OF PLAINTIFFS' OPPOSITION TO DR. MIRIAM GROSSMAN'S MOTION TO QUASH SUBPOENA. (Attachments: # 1 Exhibit Email to Counsel Attaching Notice of Intent to Subpoena Dr. Grossman, # 2 Exhibit Attached Notice of Intent, # 3 Exhibit Email to Process Servers Attaching Second Subpoena to Dr. Grossman, # 4 Exhibit Attached Second Subpoena) (LITTLE, JOSEPH) Modified to edit title on 2/9/2023 (rcb). (Entered: 02/08/2023)
02/09/2023	103	ORDER. The motion is in compliance with N.D. Fla. Loc. R. 11.1(C) and is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 02/09/2023. (rcb)***Appointed MICHAEL C DING for Miriam Grossman** (Entered: 02/09/2023)
02/09/2023	104	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Telephonic Motion Hearing held on 2/9/2023. Court hears argument of counsel on non−party's 93 Motion to Quash Subpoena. Ruling by Court: An order will follow detailing the ruling. (Court Reporter Lisa Snyder, Official Court Reporter) (ckm) (Entered: 02/09/2023)
02/09/2023	105	ORDER ON 93 THE MOTION TO QUASH THE GROSSMAN SUBPOENA. Dr. Grossman's motion to quash, ECF No. 93 , is granted in part and denied in part. By February 24, 2023, Dr. Grossman must produce to the plaintiffs all documents within her possession or control described in like−numbered paragraphs of the plaintiffs' request, ECF No. 102 −2 at 1519, as follows: (1) A requested list if already in existenceconstrued as a list showing all testimony for at least five years ending January 31, 2023. (2) All requested documents related to the Florida process. (3) All requested documents related to the Florida process. (8) All requested documents related to the Florida process. (10) All requested documents related to the Florida process. (14) All requested documents related to the Florida process. (15) All requested documents related to the Florida process. (17) All requested documents whether or not related to the Florida process. (20) All requested document whether or not related to the Florida process. All requested documents whether or not related to the Florida process. The 93 motion to quash is granted in all other respects. Signed by JUDGE ROBERT L HINKLE on 02/09/2023. (rcb) (Entered: 02/10/2023)
02/10/2023	106	Joint MOTION for Extension of Time to Complete Discovery by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (GONZALEZ−PAGAN, OMAR) (Entered: 02/10/2023)
02/12/2023	107	ORDER granting 106 Motion for Extension of Time to Complete Discovery. Signed by JUDGE ROBERT L HINKLE on 2/12/23. (sms) (Entered: 02/13/2023)
02/12/2023		Set Deadlines− Expert Depositions due by **3/24/2023**. /Rule 26(a)(2)(B) or (C)/Fact Discovery Deadline due by **3/10/2023**. Rule of Civil Procedure 26(a)(2) Disclosures due by **2/17/2023**. (rcb) (Entered: 02/14/2023)
02/28/2023	108	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Telephonic Motion Proceedings held on 1/26/2023, before Judge Robert L. Hinkle. Court Reporter/Transcriber Megan A. Hague, Telephone number 850−443−9797. Transcript may be viewed at the court public terminal or purchased through the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **3/7/2023**. Release of Transcript Restriction set for **6/5/2023**. (mah) (Entered: 02/28/2023)
03/02/2023	109	PLAINTIFFS' SECOND MOTION TO COMPEL PRODUCTION OF DOCUMENTS AND FOR EXPEDITED BRIEFING AND RULING. (Attachments: # 1 Exhibit A, # 2 Exhibit B, # 3 Exhibit C, # 4 Exhibit D) (GONZALEZ−PAGAN, OMAR) Modified to edit title on 3/3/2023 (rcb). (Entered: 03/02/2023)

03/03/2023	110	DOCKET ANNOTATION BY COURT: Re 109 .***ATTORNEY OMAR GONZALEZ−PAGAN is advised that for all future pleadings in this case and any future cases assigned to Judge Hinkle, exhibits attached to a document filing should be properly identified in the docket text when posting the document. (Example: Deposition of John Doe rather than Exhibit A.)*** (rcb) (Entered: 03/03/2023)
03/03/2023		Set/Reset Deadlines as to 109 PLAINTIFFS' SECOND MOTION TO COMPEL PRODUCTION OF DOCUMENTS AND FOR EXPEDITED BRIEFING AND RULING. (Internal deadline for referral to judge if response not filed earlier: **3/17/2023)**. (rcb) (Entered: 03/03/2023)
03/03/2023	111	NOTICE OF TELEPHONIC HEARING on 109 Second Motion to Compel: Telephonic Motion Hearing set for **3/6/2023 03:00 PM** before JUDGE ROBERT L HINKLE. ***The defendant may but is not required to file a response. Any response is due by Monday, March 6, 2023, at 10:00 a.m.*** Call in number: **888−684−8852** Access code: **3243416#** Security code: **1234#** *Proceedings may not be recorded or otherwise broadcast for public dissemination.* *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 03/03/2023)
03/05/2023	112	Consent MOTION to Withdraw 109 Second MOTION to Compel *Production of Documents and for Expedited Briefing and Ruling* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit A − March 5, 2023 Email from Defendants' Counsel) (GONZALEZ−PAGAN, OMAR) (Entered: 03/05/2023)
03/06/2023	113	NOTICE OF CANCELLATION (re 111 Hearing on 109 Motion): The telephonic hearing scheduled for March 6, 2023, at 3:00 p.m. is canceled pursuant to the 112 Motion to Withdraw. (ckm) (Entered: 03/06/2023)
03/12/2023	114	ORDER NOTING WITHDRAWAL OF 109 MOTION TO COMPEL. The plaintiffs' motion, ECF No. 112 , to withdraw their March 2, 2023 motion to compel, ECF No. 109 , is granted. Signed by JUDGE ROBERT L HINKLE on 03/12/2023. (rcb) (Entered: 03/13/2023)
03/15/2023	115	MOTION for Protective Order *and Incorporated Memorandum* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA. (Attachments: # 1 Exhibit Ex. A − Communications concerning Secretary Weida's Deposition, # 2 Exhibit Ex. B − Communications concerning General Counsel Sheeran's Deposition, # 3 Exhibit Ex. C − Communications concerning outside counsel's fact discovery, # 4 Exhibit Ex. D − Declaration of Secretary Weida, # 5 Exhibit Ex. E − Communications between Secretary Weida and Dr. Cantor, # 6 Exhibit Ex. F − Communications between Secretary Weida and Dr. Van Meter) (JAZIL, MOHAMMAD) (Entered: 03/15/2023)
03/17/2023	116	NOTICE of Appearance by JOSHUA E PRATT on behalf of FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA (PRATT, JOSHUA) (Entered: 03/17/2023)
03/29/2023	117	PLAINTIFFS' OPPOSITION TO DEFENDANTS' MOTION FOR PROTECTIVE ORDER. (Attachments: # 1 Affidavit Declaration of Omar Gonzalez−Pagan, # 2 Exhibit 1. Deposition of Defendants designated expert Quentin Van Meter, M.D., # 3 Exhibit 2. AHCA Organizational Chart, # 4 Exhibit 3. Deposition of Defendants Rule 30(b)(6) witness Matthew Brackett, # 5 Exhibit 4. June 14, 2022 email from Andre Van Mol to Jason Weida, # 6 Exhibit 5. April 2022 email thread between Jason Weida, Andre Van Mol, and Michelle Cretella, # 7 Exhibit 6. May 9, 2022 email from Quentin Van Meter to Jason Weida, # 8 Exhibit 7. May 14, 2022 email from Quentin Van Meter to Jason Weida, # 9 Exhibit 8. May 10, 2022 email from G. Kevin Donovan to Jason Weida and Andrew Sheeran, # 10 Exhibit 9. April 2022 email thread between Jason Weida, Andrew Sheeran, and Romina Brignardello Petersen, # 11 Exhibit 10. May 2022 email thread between Jason Weida, James Cantor, and others, # 12 Exhibit 11. May 13, 2022 email from Patrick Lappert to Jason Weida, # 13 Exhibit 12. Text

		thread between Andre Van Mol and Jason Weida, # 14 Exhibit 13. June 2022 email thread between Jason Weida, Ema Syrulnik, and Andrew Sheeran, # 15 Exhibit 14. May 6, 2022 email from Andre Van Mol to Jason Weida, # 16 Exhibit 15. May 2022 email thread between Jason Weida and Miriam Grossman, # 17 Exhibit 16. May 10, 2022 email exchange between Jason Weida and Miriam Grossman, # 18 Exhibit 17. July 20, 2022 email from Andre Van Mol to Jason Weida and Quentin Van Meter, # 19 Exhibit 18. April 28, 2022 email from Ashley Peterson to Jason Weida, # 20 Exhibit 19. April 29, 2022 email from Jason to Ashley Peterson, # 21 Exhibit 20. June 3, 2022 email from Ashley Peterson to Jason Weida and Ann Dalton, # 22 Exhibit 21. May 12, 2022 email from LeKieva Campbell to Jason Weida and others, # 23 Exhibit 22. Defendant AHCAs March 1, 2023 responses to Plaintiffs written questions, # 24 Exhibit 23. March 8, 2022 emails from Joe Little re Plaintiffs' Notice of Deposition of Jason Weida, # 25 Exhibit 24. March 8, 2022 email thread between Omar Gonzalez−Pagan, Mohammad Jazil, and Joe Little, # 26 Exhibit 25. Transcript of hearing on Plaintiffs Motion to Compel) (GONZALEZ−PAGAN, OMAR) Modified to edit title on 3/30/2023 (rcb). (Entered: 03/29/2023)
04/04/2023	118	ORDER denying 115 motion for protective order, allowing Mr. Weida's deposition. Signed by JUDGE ROBERT L HINKLE on 4/4/23. (RH) (Entered: 04/04/2023)
04/04/2023		Set Deadline−Re: 118 Deadline to Conduct the Deposition Deadline − by **4/21/2023**. (rcb) (Entered: 04/05/2023)
04/07/2023	119	PLAINTIFFS' MOTION TO EXCLUDE EXPERT TESTIMONY OF SOPHIE SCOTT, PH.D., AND SUPPORTING MEMORANDUM OF LAW. (Attachments: # 1 Affidavit of Gary J. Shaw, # 2 Exhibit A − Scott Report, # 3 Exhibit B − Scott Deposition Transcript, # 4 Exhibit C − Edmiston Rebuttal Report, # 5 Exhibit D − Shumer Rebuttal Report, # 6 Exhibit E, # 7 Exhibit F) (SHAW, GARY) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	120	DEFENDANTS MOTION FOR SUMMARY JUDGMENT AND MEMORANDUM OF LAW. (Attachments: # 1 Exhibit Ex 1 Norway, Patient Safety for children and young people, # 2 Exhibit Ex 2 HHS Notice and Guidance on Gender Affirming Care, # 3 Exhibit Ex 3 HHS Fact Sheet, # 4 Exhibit Ex. 4 DOJ Letter to State Attorneys General, # 5 Exhibit Ex 5 CMS, Decision Summary, # 6 Exhibit Ex 6 Bracket Deposition, # 7 Exhibit Ex 7 FDOH, Treatment of Gender Dysphoria for Children and Adolescents, # 8 Exhibit Ex 8 AHCA Letters, # 9 Exhibit Ex 9 Dalton Deposition, # 10 Exhibit Ex 10 Governor Press Release, # 11 Exhibit Ex 11 Transcript of Preliminary Injunction Proceedings, # 12 Exhibit Ex 12 Dr. Levine Expert Report, # 13 Exhibit Ex 13 Dr. Hruz Expert Report, # 14 Exhibit Ex 14 WPATH, Standards of Care, # 15 Exhibit Ex 15 Dr. Laidlaw Expert Report, Confidential Redacted Copy, # 16 Exhibit Ex 16 Dr. Kaliebe Expert Report, # 17 Exhibit Ex 17 Dr. Van Meter Rebuttal Expert Report, # 18 Exhibit Ex. 18 Dr. Scott Expert Report, # 19 Exhibit Ex 19 Dr. Lappert Expert Report, # 20 Exhibit Ex 20 Endocrine Society, Practice Guideline, # 21 Exhibit Ex 21 Dr. Olson−Kennedy Expert Report, # 22 Exhibit Ex 22 Dr. Shumer Expert Report, # 23 Exhibit Ex 23 Dr. Baker Expert Report, # 24 Exhibit Ex 24 Dr. Antommaria Expert Report, # 25 Exhibit Ex 25 Dr. Karasic Expert Report, # 26 Exhibit Ex 26 Dr. Schechter Expert Report, # 27 Exhibit Ex 27 Dr. Edmiston Rebuttal Expert Report, Corrected, # 28 Exhibit Ex 28 Dr. Janssen Rebuttal Expert Report, # 29 Exhibit Ex 29 WPATH, Establishing the soc8 Revision Committee, # 30 Exhibit Ex 30 GRADE Handbook, # 31 Exhibit Ex 31 WPATH denouncement of FDOH Guidelines, # 32 Exhibit Ex 32 WPATH Board of Directors Committee Statement, # 33 Exhibit Ex 33 WPATH May 2019 Letter, # 34 Exhibit Ex 34 WPATH Response to NY Times Article, # 35 Exhibit Ex 35 WPATH Response to NHS England in the UK, # 36 Exhibit Ex 36 Dr. Edmiston Deposition) (JAZIL, MOHAMMAD) Modified to edit Exhibit Ex 15 Dr. Laidlaw Expert Report, Confidential Redacted Copy per 202 (rcb). (Entered: 04/07/2023)
04/07/2023	121	NOTICE of Appearance by ERIK MATTHEW FIGLIO on behalf of Alabama, GEORGIA, INDIANA, IOWA, KENTUCKY, LOUISIANA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NORTH DAKOTA, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VIRGINIA (FIGLIO, ERIK) (Entered: 04/07/2023)
04/07/2023	122	MOTION FOR LEAVE TO FILE AMICUS CURIAE BRIEF BY ALABAMA, ARKANSAS, GEORGIA, INDIANA, IOWA, KENTUCKY, LOUISIANA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NORTH DAKOTA, SOUTH

		CAROLINA, TENNESSEE, TEXAS, UTAH, AND VIRGINIA. (Internal deadline for referral to judge if response not filed earlier: **4/21/2023)**. (Attachments: # 1 Exhibit Proposed Amicus Br.) (BOWDRE, ALEXANDER) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	123	DR. JAY W. RICHARDS' MOTION FOR LEAVE TO APPEAR AS AMICUS CURIAE IN SUPPORT OF DEFENDANTS' MOTION FOR SUMMARY JUDGMENT. (Attachments: # 1 Exhibit Proposed Amicus Curiae Brief) (BARDOS, ANDY) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	124	THE STATE'S OMNIBUS MOTION IN LIMINE. (JAZIL, MOHAMMAD) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	125	NOTICE of Appearance by DAVID HENRY THOMPSON on behalf of Do No Harm (THOMPSON, DAVID) (Entered: 04/07/2023)
04/07/2023	126	MOTION to Appear Pro Hac Vice by Brian W. Barnes.(Filing fee $ 208 receipt number AFLNDC−7809339.) by Do No Harm. (Attachments: # 1 Exhibit A − Certificate of Good Standing) (BARNES, BRIAN) (Entered: 04/07/2023)
04/07/2023	127	PLAINTIFFS' MOTION TO PARTIALLY EXCLUDE EXPERT TESTIMONY OF DR. PATRICK W. LAPPERT AND INCORPORATED MEMORANDUM OF LAW. (Attachments: # 1 Affidavit of William C. Miller, # 2 Exhibit A − Lappert Report, # 3 Exhibit B − Lappert Rebuttal, # 4 Exhibit C − Brandt Trial Transcript Excerpts, # 5 Exhibit D − Lappert Deposition Transcript Excerpts, # 6 Exhibit E − Lappert Declaration (Brandt), # 7 Exhibit F − ASPS Statement, # 8 Exhibit G − DSM−5 Changes Memo, # 9 Exhibit H − Excerpt of Lewis Child and Adolescent Psychiatry, # 10 Exhibit I − LifeSite Article, # 11 Exhibit J − Lappert Presentation) (MILLER, WILLIAM) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	128	PLAINTIFFS' MOTION TO EXCLUDE EXPERT TESTIMONY OF MICHAEL BIGGS, PH.D. AND SUPPORTING MEMORANDUM OF LAW. (Attachments: # 1 Exhibit A Expert Report of Michael Biggs PhD, # 2 Exhibit B Michael Biggs Deposition Transcript, # 3 Exhibit C Zucker et al DSM5 Changes Memo, # 4 Exhibit D Biggs Transphobic Tweets − The Oxford Student) (ALTMAN, JENNIFER) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	129	MOTION to Appear Pro Hac Vice by John D. Ramer.(Filing fee $ 208 receipt number AFLNDC−7809349.) by Do No Harm. (Attachments: # 1 Exhibit A − Certificate of Good Standing) (RAMER, JOHN) (Entered: 04/07/2023)
04/07/2023	130	DECLARATION OF ATTORNEY JENNIFER ALTMAN IN SUPPORT OF PLAINTIFFS'MOTION TO EXCLUDE EXPERT TESTIMONY OF MICHAEL BIGGS, PH.D.. (Attachments: # 1 Exhibit A Expert Report of Michael Biggs PhD, # 2 Exhibit B Deposition Transcript of Michael Biggs PhD, # 3 Exhibit C Zucker et al DSM5 Changes Memo, # 4 Exhibit D Biggs Transphobic Tweets − The Oxford Student) (ALTMAN, JENNIFER) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	131	MOTION OF DO NO HARM FOR LEAVE TO FILE AMICUS CURIAE BRIEF IN SUPPORT OF DEFENDANTS. (Internal deadline for referral to judge if response not filed earlier: **4/21/2023)**. (Attachments: # 1 Exhibit Brief of Do No Harm as Amicus Curiae in Support of Defendants) (THOMPSON, DAVID) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	132	SIX PROPOSED AMICI'S MOTION FOR LEAVE TO APPEAR AS AMICI CURIAE IN SUPPORT OF DEFENDANTS MOTION FOR SUMMARY JUDGMENT. (Attachments: # 1 Exhibit Proposed Amicus Curiae Brief) (BARDOS, ANDY) Modified to edit title on 4/10/2023 (rcb). Modified to add termination date for ECF 132 on 4/14/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	133	PLAINTIFFS' MOTION TO EXCLUDE EXPERT TESTIMONY OF MICHAEL LAIDLAW. (Attachments: # 1 Affidavit Coursolle Affidavit, # 2 Exhibit Ex. 1 Laidlaw Report (Redacted), # 3 Exhibit Ex. 2 Laidlaw Rebuttal Report, # 4 Exhibit Ex 3. Laidlaw Decl. ISO Defs Opp to PI (Excerpt), # 5 Exhibit Ex. 4 − Dekker P.I. Hrg. Tr. (Excerpts), # 6 Exhibit Ex. 5 − CP v. Blue Cross Laidlaw Dep Tr. (Excerpts), # 7 Exhibit Ex. 6 2011 Dhejne et al., # 8 Exhibit Ex. 7 2020 Branstrom & Pachankis, # 9

		Exhibit Ex. 8 2023 Parks et al. KFF / WaPo Survey, # 10 Exhibit Ex. 9 2016 CMS Decision Memo, # 11 Exhibit Ex. 10 2014 HHS Dept Appeals Board Decision, # 12 Exhibit Ex. 11− 2016 Guaraldi, et al., # 13 Exhibit Ex. 12 − 2021 Martinerie, et al., # 14 Exhibit Ex. 13 2016 Ristori & Steensma, # 15 Exhibit Ex. 14− 2022 Olson et al., # 16 Exhibit Ex. 15 2011 de Vries et al., # 17 Exhibit Ex. 16 2020 Natl Academies Report (Excerpts), # 18 Exhibit Ex. 17 2019 Laidlaw et al., # 19 Exhibit Ex. 18 − 2017 Scty Adol. Health & Med., # 20 Exhibit Ex. 19 2020 Donovan & Sotomayor, # 21 Exhibit Ex. 20 AMA Code of Medical Ethics § 2.1.1, # 22 Exhibit Ex. 21 2020 Beeder & Mary K Samplaski, # 23 Exhibit Ex. 22 2016 Casilla−Lennon et al.) (COURSOLLE, ABIGAIL) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	134	WALT HEYER, TED HALLEY, AND CLIFTON BURLEIGH, JR.'S MOTION FOR LEAVE TO APPEAR AS AMICI CURIAE IN SUPPORT OF DEFENDANTS' MOTION FOR SUMMARY JUDGMENT AND MOTION FOR LEAVE TO FILE DECLARATIONS. (Attachments: # 1 Exhibit Proposed Amicus Curiae Brief) (BARDOS, ANDY) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	135	UNOPPOSED MOTION TO SEAL (Exhibit 1 − Laidlaw Report) by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (COURSOLLE, ABIGAIL) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	136	PLAINTIFFS' MOTION TO EXCLUDE EXPERT TESTIMONY OF DR. PAUL W. HRUZ AND SUPPORTING MEMORANDUM OF LAW. (Attachments: # 1 Exhibit Affidavit Declaration of Shani Rivaux, # 2 Exhibit A − Hruz Report, # 3 Exhibit B − Hruz Rebuttal Report, # 4 Exhibit C − Deposition of Paul W Hruz, # 5 Exhibit E − Videotaped Deposition of Paul W Hruz MD PhD, # 6 Exhibit F − Deposition of Paul W Hruz MD PhD, # 7 Exhibit G − Gender nonconforming youth current perspectives, # 8 Exhibit Understanding the Well Being of LGBTQI and Populations (2020), # 9 Exhibit I − Understanding Unapproved Use of Approved Drugs Off Label, # 10 Exhibit J − Off Label Use of Drugs in Children, # 11 Exhibit K − Declaration of Norman P Spack MD, # 12 Exhibit L − Telephonic Deposition of Kim G Hutton, # 13 Exhibit M − International Conference on Gender Sex and Education in Madrid against the LGBTI doctrine, # 14 Exhibit N − Journal Pre Proof, # 15 Exhibit O − Remote Videotaped Videoconference Deposition Testimony of Patrick Lappert MD, # 16 Exhibit P − Email from Endocrine Society to Omar Gonzalez Pagan, # 17 Exhibit Q − Deposition Transcript of Dr Quentin Van Meter, # 18 Exhibit R − Statement on Dr Kenneth Zucker and Gender Identity Disorder, # 19 Exhibit S − APA Resolution on Gender Identity Change Efforts) (RIVAUX, SHANI) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	137	NOTICE *OF WITHDRAWAL OF MOTION FOR LEAVE TO APPEAR AS AMICI CURIAE (ECF NO. 134)* by CLIFTON FRANCIS BURLEIGH JR, TED HALLEY, WALT HEYER (BARDOS, ANDY) (Entered: 04/07/2023)
04/07/2023	138	PLAINTIFFS' MOTION TO EXCLUDE EXPERT TESTIMONY OF DR. KRISTOPHER KALIEBE. (GONZALEZ−PAGAN, OMAR) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	139	PLAINTIFFS' MEMORANDUM OF LAW IN SUPPORT OF MOTION TO EXCLUDE EXPERT TESTIMONY OF DR. KRISTOPHER KALIEBE. (Attachments: # 1 Affidavit Declaration of Omar Gonzalez−Pagan, # 2 Exhibit A − Expert witness report of Kristopher Kaliebe, M.D., # 3 Exhibit B − Excerpts of the deposition of Kristopher Kaliebe, M.D., # 4 Exhibit C − Rebuttal expert report of Kristopher Kaliebe, M.D., # 5 Exhibit D − "Interrogating Gender−Exploratory Therapy", # 6 Exhibit E − Cornell: What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well−Being?, # 7 Exhibit F − Cornell: Search Methodology for Research Analysis on the Effect of Gender Transition on Transgender Well−being, # 8 Exhibit G − Expert Report of Johanna Olson−Kennedy, M.D., M.S., # 9 Exhibit H − Expert Report of Daniel Shumer, M.D., M.S., # 10 Exhibit I − The Evidence for Trans Youth Gender−Affirming Medical Care", # 11 Exhibit J − "Neurobiology of gender identity and sexual orientation", # 12 Exhibit K − National Academies: Understanding the Well−Being of LGBTQI+ Populations, # 13 Exhibit L − Brief for Amici Curiae Stonewall UK, et al. in Brandt v. Rutledge) (GONZALEZ−PAGAN, OMAR) Modified to edit title on 4/10/2023 (rcb). (Entered:

		04/07/2023)
04/07/2023	140	WALT HEYER, TED HALLEY, AND CLIFTON BURLEIGH, JR.'S MOTION FOR LEAVE TO APPEAR AS AMICI CURIAE IN SUPPORT OF DEFENDANTS MOTION FOR SUMMARY JUDGMENT AND MOTION FOR LEAVE TO FILE DECLARATIONS. (Attachments: # 1 Exhibit Proposed Amicus Curiae Brief) (BARDOS, ANDY) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	141	PLAINTIFFS' MOTION TO EXCLUDE EXPERT TESTIMONY OF STEPHEN B. LEVINE, M.D.. (CHARLES, CARL) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	142	PLAINTIFFS' MOTION TO EXCLUDE EXPERT TESTIMONY OF JOSEPH ZANGA, M.D.. (Attachments: # 1 Affidavit Affidavit Declaration of Simone Chriss, # 2 Exhibit Ex. A − Zanga Expert Report, # 3 Exhibit Ex. B − Zanga Deposition Transcript Excerpt, # 4 Exhibit Ex. C − Email from Counsel for Defendants, # 5 Exhibit Ex. D − First Do No Harm (2018), # 6 Exhibit Ex. E − First Do No Harm (produced), # 7 Exhibit Ex. F − Homosexual Parenting, # 8 Exhibit Ex. G − NARTH Article, # 9 Exhibit Ex. H − Facts Not Flattery Same−Sex Attraction, # 10 Exhibit Ex. I − ACPeds Position Statement, # 11 Exhibit Ex. J − Stonewall UK Amicus Brief, # 12 Exhibit Ex. K − APA Resolution, # 13 Exhibit Ex. L − AACAP Policy Statement) (CHRISS, SIMONE) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	143	PLAINTIFFS' MOTION TO EXCLUDE EXPERT TESTIMONY OF DR. QUENTIN VAN METER. (GONZALEZ−PAGAN, OMAR) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	144	PLAINTIFFS' MEMORANDUM OF LAW IN SUPPORT OF MOTION TO EXCLUDE EXPERT TESTIMONY OF DR. QUENTIN VAN METER. (Attachments: # 1 Affidavit Declaration of Omar Gonzalez−Pagan, # 2 Exhibit A − rebuttal expert report of Quentin Van Meter, M.D., # 3 Exhibit B − excerpts of the deposition transcript of Dr. Quentin Van Meter, # 4 Exhibit C − Brief for Amici Curiae Stonewall UK, et al., # 5 Exhibit D − Order Striking Expert Dr. Quentin L. Van Meter, M.D., # 6 Exhibit E − What is Issues in Law & Medicine? webpage, # 7 Exhibit F − Authors webpage for Issues in Law & Medicine, # 8 Exhibit G − excerpts of the deposition transcript of Patrick Lappert, M.D. in Kadel v. Folwell, # 9 Exhibit H − A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder, # 10 Exhibit I − Memo Outlining Evidence for Change for Gender Identity Disorder in the DSM−5", # 11 Exhibit J − Gender Dysphoria and Gender Incongruence in Lewiss Child and Adolescent Psychiatry: A Comprehensive Textbook, # 12 Exhibit K − FDA: Understanding Unapproved Use of Approved Drugs Off Label, # 13 Exhibit L − AAP: Policy Statement: Off−Label Use of Drugs in Children, # 14 Exhibit M − Gender nonconforming youth: current perspectives", # 15 Exhibit N − Neurobiology of gender identity and sexual orientation", # 16 Exhibit O − National Academies: Understanding the Well−Being of LGBTQI+ Populations, # 17 Exhibit P − March 30, 2020 Email Chain, # 18 Exhibit Q − February 4, 2020 Email Chain, # 19 Exhibit R − ACP: Homosexual Parenting: A Scientific Analysis, # 20 Exhibit S − ACP: Psychotherapy for Unwanted Homosexual Attraction Among Youth, # 21 Exhibit T − WPATH: Standards of Care for the Health of Transgender and Gender Diverse People, Version 8) (GONZALEZ−PAGAN, OMAR) Modified to edit title on 4/10/2023 (rcb). (Entered: 04/07/2023)
04/07/2023	145	PLAINTIFFS' MEMORANDUM OF LAW IN SUPPORT OF MOTION TO EXCLUDE EXPERT TESTIMONY OF STEPHEN B. LEVINE, M.D.. (Attachments: # 1 Affidavit Declaration of Carl S. Charles, # 2 Exhibit Exhibit A−Expert Witness Report of Stephen B. Levine, M.D., # 3 Exhibit Exhibit B− Brandt Trial Testimony, # 4 Exhibit Exhibit C− Fain Deposition Transcript, # 5 Exhibit Exhibit D−Kadel Deposition Transcript, # 6 Exhibit Exhibit E− Soneeya Trial Transcript, # 7 Exhibit Exhibit F−Claire Deposition Transcript, # 8 Exhibit Exhibit G− Dahlen 2021 Article, # 9 Exhibit Exhibit H− Cass Review About Page, # 10 Exhibit Exhibit I− Endocrine Society Guideline 2017, # 11 Exhibit Exhibit J−WPATH SOC 8, # 12 Exhibit Exhibit K−Olsen Kennedy Expert Report, # 13 Exhibit Exhibit L−Dhejne Study 2011, # 14 Exhibit Exhibit M−Dhejne Thesis, # 15 Exhibit Exhibit N− DSM 5, # 16 Exhibit Exhibit O−Correction to Littman 2018, # 17 Exhibit Exhibit P−ROGD Clinical Study, # 18 Exhibit Exhibit Q− Rebuttal Report of Stephen B. Levine M.D., # 19 Exhibit Exhibit R− BPJ Deposition Transcript) (CHARLES, CARL) Modified to edit title on

		4/10/2023 (rcb). (Entered: 04/07/2023)
04/10/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 129 MOTION to Appear Pro Hac Vice by John D. Ramer.(Filing fee $ 208 receipt number AFLNDC−7809349.), 126 MOTION to Appear Pro Hac Vice by Brian W. Barnes.(Filing fee $ 208 receipt number AFLNDC−7809339.). Referred to MARTIN A FITZPATRICK. (rcb) (Entered: 04/10/2023)
04/10/2023	146	NOTICE *to Court* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA (Attachments: # 1 Time−Sensitive Petition for Writ of Mandamus, # 2 Order Allowing Mr. Weida's Deposition) (JAZIL, MOHAMMAD) (Entered: 04/10/2023)
04/10/2023	149	Sealed (Expert Report of Michael K. Laidlaw, M.D.) (rcb) Modified to edit filing date on 4/13/2023 (rcb). Modified on 5/11/2023 (ckm). (Entered: 04/12/2023)
04/11/2023	147	ORDER. The motion for leave to appear as amicus curiae, ECF No. 134 , is DENIED as moot. See ECF No. 137 . The motion for leave to appear pro hac vice for amicus curiae, ECF No. 126 , is GRANTED. The motion for leave to appear pro hac vice for amicus curiae, ECF No. 129 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 04/11/2023. (rcb) (Entered: 04/11/2023)
04/11/2023	148	ORDER ON TRIAL SCHEDULE. The trial remains set to begin on Tuesday, **5/9/2023 at 09:00 AM** . The trial will continue from day to day until concluded. Signed by JUDGE ROBERT L HINKLE on 04/11/2023. (rcb) (Entered: 04/11/2023)
04/11/2023	153	USCA Acknowledgment 146 Notice (Other) USCA Appeal # 23−11126−H (rcb) (Entered: 04/18/2023)
04/12/2023	150	ORDER GRANTING LEAVE TO FILE AMICUS BRIEFS. The amicus briefs, ECFNos. 122 −1, 123 −1, 131 −1, 132 −1, and 140 −1, are deemed properly filed. Signed by JUDGE ROBERT L HINKLE on 04/12/2023. (rcb) (Entered: 04/13/2023)
04/14/2023	154	USCA ORDER # 23−11126 Re: 146 NOTICE to Court by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION & 153 USCA Acknowledgment. Before this Court is the April 10, 2023, Petition for a Writ of Mandamus. Respondents are DIRECTED to file an answer to the Petition within 7 days after the date of this order. The Court also INVITES the District Court Judge to answer the Petition within the same 7−day period. If the District Court Judge elects not to participate, he should serve and file a letter to that effect with this Court's Clerk of Court within the same 7−day period. (rcb) Modified on 4/19/2023 (rcb). (Entered: 04/18/2023)
04/17/2023	151	RESPONSE TO ELEVENTH CIRCUIT (re 154 USCA Order). Signed by JUDGE ROBERT L HINKLE on 4/17/2023. (ckm) (Entered: 04/17/2023)
04/18/2023	152	MOTION to Appear Pro Hac Vice by Eric Kniffin.(Filing fee $ 208 receipt number AFLNDC−7825160.) by CLIFTON FRANCIS BURLEIGH JR, TED HALLEY, WALT HEYER. (Attachments: # 1 Exhibit A − CO Bar Cert. of Good Standing) (KNIFFIN, ERIC) (Entered: 04/18/2023)
04/18/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 152 MOTION to Appear Pro Hac Vice by Eric Kniffin.(Filing fee $ 208 receipt number AFLNDC−7825160.). Referred to MARTIN A FITZPATRICK. (rcb) (Entered: 04/18/2023)
04/19/2023	155	UNOPPOSED MOTION FOR LEAVE TO SUBSTITUTE CORRECTED AMICUS CURIAE BRIEF BY ALABAMA, ARKANSAS, GEORGIA, INDIANA, IOWA, KENTUCKY, LOUISIANA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NORTH DAKOTA, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, AND VIRGINIA. (Attachments: # 1 Corrected Amicus Brief) (BOWDRE, ALEXANDER) Modified to edit title on 4/20/2023 (rcb). (Entered: 04/19/2023)
04/20/2023	156	MOTION to Appear Pro Hac Vice by Elizabeth Reinhardt.(Filing fee $ 208 receipt number AFLNDC−7832208.) by Biomedical Ethics and Public Health Scholars. (Attachments: # 1 Certificate of Good Standing) (REINHARDT, ELIZABETH) (Entered: 04/20/2023)

04/20/2023	157	MOTION to Appear Pro Hac Vice by Katelyn L. Kang.(Filing fee $ 208 receipt number AFLNDC−7832209.) by Biomedical Ethics and Public Health Scholars. (Attachments: # 1 Certificate of Good Standing) (KANG, KATELYN) (Entered: 04/20/2023)
04/20/2023	158	MOTION to Appear Pro Hac Vice by Julie M. Veroff.(Filing fee $ 208 receipt number AFLNDC−7832210.) by Biomedical Ethics and Public Health Scholars. (Attachments: # 1 Certificate of Good Standing) (VEROFF, JULIE) (Entered: 04/20/2023)
04/20/2023	159	MOTION to Appear Pro Hac Vice by Zoe Helstrom.(Filing fee $ 208 receipt number AFLNDC−7832212.) by Biomedical Ethics and Public Health Scholars. (Attachments: # 1 Certificate of Good Standing) (HELSTROM, ZOE) (Entered: 04/20/2023)
04/21/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 159 MOTION to Appear Pro Hac Vice by Zoe Helstrom.(Filing fee $ 208 receipt number AFLNDC−7832212.), 156 MOTION to Appear Pro Hac Vice by Elizabeth Reinhardt.(Filing fee $ 208 receipt number AFLNDC−7832208.), 158 MOTION to Appear Pro Hac Vice by Julie M. Veroff.(Filing fee $ 208 receipt number AFLNDC−7832210.), 157 MOTION to Appear Pro Hac Vice by Katelyn L. Kang.(Filing fee $ 208 receipt number AFLNDC−7832209.). Referred to MARTIN A FITZPATRICK. (rcb) (Entered: 04/21/2023)
04/21/2023	160	AMICI CURIAE BIOMEDICAL ETHICS AND PUBLIC HEALTH SCHOLARS UNOPPOSED MOTION FOR KATHLEEN R. HARTNETT TO APPEAR PRO HAC VICE. (Attachments: # 1 Certificate of Good Standing) (HARTNETT, KATHLEEN) Modified to edit title on 4/24/2023 (rcb). (Entered: 04/21/2023)
04/21/2023	161	THE STATE'S OMNIBUS RESPONSE TO PLAINTIFFS' MOTIONS TO EXCLUDE EXPERT TESTIMONY (DOCS. 119 , 127 , 128 , 133 , 136 , 138 , 139 , 141 , 142 , 143 , 144 , 145). (JAZIL, MOHAMMAD) Modified to edit title on 4/24/2023 (rcb). (Entered: 04/21/2023)
04/21/2023	162	PLAINTIFFS' RULE 26(a)(3) PRETRIAL DISCLOSURES. (SHAW, GARY) Modified to edit title on 4/24/2023 (rcb). (Entered: 04/21/2023)
04/21/2023	163	PLAINTIFFS' OPPOSITION TO DEFENDANTS' OMNIBUS MOTION IN LIMINE. (Attachments: # 1 Exhibit A: Def 00286954 Specially Modified Low Protein Foods, # 2 Exhibit B: Def 00286961 Scleral Contact Lenses, # 3 Exhibit C: Def 00286947 Fractional Exhaled Nitric Oxide, # 4 Exhibit D: Def 00286931 Breast Pump Coverage, # 5 Exhibit E: Expert Report of Sophie Scott PhD, # 6 Exhibit F: Corrected Expert Rebuttal Report of E Kale Edmiston PhD, # 7 Exhibit G: Deposition of E Kale Edmiston PhD, # 8 Exhibit H: Def 00366785 Email from Rebecca Borgert to Sara Craig) (RIVAUX, SHANI) Modified to edit title on 4/24/2023 (rcb). (Entered: 04/21/2023)
04/21/2023	164	PLAINTIFFS' OPPOSITION TO NON−PARTY AMICI CURIAE'S MOTION FOR LEAVE TO FILE DECLARATIONS. (GONZALEZ−PAGAN, OMAR) Modified to edit title on 4/24/2023 (rcb). (Entered: 04/21/2023)
04/21/2023	165	THE STATES RULE 26(a)(3) DISCLOSURES. (JAZIL, MOHAMMAD) Modified to edit title on 4/24/2023 (rcb). (Entered: 04/21/2023)
04/21/2023	173	USCA ORDER− Appeal # 23−11126. Accordingly, the Petition for a Writ of Mandamus is DENIED. (rcb) (Entered: 04/27/2023)
04/23/2023	166	ORDER SUBSTITUTING AMICUS BRIEF. The amicus states' unopposed motion, ECF No. 155 , for leave to file a corrected brief is granted. The corrected amicus brief, ECF No. 155 −1, is deemed properly filed. Signed by JUDGE ROBERT L HINKLE on 04/23/2023. (rcb) (Entered: 04/24/2023)
04/24/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 160 Referred to MARTIN A FITZPATRICK. (rcb) (Entered: 04/24/2023)
04/24/2023	167	ORDER. The motion for leave to appear pro hac vice for amicus curiae, ECF No. 152 , is GRANTED. The motion for leave to appear pro hac vice for amicus curiae, ECF

		No. 156 , is GRANTED. The motion for leave to appear pro hac vice for amicus curiae, ECF No. 157 , is GRANTED. The motion for leave to appear pro hac vice for amicus curiae, ECF No. 158 , is GRANTED. The motion for leave to appear pro hac vice for amicus curiae, ECF No. 159 , is GRANTED. The motion for leave to appear pro hac vice for amicus curiae, ECF No. 160 , is GRANTED. (Appointed ELIZABETH F REINHARDT,KATELYN KANG,JULIE MICHELLE VEROFF,ZOE WYNNE HELSTROM for Biomedical Ethics and Public Health Scholars); granting 156 Motion to Appear Pro Hac Vice (Appointed ELIZABETH F REINHARDT,KATELYN KANG,JULIE MICHELLE VEROFF,ZOE WYNNE HELSTROM for Biomedical Ethics and Public Health Scholars); granting 157 Motion to Appear Pro Hac Vice (Appointed ELIZABETH F REINHARDT,KATELYN KANG,JULIE MICHELLE VEROFF,ZOE WYNNE HELSTROM for Biomedical Ethics and Public Health Scholars); granting 158 Motion to Appear Pro Hac Vice (Appointed ELIZABETH F REINHARDT,KATELYN KANG,JULIE MICHELLE VEROFF,ZOE WYNNE HELSTROM for Biomedical Ethics and Public Health Scholars); granting 159 Motion to Appear Pro Hac Vice (Appointed ELIZABETH F REINHARDT,KATELYN KANG,JULIE MICHELLE VEROFF,ZOE WYNNE HELSTROM for Biomedical Ethics and Public Health Scholars); granting 160 Motion to Appear Pro Hac Vice (Appointed ELIZABETH F REINHARDT,KATELYN KANG,JULIE MICHELLE VEROFF,ZOE WYNNE HELSTROM for Biomedical Ethics and Public Health Scholars). Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 04/24/2023. (rcb) (Entered: 04/24/2023)
04/24/2023	168	MOTION for Leave to File *(Unopposed Motion for Leave to File Brief as Amici Curiae in Support of Plaintiffs' Challenge to Rule 59G−1.050(7) of the Florida Administrative Code and In Opposition to Defendants' Motion for Summary Judgment)* by ANNE ALSTOTT, SUSAN D BOULWARE, ABDUL−LATIF HUSSEIN, REBECCA KAMODY, LAURA KUPER, MEREDITHE MCNAMARA, CHRISTY OLEZESKI, NATHALIE SZILAGYI. (CLARK, KAILA) (Entered: 04/24/2023)
04/24/2023	169	AMICUS CURIAE BRIEF by ANNE ALSTOTT, SUSAN D BOULWARE, ABDUL−LATIF HUSSEIN, REBECCA KAMODY, LAURA KUPER, MEREDITHE MCNAMARA, CHRISTY OLEZESKI, NATHALIE SZILAGYI re 168 MOTION for Leave to File *(Unopposed Motion for Leave to File Brief as Amici Curiae in Support of Plaintiffs' Challenge to Rule 59G−1.050(7) of the Florida Administrative Code and In Opposition to Defendants' Motion for Summary Judgment)*. (CLARK, KAILA) (Entered: 04/24/2023)
04/25/2023	170	AMENDED DOCUMENT by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. Amendment to 136 MOTION in Limine *to Exclude Expert Testimony of Dr. Paul W. Hruz and Supporting Memorandum of Law TO INCLUDE EXHIBIT D* (Attachments: # 1 Exhibit Expert Witness Declaration of Paul W Hruz MD PhD) (RIVAUX, SHANI) (Entered: 04/25/2023)
04/25/2023	171	ORDER ALLOWING ABDUL−LATIF AMICUS BRIEF. The unopposed motion of Hussein Abdul−Latif et al., ECF No. 168 , for leave to file an amicus brief in opposition to the defendants' summary−judgment motion is granted. The amicus brief, ECF No. 169 , is deemed properly filed. Signed by JUDGE ROBERT L HINKLE on 4/25/2023. (rcb) (Entered: 04/25/2023)
04/25/2023	172	AMENDED DOCUMENT by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. Amendment to 162 Rule 26 Disclosures . (SHAW, GARY) (Entered: 04/25/2023)
04/27/2023	174	Consent MOTION to Seal *Certain Trial Exhibits* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit 299 − Email communication between AHCA and Magellan regarding coverage of GnRH to treat gender dysphoria) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	175	PLAINTIFFS' NOTICE OF FILING TRIAL EXHIBITS. (Attachments: # 1 Exhibit 1 − Defendants Response to Pls First Set of Request for Admissions, # 2 Exhibit 2 − Defendants Response to Pls First Set of Interrogatories, # 3 Exhibit 3 − Defendants Response to Pls Second Set of Interrogatories, # 4 Exhibit 4 − Pls First Set of Request for Admissions, # 5 Exhibit 5 − Expert report of Dr. Armand H. Antommaria

		2/16/2023, # 6 Exhibit 6 − Expert report of Kellan E. Baker, M.A., M.P.H., PhD 2/17/2023, # 7 Exhibit 7 − Expert report of Dr. Dan H. Karasic 2/15/2023, # 8 Exhibit 8 − Expert report of Dr. Johanna Olson−Kennedy 2/16/2023, # 9 Exhibit 9 − Expert report of Dr. Daniel Shumer 2/16/2023, # 10 Exhibit 10 − Expert report of Dr. Loren S. Schecter 2/16/2023, # 11 Exhibit 11 − Expert rebuttal report of Dr. Dan H. Karasic 3/9/2023, # 12 Exhibit 12 − Expert rebuttal report of Dr. Johanna Olson−Kennedy 3/9/2023, # 13 Exhibit 13 − Expert rebuttal report of Dr. Loren S. Schechter 3/9/2023, # 14 Exhibit 14 − Expert rebuttal report of Dr. Armand H. Antommaria 3/10/2023, # 15 Exhibit 15 − Corrected expert rebuttal report of Dr. E. Kale Edmiston 3/22/2023, # 16 Exhibit 16 − Expert rebuttal report of Dr. Daniel Shumer 3/10/2023, # 17 Exhibit 17 − Expert rebuttal report of Dr. Aron Janssen 3/9/2023, # 18 Exhibit 18 − AHCA GAPMS June 2022, # 19 Exhibit 19 − Marstiller Letter to Wallace re AHCA June 2022 GAPMS, # 20 Exhibit 20 − Fla. Admin. Code R. 59G−1.050, # 21 Exhibit 21 − Fla. Admin. Code R. 59G−1.010, # 22 Exhibit 22 − Florida Medicaid Definitions Policy (Aug. 2017), # 23 Exhibit 23 − Fla. Admin. Code R. 59G−1.035, # 24 Exhibit 24 − AHCAs Automated Prior Authorizations and Bypass Lists 01−2023, # 25 Exhibit 25 − DRUGDEX listing for Testosterone, # 26 Exhibit 26 − DRUGDEX listing for Estradiol, # 27 Exhibit 27 − Prior Authorization Criteria − Testosterone, # 28 Exhibit 28 − Agency Responses to Plaintiffs Questions: March 1, 2023, # 29 Exhibit 29 − 2020−2021 Performance Plan for Jeffrey English, # 30 Exhibit 30 − Email communication between Jeffrey English and Devona Pickle 3/22/22, # 31 Exhibit 31 − AHCA Analysis of Other States Medicaid Coverage, # 32 Exhibit 32 − Miriam Grossman biography, # 33 Exhibit 33 − DSM 5 Gender Dysphoria, # 34 Exhibit 34 − WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, # 35 Exhibit 35 − WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7, # 36 Exhibit 36 − AACAP Statement Responding to Efforts to Ban Care (Nov. 8, 2019), # 37 Exhibit 37 − AAFP Care for Transgender Patients, # 38 Exhibit 38 − AAP Ensuring Comprehensive Care and Support, # 39 Exhibit 39 − ACOG Committee Opinion on Health Care for Transgender Individuals (March 2021), # 40 Exhibit 40 − ACP Attacks on Gender−Affirming and Transgender Health Care (May 3, 2022)) (MILLER, WILLIAM) Modified to edit title on 4/28/2023 (rcb). (Entered: 04/27/2023)
04/27/2023	176	Exhibit List *(Notice of Filing, Part 2 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 41 − LGBT Health Disparities Policy, ACOP, # 2 Exhibit 42 − AMA Letter to Natl Gov. Assoc. (April 26, 2021), # 3 Exhibit 43 − AMA/GLMA Issue Brief on health insurance coverage for gender−affirming care, # 4 Exhibit 44 − AMA Resolution H−185.950, # 5 Exhibit 45 − APA, Guidelines for Psychological Practice with Transgender and Gender Non−conforming People, # 6 Exhibit 46 − APA Resolution on Gender Identity Change Efforts (Feb. 2021), # 7 Exhibit 47 − APA Position Statement Trans and Gender Diverse Youth (July 2020), # 8 Exhibit 48 − APA Position Statement on Access to Care (July 2018), # 9 Exhibit 49 − Endocrine Society Transgender Health Position Statement, # 10 Exhibit 50 − Pediatric Endocrine Society Opposition to Bills that Harm Transgender Youth (April 2021), # 11 Exhibit 51 − SAHM Statement in Opposition of State Legislation Barring Evidence Based Treatment, # 12 Exhibit 52 − WMA Statement on Transgender People (Oct. 2015), # 13 Exhibit 53 − Van Meter Pediatric Endocrinology Excerpt, # 14 Exhibit 54 − Humana Pharmacy Coverage Policy, commercial insurance coverage policy for testosterone 5/18/2022, # 15 Exhibit 55 − Aetna Clinical Policy Bulletin, coverage of Progestins 4/27/2023, # 16 Exhibit 56 − Aetna, Clinical Policy Bulletin, gender affirming surgery 6/22/2023, # 17 Exhibit 57 − Aetna, Clinical Policy Bulletin, GnRHa 2/23/2023, # 18 Exhibit 58 − Humana, Medical Coverage Policy, cover of gender affirmation surgery 9/22/2022, # 19 Exhibit 59 − Molina Healthcare, Coverage criteria for Gender Dysphoria Hormone Therapy July 2023, # 20 Exhibit 60 − Molina Clinical Policy, Gender Affirmation Treatment and Procedures (Marketplace) − 2/8/2023, # 21 Exhibit 61 − UHC Gender Dysphoria Treatment (commercial), 4/1/2023, # 22 Exhibit 62 − Ctrs. for Medicare & Medicaid Servs., EPSDT A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, # 23 Exhibit 63 − Ctrs. for Medicare & Medicaid Servs., CMCS Informational Bulletin (July 21, 2022), # 24 Exhibit 64 − Ctrs. for Medicare & Medicaid Servs., Decision Memo for Gender Dysphoria and Surgery (Aug. 20, 2016), # 25 Exhibit 65 − Office of the Press Secretary, Presidential Memo (Aug. 25, 2017), # 26 Exhibit 66 − FDA, Indications and Usage Section of Labeling for Human Prescription Drug and

		Biological Products (Draft Guidance) (2018), # 27 Exhibit 67 − FDA, Understanding Unapproved Use of Approved Drugs "Off Label," (2018), # 28 Exhibit 68 − U.S. Drug Enforcement Administration, Drug Scheduling, July 10, 2018, # 29 Exhibit 69 − U.S. Comm. on Civil Rights Statement on State Laws Targeting LGBTQ Community, (April 18, 2016), # 30 Exhibit 70 − U.S. Comm. on Civil Rights Statement on Military Ban (Aug. 18, 2017), # 31 Exhibit 71 − Dept of Health & Human Servs., Departmental Appeals Bd., Appellate Div., Decision No. 2576 (May 30, 2014), # 32 Exhibit 72 − OASH, Gender−Affirming Care and Young People, # 33 Exhibit 73 − SAMHSA, Ending Conversion Therapy (Oct. 2015), # 34 Exhibit 74 − SAMHSA, Moving Beyond Change Efforts (2023), # 35 Exhibit 75 − NCTSN, Gender−Affirming Care is Trauma−Informed Care, # 36 Exhibit 76 − U.S. Presidential Proclamation, Transgender Day of Visibility, 2022, # 37 Exhibit 77 − U.S. Presidential Proclamation, Transgender Day of Visibility, 2023, # 38 Exhibit 78 − Executive Order, Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation (Jan. 20, 2021), # 39 Exhibit 79 − Medicaid Coverage for Gender−Affirming Care, Williams Institute (Dec. 2022), # 40 Exhibit 80 − Excerpts from trial transcript Vol. 5 (Levine), Brandt v. Rutledge, 4:21−CV−00450−JM (E.D. Ark.)) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	177	Exhibit List *(Notice of Filing, Part 3 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 81 − Excerpts from trial transcript Vol. 6 (Lappert), Brandt v. Rutledge, 4:21−CV−00450−JM (E.D. Ark.), # 2 Exhibit 82 − Trial Transcript, Soneeya v. Turco, No. 07:12325−DPW (U.S.D.C. Ma.), # 3 Exhibit 83 − Deposition of Stephen Levine, B.P.J. v. W. VA, 2:21−CV−00316 (W.D. W.V.), # 4 Exhibit 84 − Transcript of Preliminary Injunction Hearing_Vol. 2, Eknes−Tucker v. Ivey, 2:22−cv−00184 (M.D. Ala.), # 5 Exhibit 85 − Deposition of Stephen Levine, Claire v. D.M.S., 4:20−cv−00020 (N.D. Fla.), # 6 Exhibit 86 − Deposition of Stephen Levine, Fain v. Crouch, 3:20−cv−00740 (S.D. W. Va.), # 7 Exhibit 87 − Deposition of Stephen Levine, Kadel v. Folwell, 1:19−cv−272 (M.D. N.C.), # 8 Exhibit 88 − Deposition of Kim G. Hutton, Adams v. St. Johns, No. 3:17−cv−00739 (M.D. Fla.), # 9 Exhibit 89 − Expert Declaration of Paul W. Hruz, Adams v. St. Johns, No. 3:17−cv−00739 (M.D. Fla.), # 10 Exhibit 90 − Deposition of Paul W. Hruz, Adams v. St. Johns, No. 3:17−cv−00739 (M.D. Fla.), # 11 Exhibit 91 − Deposition of Paul W. Hruz, Bruce v. South Dakota, No. 17−5080 (USDC SD), # 12 Exhibit 92 − Declaration of Norman P. Spack, Adams v. St. Johns, No. 3:17−cv−00739 (M.D. Fla.), # 13 Exhibit 93 − Expert Declaration of Paul W. Hruz, Whitaker v. Kenosha, 2:16−cv−00943 (E.D. Wis.), # 14 Exhibit 94 − Deposition of Paul W. Hruz, Kadel v. Folwell, 1:19−cv−00272 (M.D. N.C.), # 15 Exhibit 95 − Deposition of Patrick Lappert, Kadel v. Folwell, 1:19−cv−00272 (M.D. N.C.), # 16 Exhibit 96 − Deposition of Michael Laidlaw, C.P. v. Blue Cross, 3:20−cv−066145 (W.D. Wa.), # 17 Exhibit 97 − Deposition of Van Meter, Grimm v. Gloucester County School Bd. (3/18/2019), # 18 Exhibit 98 − Hearing on Motion for Temporary Injunction, PFLAG v. Abbott, No. D−1−GN−22−002569 (Tex. Dist. Ct., Travis Cnty.), # 19 Exhibit 99 − Email communication between Gonzalez−Pagan and Lisa Tetrault (4/4/2023), # 20 Exhibit 100 − Shupe email (3/30/2020), # 21 Exhibit 101 − Clark email (3/19/2020), # 22 Exhibit 102 − Broyles email (10/30/2019), # 23 Exhibit 103 − Van Meter email (2/4/2020), # 24 Exhibit 104 − A Texas judge ruled this doctor was not an expert, Pennsylvania Capital−Star (Sept. 15, 2020), # 25 Exhibit 105 − First, do no harm: thinking through transgender issues, Zanga (Aug. 1, 2018), # 26 Exhibit 106 − First, do no harm, Zanga, AHCA Production, # 27 Exhibit 107 − The Bulletin, Vol. 63, No. 6 (June 2018) First, do no harm, # 28 Exhibit 108 − Neurobiology of gender identity and sexual orientation, 2018 Roselli, # 29 Exhibit 109 − Correction to Littman (March 19, 2019), # 30 Exhibit 110 − Comment on Littman, Costa 2019, # 31 Exhibit 111 − Psychotherapy for Unwanted Homosexual Attraction, ACOP (Jan 2016), # 32 Exhibit 112 − Homosexual Parenting, ACOP (May 2019), # 33 Exhibit 113 − Gender Dysphoria in Children, ACOP (Nov. 2018), # 34 Exhibit 114 − Why We Stand Up for Transgender Children and Teens, AAP (Aug. 10, 2022), # 35 Exhibit 115 − AAP continues to support care of transgender youths, AAP (Jan. 6, 2022), # 36 Exhibit 116 − Facts, not flattery, about same−sex attraction, MERCATOR (May 22, 2007), # 37 Exhibit 117 − Pediatricians Groups Differ On Attitudes Toward Homosexual Parenting, Waller and Nicolosi (July 17, 2003), # 38 Exhibit 118 − Elect Candidates Who Support the Best for Children, ACOP (Oct. 2018), # 39 Exhibit 119 − International clinical practice guidelines for gender minority/trans people, 2021 Dahlen et al., # 40 Exhibit 120 − The Journal of the Amer. Acad. Of Psychiatry and

		the Law) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	178	Exhibit List *(Notice of Filing, Part 4 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 121 − On Gender Dysphoria, 2017 Dhejne, # 2 Exhibit 122 − Long−Term Follow−up of Transsexual Persons Undergoing Sex Reassignment Surgery, 2011 Dhejne, # 3 Exhibit 123 − Endocrine Treatment of Gender−Dysphoric/Gender−Incongruent Persons, 2017 Hembree et al., # 4 Exhibit 124 − Interrogating Gender−Exploratory Therapy, 2023 Ashley, # 5 Exhibit 125 − Transgender Surgery & Christian Anthropology, Presentation by Patrick W. Lappert, # 6 Exhibit 126 − What is Psychiatry, American Psychiatric Association, # 7 Exhibit 127 − Lewiss Child and Adolescent Psychiatry, Fifth Edition, 2018, # 8 Exhibit 128 − Memo Outlining Evidence for Change for Gender Identity Disorder in the DSM−5, 2013 Zucker, et al., # 9 Exhibit 129 − A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder, 2012 Zucker, # 10 Exhibit 130 − APA Statement on Zucker (2008), # 11 Exhibit 131 − Working for Inclusion: Time for Congress to Enact Federal Legislation to Address Workplace Discrimination Against Lesbian, Gay, Bisexual, and Transgender Americans, Briefing Report, # 12 Exhibit 132 − Position Statement on Conversion Therapy, APA (Dec. 2018), # 13 Exhibit 133 − Do Clinical Data from Transgender Adolescents Support the Phenomenon of Rapid Onset Gender Dysphoria, 2022 Bauer et al., # 14 Exhibit 134 − American Society of Plastic Surgeons, State Focus on Gender Affirmation Intensifies, Feb. 25, 2021,, # 15 Exhibit 135 − Plastic surgeon: Sex−change operation utterly unacceptable and a form of child abuse, Sept. 9, 2019,, # 16 Exhibit 136 − Transphobic tweets linked to Oxford sociology professor, The Oxford Student (Oct. 26, 2018), # 17 Exhibit 137 − Long−term outcomes of the treatment of central precocious puberty, 2016 Guaraldi, et al., # 18 Exhibit 138 − Fertility of Women Treated during Childhood with Triptorelin (Depot Formulation) for Central Precocious Puberty, 2021 Martinerie, et al., # 19 Exhibit 139 − Gender dysphoria in childhood, 2016 Ristori & Steensman, # 20 Exhibit 140 − Gender Identity 5 Years After Social Transition, 2022 Olson et al., # 21 Exhibit 141 − Puberty Suppression in Adolescents With Gender Identity Disorder, 2011 de Vries, et al., # 22 Exhibit 142 − Understanding the Well−Being of LGBTQI+ Populations, 2020 Natl Academies of Sciences, Engineering, and Medicine, # 23 Exhibit 143 − The Health of Lesbian, Gay, Bisexual and Transgender People, 2011 Natl Academies of Sciences, Engineering, and Medicine, # 24 Exhibit 144 − The Right to the Best Care for Children Does Not Include the Right to Medical Transition, 2019 Laidlaw, et al., # 25 Exhibit 145 − Strangers in a Strange Land, 2020 Donovan & Sotomayor, # 26 Exhibit 146 − Effect of antidepressant medications on semen parameters and male fertility, 2020 Beeder & Samplaski, # 27 Exhibit 147 − The effect of antidepressants on fertility, 2016 Casilla−Lennon, et al., # 28 Exhibit 148 − Trends in Gender−affirming Surgery in Insured Patients in the U.S., 2018 Lane et al., # 29 Exhibit 149 − Gender−Affirming Treatment of Gender Dysphoria in Youth, 2022 Clayton et al., # 30 Exhibit 150 − AAP News, Risk of Pseudotumor Cerebri added to Labeling for Gonadotropin−Releasing Hormone Agonists, (2022), # 31 Exhibit 151 − Longitudinal Impact of Gender−Affirming Endocrine Intervention on the Mental Health and Well−Being of Transgender Youths, 2020 Achille et al., # 32 Exhibit 152 − Long−Term Effect of Gender−Affirming Hormone Treatment on Depression and Anxiety Symptoms in Transgender People, 2020 Aldridge et al., # 33 Exhibit 153 − Off−Label Medication use in Children, More Common than We Think: A Systematic Review of the Literature, 2018 Allen et al., # 34 Exhibit 154 − Association Between Gender−Affirming Surgeries and Mental Health Outcomes, 2021 Almazan et al., # 35 Exhibit 155 − Top Surgery and Chest Dysphoria Among Transmasculine and Nonbinary Adolescents and Young Adults, 2022 Ascha et al., # 36 Exhibit 156 − Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review, 2021 Baker et al., # 37 Exhibit 157 − GRADE Guidelines: 3 Rating the Quality of Evidence, 2011 Balshem et al., # 38 Exhibit 158 − Harry Benjamin, The Transsexual Phenomenon (1966), # 39 Exhibit 159 − Anabolic Steroid Abuse and Dependence, 2002 Brower et al., # 40 Exhibit 160 − Transgender and Gender−Nonbinary Patient Satisfaction after Transmasculine Chest Surgery, 2021 Bustos et al.) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	179	Exhibit List *(Notice of Filing, Part 5 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 161 − Regret after Gender−affirmation Surgery: A Systematic Review and

Metaanalysis of Prevalence, 2021 Bustos et al., # 2 Exhibit 162 − Effects of Long−Term Exogenous Testosterone Administration on Ovarian Morphology, Determined by Transvaginal (3D) Ultrasound in Female−to−Male Transsexuals, 2017 Caanen et al., # 3 Exhibit 163 − Short−term Outcomes of Pubertal Suppression in a Selected Cohort of 12 to 15 Year Old Young People with Persistent Gender Dysphoria in the UK, 2021 Carmichael at al., # 4 Exhibit 164 − Psychosocial Functioning in Transgender Youth after 2 Years of Hormones, 2023 Chen et al., # 5 Exhibit 165 − Pubertal Delay as an Aid in Diagnosis and Treatment of a Transsexual Adolescent, 1998 Cohen−Kettenis & van Goozen, # 6 Exhibit 166 − Hormonal Treatment Reduces Psychobiological Distress in Gender Identity Disorder, Independently of the Attachment Style, 2013 Colizzi et al., # 7 Exhibit 167 − Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria, 2015 Costa et al., # 8 Exhibit 168 − Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment, 2014 de Vries et al., # 9 Exhibit 169 − An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960−2010: Prevalence, Incidence, and Regrets, 2014 Dhejne et al., # 10 Exhibit 170 − Gender Nonconforming Youth: Current Perspectives, 2017 Ehrensaft, # 11 Exhibit 171 − What makes clinical research ethical?, 2000 Emanuel et al., # 12 Exhibit 172 − Treatment of Central Precocious Puberty, 2019 Eugster, # 13 Exhibit 173 − Cross−Sex Hormone Treatment and Psychobiological Changes in Transsexual Persons: Two−Year Follow−Up Data, 2016 Fisher et al., # 14 Exhibit 174 − Chest Surgery in Female to Male Transgender Individuals, 2017 Frederick et al., # 15 Exhibit 175 − Off−Label Use of Drugs in Children, 2014 Galinkin et al., # 16 Exhibit 176 − Association of Gender−Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth, 2022 Green, # 17 Exhibit 177 − Feminizing Genital Gender−Confirmation Surgery, 2018 Hadj−Moussa et al., # 18 Exhibit 178 − Satisfaction with Male−to−Female Gender Reassignment Surgery, 2014 Hess et al., # 19 Exhibit 179 − Effects of Different Steps in Gender Reassignment Therapy on Psychopathology, 2014 Heylens, et al., # 20 Exhibit 180 − Supporting Sexuality and Improving Sexual Function in Transgender Persons, 2019 Holmberg et al., # 21 Exhibit 181 − Outcome of Vaginoplasty in Male−to−Female Transgenders: A Systematic Review of Surgical Techniques, 2015 Horbach et al., # 22 Exhibit 182 − The Quality of Evidence for Medical Interventions Does Not Improve or Worsen: A Metaepidemiological Study of Cochrane Reviews, 2020 Howick et al., # 23 Exhibit 183 − Testosterone Treatment and MMPI2 Improvement in Transgender Men, 2015 Keo−Meier et al., # 24 Exhibit 184 − Bone Mass in Young Adulthood Following Gonadotropin−Releasing Hormone Analog Treatment and Cross−Sex Hormone Treatment in Adolescents with Gender Dysphoria, 2015 Klink et al., # 25 Exhibit 185 − Fertility Options in Transgender and Gender Diverse Adolescents, 2017 Knudson & De Sutter, # 26 Exhibit 186 − Australian Children and Adolescents with Gender Dysphoria, 2021 Kozlowska et al., # 27 Exhibit 187 − Body Dissatisfaction and Mental Health Outcomes of Youth on Gender−Affirming Hormone Therapy, 2020 Kuper et al., # 28 Exhibit 188 − Transgender Men Who Experienced Pregnancy After Female−to−Male Gender Transitioning, 2014 Light, et al., # 29 Exhibit 189 − Psychosocial Assessment in Transgender Adolescents, 2020 Lopez de Lara., # 30 Exhibit 190 − Christy Mallory et al., Conversion Therapy and LGBT Youth 2 (2019 ed.), # 31 Exhibit 191 − Successful Oocyte Cryopreservation Using Letrozole as an Adjunct to Stimulation in a Transgender Adolescent after GnRH Agonist Suppression, 2021 Martin et al., # 32 Exhibit 192 − Experience of Chest Dysphoria and Masculinizing Chest Surgery in Transmasculine Youth, 2021 Mehringer et al., # 33 Exhibit 193 − Breast Augmentation in Male−to−Female Transgender Patients: Technical Considerations and Outcomes, 2019 Miller et al., # 34 Exhibit 194 − Guiding the ConversationTypes of Regret after Gender−Affirming Surgery and Their Associated Etiologies, 2021 Narayan et al., # 35 Exhibit 195 − Individual Treatment Progress Predicts Satisfaction with Transition−Related Care for Youth with Gender Dysphoria, 2021 Nieder et al., # 36 Exhibit 196 − Sexual Experiences in Transgender People, 2018 Nikkelen & Baudewijntje., # 37 Exhibit 197 − Quality of Life of Treatment−Seeking Transgender Adults, 2018 Nobili et al., # 38 Exhibit 198 − Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts, 2018 Olson−Kennedy et al., # 39 Exhibit 199 − Mental Health of Transgender Children Who Are Supported in Their Identities, 2016 Olson, et al., # 40 Exhibit 200 − Association Between Gender Confirmation Treatments and Perceived Gender Congruence, Body Image Satisfaction, and Mental Health in a

		Cohort of Transgender Individuals, 2018 Owen−Smith, et al.) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	180	Exhibit List *(Notice of Filing, Part 6 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 201 − Male−to−Female Sex Reassignment Surgery Using the Combined Technique Leads to Increased Quality of Life in a Prospective Study, 2017 Papadopulos et al., # 2 Exhibit 202 − Sex Reassignment. Thirty Years of International Follow−up Studies After Sex Reassignment Surgery: A Comprehensive Review, 1961−1991, 1998 Pfafflin & Junge, # 3 Exhibit 203 − Advancing Methods for U.S. Transgender Health Research, 2015 Reisner, # 4 Exhibit 204 − Approach to the Patient: Transgender Youth: Endocrine Considerations, 2014 Rosenthal, # 5 Exhibit 205 − Oocyte Cryopreservation in a Transgender Male Adolescent, 2019 Rothenberg et al., # 6 Exhibit 206 − Royal College of Psychiatrists, Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria (2013)., # 7 Exhibit 207 − Transgender Associations and Possible Etiology:A Literature Review, 2017 Saleem & Rizvi, # 8 Exhibit 208 − Regret Associated with the Decision for Breast Reconstruction, 2008 Sheehan et al., # 9 Exhibit 209 − Sex Reassignment: Outcomes and Predictors of Treatment for Adolescent and Adult Transsexuals, 2005 Smith, et al., # 10 Exhibit 210 − Gender−Affirming Mastectomy Trends and Surgical Outcomes in Adolescents, 2022 Tang et al., # 11 Exhibit 211 − Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender−Affirming Care, 2022 Tordoff et al., # 12 Exhibit 212 − Endocrinology of Transgender Medicine, 2018 Guy TSjoen et al., # 13 Exhibit 213 − Alterations in Body Uneasiness, Eating Attitudes, and Psychopathology Before and After CrossSex Hormonal Treatment in Patients with FemaletoMale Gender Dysphoria, 2018 Turan et al., # 14 Exhibit 214 − Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults, 2020 Turban et al., # 15 Exhibit 215 − Access to Gender−Affirming Hormones during Adolescence and Mental Health Outcomes Among Transgender Adults, 2022 Turban et al., # 16 Exhibit 216 − Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation, 2020 Turban et al., # 17 Exhibit 217 − Surgical Satisfaction, Quality of Life, and Their Association After Gender−Affirming Surgery: A Follow−up Study, 2018 van de Grift et al., # 18 Exhibit 218 − Psychological Functioning in Transgender Adolescents Before and After Gender−Affirmative Care Compared With Cisgender General Population Peers, 2020 R. van der Miesen, # 19 Exhibit 219 − Effect of Pubertal Suppression and Cross−Sex Hormone Therapy on Bone Turnover Markers and Bone Mineral Apparent Density (BMAD) in Transgender Adolescents, in Bone in Balance 2020 Vlot, # 20 Exhibit 220 − Patient Satisfaction with Breasts and Psychosocial, Sexual, and Physical Well−Being after Breast Augmentation in Male−to−Female Transsexuals, 2013 Weigert et al., # 21 Exhibit 221 − Cross−Sex Hormone Therapy in Trans Persons Is Safe and Effective at Short−Time Follow−Up, 2014 Wierckx et al., # 22 Exhibit 222 − Ten Common Questions (and Their Answers) About Off−label Drug Use, 2012 Wittich et al., # 23 Exhibit 223 − Cognitive, Emotional, and Psychosocial Functioning of Girls Treated with Pharmacological Puberty Blockage for Idiopathic Central Precocious Puberty, 2016 Wojniusz et al., # 24 Exhibit 224 − Off−label Medication Prescribing Patterns in Pediatrics: An Update, 2019 Yackey et al., # 25 Exhibit 225 − Functional Ovarian Reserve in Transgender Men Receiving Testosterone Therapy, 2021 Yaish et al., # 26 Exhibit 226 − Management of Endocrine Disease: Long term outcome of central precocious puberty, # 27 Exhibit 227 − Presidential Memorandum for the Secretary of Defense and the Secretary of Homeland Security Regarding Military Service by Transgender Individuals (March 23, 2018), # 28 Exhibit 229 − Template Notice of Adverse Benefit Determination, # 29 Exhibit 230 − Template Notice of Plan Appeal Resolution, # 30 Exhibit 231 − Sample AHCA Final Order 20−FH0855, # 31 Exhibit 232 − (Placeholder) Medical records of August Dekker, # 32 Exhibit 234 − (Placeholder) Medical records of Brit Rothstein, # 33 Exhibit 234A − (Placeholder) Medical records of Brit Rothstein, # 34 Exhibit 235 − (Placeholder) Medical records of K.F., # 35 Exhibit 235A − (Placeholder) Medical records of K.F., # 36 Exhibit 236 − (Placeholder) Medical records of S.D., # 37 Exhibit 236A − (Placeholder) Medical records of S.D., # 38 Exhibit 236B − (Placeholder) Medical records of S.D., # 39 Exhibit 236C − (Placeholder) Medical records of S.D., # 40 Exhibit 237 − (Placeholder) Dekker medical records) (MILLER, WILLIAM) (Entered: 04/27/2023)

04/27/2023	181	Exhibit List *(Notice of Filing, Part 7 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 237A − (Placeholder) Dekker medical records, # 2 Exhibit 238 − GAPMS Decision Tree Checklist, # 3 Exhibit 239 − GAPMS GnRH for treatment of gender dysphoria, # 4 Exhibit 240 − GAPMS GnRH for treatment of gender dysphoria, # 5 Exhibit 241 − GAPMS Cross Sex Hormone Therapy 5/20/2022, # 6 Exhibit 242 − GAPMS Cross Sex Hormone Therapy Report (edited) − 5/20/2022, # 7 Exhibit 243 − GAPMS Cross Sex Hormone Therapy 11/2/2016, # 8 Exhibit 244 − GAPMS Gender Confirmation Surgery (incomplete) 7/19/2017, # 9 Exhibit 245 − DUR Meeting Transcript 9/26/2015, # 10 Exhibit 246 − DUR Quarterly Report − 2015, # 11 Exhibit 247 − DUR Meeting Minutes 1/16/2016, # 12 Exhibit 248 − DUR Meeting Minutes 9/24/2016, # 13 Exhibit 249 − Pharmacy log 5/31/2016, # 14 Exhibit 250 − AHCA review of research 7/25/2016, # 15 Exhibit 251 − AHCA review of state practice 8/17/2016, # 16 Exhibit 252 − Arlene Elliot research regarding Medicaid coverage of care in other states July 27, 2016, # 17 Exhibit 252A − Arlene Elliot research regarding Medicaid coverage of care in other states July 27, 2016, # 18 Exhibit 252B − Arlene Elliot research regarding Medicaid coverage of care in other states July 27, 2016, # 19 Exhibit 252C − Arlene Elliot research regarding Medicaid coverage of care in other states July 27, 2016, # 20 Exhibit 253 − Aetna clinical criteria for cross−sex hormone therapy 8/18/2016, # 21 Exhibit 254 − Arlene Elliot email re GnRH coverage 8/29/2016, # 22 Exhibit 255 − Rebecca Borgert email regarding Endocrine Society guidelines 8/29/2016, # 23 Exhibit 256 − AHCA GAPMS routing and tracking form for puberty suppression therapy 8/31/2016, # 24 Exhibit 257 − Special services criteria re GnRH coverage 9/20/2016 (updated 11/17/17), # 25 Exhibit 258 − AHCA letter to Childrens Medical Services re drug criteria and coverage 10/6/2016, # 26 Exhibit 259 − AHCA tracking form for GAPMS research re puberty suppression 9/26/2016, # 27 Exhibit 260 − AHCA GAPMS routing and tracking form for cross−sex hormone therapy 11/2/2016, # 28 Exhibit 261 − FL House letter to AHCA re drug treatment for gender dysphoria 11/22/2016, # 29 Exhibit 262 − DUR transcript 3/23/2017, # 30 Exhibit 263 − Draft GAPMS re gender−affirming surgery 7/19/2017, # 31 Exhibit 264 − Email exchange re Medicaid coverage of gender affirming surgery June 2018, # 32 Exhibit 264A − Email exchange re Medicaid coverage of gender affirming surgery June 2018, # 33 Exhibit 265 − AHCA routing form tracking response to MCO question about Medicaid coverage of surgery June 2018, # 34 Exhibit 266 − AHCA document closing the project re responding to MCO question about Medicaid coverage of surgery June 2018, # 35 Exhibit 267 − Email from Theresa Kumar to Jesse Botcher 10/18/2019, # 36 Exhibit 268 − Email from DD Pickle to Krisin Sokoloski 1/5/2022, # 37 Exhibit 269 − AHCA approval of Simply Healthcares provider manual 3/24/2022, # 38 Exhibit 269A − AHCA approval of Simply Healthcares provider manual 3/24/2022, # 39 Exhibit 269B − AHCA approval of Simply Healthcares provider manual 3/24/2022, # 40 Exhibit 269C − AHCA approval of Simply Healthcares provider manual 3/24/2022) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	182	Exhibit List *(Notice of Filing, Part 8 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 270 − Email re commercial plan coverage 3/24/2022, # 2 Exhibit 271 − Communication from Peter Ring re procedures billed to treat gender dysphoria 4/7/2022, # 3 Exhibit 272 − Email from Andy Bardos to Andrew Sheeran re Cantor and legal research 4/11/2022, # 4 Exhibit 273 − Email forwarded by Andrew Sheeran from Ashley Lukis scheduling a call with James Cantor 4/13/2022, # 5 Exhibit 274 − Email from Andrew Sheeran to Miriam Grossman 4/14/2022, # 6 Exhibit 275 − Email exchange between Andrew Sheeran and Romina Brignardello Petersen 4/18/2022, # 7 Exhibit 276 − Email from Susan Williams to Shantrice Green re GAPMS on cross−sex hormone therapy 4/20/2022, # 8 Exhibit 277 − Email from Amy Zitiello to Vern Hamilton regarding FDOH guidance 4/20/2022, # 9 Exhibit 277A − Email from Amy Zitiello to Vern Hamilton regarding FDOH guidance 4/20/2022, # 10 Exhibit 278 − Email from Cody Farill regarding data from Magellan about drug coverage − 4/20/2022, # 11 Exhibit 279 − Communication between Jason Weida and Dr. Michelle Cretella 4/21/2025, # 12 Exhibit 280 − Communication between Romina Brignardello−Petersen and Jason Weida regarding types of surgeries on which to focus 4/25/2022, # 13 Exhibit 281 − Communication between Jason Weida and Vern Hamilton regarding planned response to Dr. Zitiellos question about FDOH guidance 4/29/2022, # 14 Exhibit 282 − Draft GAPMS on gender affirming surgery (with handwritten notes) − May 2022, # 15 Exhibit 283 − Jason Weida communication regarding report from Romina Brignardello−Petersen 5/5/2022, # 16 Exhibit 283A −

		Jason Weida communication regarding report from Romina Brignardello−Petersen 5/5/2022, # 17 Exhibit 283B − Jason Weida communication regarding report from Romina Brignardello−Petersen 5/5/2022, # 18 Exhibit 283C − Jason Weida communication regarding report from Romina Brignardello−Petersen 5/5/2022, # 19 Exhibit 283D − Jason Weida communication regarding report from Romina Brignardello−Petersen 5/5/2022, # 20 Exhibit 283E − Jason Weida communication regarding report from Romina Brignardello−Petersen 5/5/2022, # 21 Exhibit 284 − Jason Weida communication regarding articles provided to him by Dr. Van Mol 5/6/2022, # 22 Exhibit 285 − Dr. Van Mol communication with Jason Weida and Matthew Brackett about gender affirming care 5/7/022, # 23 Exhibit 286 − Dr. Van Mols edits to June 2022 GAPMS memo 5/13/2022, # 24 Exhibit 286A − Dr. Van Mols edits to June 2022 GAPMS memo 5/13/2022, # 25 Exhibit 286B − Dr. Van Mols edits to June 2022 GAPMS memo 5/13/2022, # 26 Exhibit 287 − Text message from Jason Weida regarding Eknes−Tucker and James Cantor 5/17/2022, # 27 Exhibit 288 − Email from Shantrice Green to Susan Williams and Kelly Rubin regarding the GAPMS memo on cross−sex hormone therapy 5/20/2022, # 28 Exhibit 289 − Draft of GAPMS cross−sex hormone therapy memo 5/20/2022, # 29 Exhibit 290 − Jason Weida asks Dr. Van Mol for assistance locating specific witnesses 5/21/2022, # 30 Exhibit 291 − Email between Dr. Van Mol and Jason Weida regarding reimbursement 5/21/2022, # 31 Exhibit 292 − Invoices from Romina Brignardello−Petersen 5/24/2022, # 32 Exhibit 292A − Invoices from Romina Brignardello−Petersen 5/24/2022, # 33 Exhibit 293 − Template denial for requesting rule workshop June 2022, # 34 Exhibit 294 − Projected Rulemaking Timeline June 2022, # 35 Exhibit 295 − Gender Dysphoria/Transgender Health Care Non−Legislative Pathway June 2022, # 36 Exhibit 296 − Gender Dysphoria/Transgender Health Care Policy Pathway June 2022, # 37 Exhibit 297 − AHCA GAPMS routing and tracking form for June 2022 GAPMS 6/1/2022, # 38 Exhibit 297A − AHCA GAPMS routing and tracking form for June 2022 GAPMS 6/1/2022, # 39 Exhibit 298 − Communication between Ashley Peterson and Jason Weida regarding an inventory of gender affirming care 6/3/2022, # 40 Exhibit 298A − Communication between Ashley Peterson and Jason Weida regarding an inventory of gender affirming care 6/3/2022) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	183	Exhibit List *(Notice of Filing, Part 9 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 299 − (Redacted) Email communication between AHCA and Magellan regarding coverage of GnRH to treat gender dysphoria, # 2 Exhibit 300 − AHCA communication regarding the Special Services Criteria for puberty blockers 6/10/2022, # 3 Exhibit 301 − Communication between Jason Weida and Dr. Van Mol about a witness for the July 8th hearing 6/14/2022, # 4 Exhibit 302 − Email communication between Dr. Christopher Cogle and Jeffrey English 6/27/2022, # 5 Exhibit 303 − Communication regarding meeting between Miriam Grossman, Dr. Van Mol, Jason Weida, Andrew Sheeran, and Holtzman Vogel regarding July 8th hearing 6/30/2022, # 6 Exhibit 304 − Communication between Dr. Van Mol and AHCA − 7/2/2022, # 7 Exhibit 305 − Brief of the July 8th rule hearing 7/8/2022, # 8 Exhibit 306 − Transcript from July 8th rule hearing 7/8/2022, # 9 Exhibit 307 − Email from Miriam Grossman 7/10/2022, # 10 Exhibit 308 − Email communications with Jason Weida and Dr. Van Mol 7/14/2022, # 11 Exhibit 309 − Communications regarding AHCAs development of public comment binder provided to the consultants 7/19/2022, # 12 Exhibit 310 − Invoice from Dr. Van Meter 8/4/2022, # 13 Exhibit 311 − Communication to Jason Weida regarding witnesses for a hearing 8/10/2022, # 14 Exhibit 312 − Invoices from Dr. Van Mol 8/11/2022, # 15 Exhibit 313 − Email communications regarding implementation of 59G−1.050(7) − 8/22/2022, # 16 Exhibit 313A − Email communications regarding implementation of 59G−1.050(7) − 8/22/2022, # 17 Exhibit 314 − Communication between AHCA and EOG regarding planned communications about June 2022 GAPMS and 59G−1.050(7) − 8/22/2022, # 18 Exhibit 315 − SMMC Policy Transmittal draft regarding non−coverage of gender dysphoria treatments August 22, 2022, # 19 Exhibit 316 − AHCA Medicaid Health Care Alert regarding prohibition on coverage for gender affirming care, # 20 Exhibit 317 − AHCA draft response to media regarding gender affirming care 9/1/2022, # 21 Exhibit 318 − List of appeals for denials of hormone therapy 12/19/2022, # 22 Exhibit 319 − List of requests for surgery to treat gender dysphoria 12/19/2022, # 23 Exhibit 320 − AHCA After the Fact Request form for Quentin Van Meter 6/13/2022, # 24 Exhibit 321 − AHCA After the Fact Request form for Andre Van Mol 5/26/2022, # 25 Exhibit 322 − Draft of welcome/opening remarks for July 8th rule hearing, # 26 Exhibit 323 −

		Endocrine Society public comment, # 27 Exhibit 324 − Yale public comment, # 28 Exhibit 325 − American Academy of Pediatrics public comment, # 29 Exhibit 326 − Florida Medicaid, Comment Summary for Rule 59G−1.050 (20 pages), # 30 Exhibit 327 − Florida Medicaid, Comment Summary for Rule 59G−1.050 (17 pages), # 31 Exhibit 328 − Email communication between Van Mol and Weida and attachment, # 32 Exhibit 328A − Email communication between Van Mol and Weida and attachment, # 33 Exhibit 329 − Florida Medicaid & G/TAT, Andrea Van Mol May 2022, # 34 Exhibit 330 − GAPMS Specially Modified Foods, # 35 Exhibit 331 − GAPMS Scleral Contact Lenses, # 36 Exhibit 332 − GAPMS Fractional Exhaled Nitric Oxide, # 37 Exhibit 333 − GAPMS Breast Pump, # 38 Exhibit 334 − Email from Miriam Grossman July 7, 2022, # 39 Exhibit 335 − Proposed media response from Brock Juarez to Taryn Fenske 8/29/2022, # 40 Exhibit 336 − Order striking Van Meter) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	184	Exhibit List *(Notice of Filing, Part 10 of 10)* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN.. (Attachments: # 1 Exhibit 337 − Email communication between Van Meter and AHCA Counsel, # 2 Exhibit 338 − AHCA Microsoft Teams Meeting Invite, # 3 Exhibit 339 − Email communication between Van Meter and Jason Weida, # 4 Exhibit 340 − AHCA Van Meter Invoice, # 5 Exhibit 341 − HCA Hearing on General Medicaid Policy, # 6 Exhibit 342 − Email communication between Devona Pickle and Van Meter, # 7 Exhibit 343 − Email communication between consultants, counsel, and Van Meter, # 8 Exhibit 344 − AHCA Teams Meeting Invites, # 9 Exhibit 344A − AHCA Teams Meeting Invites, # 10 Exhibit 345 − Email communication between AHCA and consultants, # 11 Exhibit 346 − Email communication between Sheeran and Brignardello−Petersen, # 12 Exhibit 347 − Email communication between Van Mol and Weida, # 13 Exhibit 348 − Van Mol comments to Alstott letter, # 14 Exhibit 349 − Email communication between Weida Van Meter, Van Mol and Grossman, # 15 Exhibit 350 − Email communication between Cantor and Weida, # 16 Exhibit 351 − Sex Differences in Verbal Fluency during Adolescence, 2013 Soleman, # 17 Exhibit 352 − Oestrogens are Not Related to Emotional Processing, Soleman 2016, # 18 Exhibit 353 − Puberty suppression and executive functioning, 2015 Staphorsius, # 19 Exhibit 354 − Alterations in the inferior fronto−occipital fasciculus, van Heesewijk, # 20 Exhibit 355 − Spreadsheet summarizing Florida Medicaid coverage, # 21 Exhibit 356 − DOJ, Dear State Attorneys General Letter re Transgender Youth (March 31, 2022)) (MILLER, WILLIAM) (Entered: 04/27/2023)
04/27/2023	185	MOTION to Appear Pro Hac Vice by Barrett J. Anderson.(Filing fee $ 208 receipt number AFLNDC−7842889.) by Biomedical Ethics and Public Health Scholars. (Attachments: # 1 Certificate of Good Standing) (ANDERSON, BARRETT) (Entered: 04/27/2023)
04/27/2023	186	AMENDED DOCUMENT by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. Amendment to 183 Exhibit List,,,,,,,,,,,,, *183−22 Amended Exhibit*. (COURSOLLE, ABIGAIL) (Entered: 04/27/2023)
04/27/2023	187	MOTION in Limine *Regarding Pronoun Usage and Misgendering And Supporting Memorandum of Law* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit A−Letter to Counsel in Eller v. PGCPS, # 2 Exhibit B−Manning Legal Name and Pronouns Order) (CHARLES, CARL) (Entered: 04/27/2023)
04/28/2023	188	ORDER ON CONDUCT OF PRETRIAL CONFERENCE. Signed by JUDGE ROBERT L HINKLE on 4/28/2023. (ckm) (Entered: 04/28/2023)
04/28/2023		Set Deadlines−Pretrial Conference Deadline − by **5/4/2023**. Jury Trial set for **5/9/2023 09:00 AM** in U.S. Courthouse Tallahassee before JUDGE ROBERT L HINKLE. (rcb) (Entered: 04/28/2023)
04/28/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 185 MOTION to Appear Pro Hac Vice by Barrett J. Anderson.(Filing fee $ 208 receipt number AFLNDC−7842889.). Referred to MARTIN A FITZPATRICK. (rcb) (Entered: 04/28/2023)

04/28/2023	189	MOTION to Appear Pro Hac Vice by Ming Chuang.(Filing fee $ 208 receipt number AFLNDC−7843925.) by Florida Policy Institute, Florida Voices for Health. (Attachments: # 1 Exhibit A − 23.04.25 Ming Hao Chuang Certificate of Standing) (CHUANG, MING HAO) (Entered: 04/28/2023)
04/28/2023	190	MOTION for Leave to File *Amici Curiae Brief in Support of Plaintiffs' Opposition to Defendants' Motion for Summary Judgment* by Florida Policy Institute, Florida Voices for Health. (Attachments: # 1 Exhibit Florida Policy Institute & Florida Voices for Health Amici Curiae Brief in Support of Plaintiffs' Opposition to Defendants' Motion for Summary Judgment) (KLINE, ROBERT) (Entered: 04/28/2023)
04/28/2023	191	Consent MOTION to Seal Document 183 Exhibit List,,,,,,,,,,,,, *Doc. 183−22* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (MILLER, WILLIAM) (Entered: 04/28/2023)
04/28/2023	192	MOTION for Leave to File *Brief of Amici Curiae in Support of Plaintiff's Opposition to Defendants' Motion for Summary Judgment* by ACADEMIC PEDIATRIC ASSOCIATION, AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY, AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN ACADEMY OF NURSING, AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS, AMERICAN COLLEGE OF PHYSICIANS, AMERICAN MEDICAL ASSOCIATION, AMERICAN PEDIATRIC SOCIETY, AMERICAN PSYCHIATRIC ASSOCIATION, ASSOCIATION OF AMERICAN MEDICAL COLLEGES, ENDOCRINE SOCIETY, FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS, PEDIATRIC ENDOCRINE SOCIETY, SOCIETIES FOR PEDIATRIC UROLOGY, SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE, SOCIETY FOR PEDIATRIC RESEARCH, SOCIETY OF PEDIATRIC NURSES, WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH. (Attachments: # 1 Proposed Brief of Medical Amici) (VETA, D) (Entered: 04/28/2023)
04/28/2023	193	Exhibit List *and Notice of Filing* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA.. (Attachments: # 1 Exhibit DX1 − HHS Notice and Guidance on Care, # 2 Exhibit DX2 − HHS Fact Sheet, # 3 Exhibit DX3 DOJ Letter to State Attorneys General, # 4 Exhibit DX4 Centers for Medicare and Medicaid Services Decision Memo, # 5 Exhibit DX5 − FDOH Fact Sheet on Treatment for Gender Dysphoria, # 6 Exhibit DX6 − FL Medicaid GAPMS on Treatment of Gender Dysphoria (with attachments), # 7 Exhibit DX7 − Sweden's Care of Children and Adolescents with Gender Dysphoria, # 8 Exhibit DX8 − Sweden's Care of Children and Adolescents with Gender Dysphoria, Summary of Nat'l Guidelines, # 9 Exhibit DX9 − Finland's Recommendation of the Council for Choices in Health Care, # 10 Exhibit DX10 − The Cass Review, # 11 Exhibit DX11 − Nat'l Institute for Health Evidence Review: Gonadotrophin Releasing Hormone Analogues, # 12 Exhibit DX12 − Nat'l Institute for Health, Evidence Review: Gender Affirming Hormones, # 13 Exhibit DX13 − France's Academie Nationale de Medecine Press Release, # 14 Exhibit DX14 − Royal Australian and New Zeland College of Psychiatrists' Position Statement on Gender−Affirming Care, # 15 Exhibit DX15 − UKOM Report: Patient Safety for Children and Young People with Gender Incongruence, # 16 Exhibit DX16 − WPATH Standards of Care, Version 8, # 17 Exhibit DX17 − WPATH Standards−of−Care−Revision Team Criteria, # 18 Exhibit DX18 − WPATHs Press Release Regarding Florida Department of Health, # 19 Exhibit DX19 − WPATH Statement of Opposition to Florida Draft Rule Banning Gender Affirming Care for Adolescents, # 20 Exhibit DX20 − WPATH Press Release on National and International Issues, # 21 Exhibit DX21 − WPATH Letter to Japanese Officials, # 22 Exhibit DX22 − WPATH Press Release Regarding New York Times Article, # 23 Exhibit DX23 − WPATH Press Release on United Kingdom Matter, # 24 Exhibit DX24 − Endocrine Society Guidelines on Treatments for Gender Dysphoria, # 25 Exhibit DX25 − Grading of Recommendations Assessment, Development and Evaluation Handbook, # 26 Exhibit DX26 − American Academy of Pediatrics, Ensuring Comprehensive Care and Support for Transgender and Gender−Diverse Children and Adolescents, # 27 Exhibit Intentionally Left Blank, # 28 Exhibit DX28 − Jonas Ludviggson et al., A Systematic Review of Hormone Treatment for Children with Gender Dysphoria and Recommendations for Research) (JAZIL, MOHAMMAD)

		(Entered: 04/28/2023)
04/28/2023	194	MOTION in Limine *To Exclude Late−Disclosed Witness* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA. (JAZIL, MOHAMMAD) (Entered: 04/28/2023)
04/28/2023	195	TRIAL BRIEF by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA. (JAZIL, MOHAMMAD) (Entered: 04/28/2023)
04/28/2023	196	MOTION for Leave to File *Brief of Amici Curiae* by Biomedical Ethics and Public Health Scholars. (Attachments: # 1 BRIEF OF AMICI CURIAE BIOMEDICAL ETHICS AND PUBLIC HEALTH SCHOLARS IN SUPPORT OF PLAINTIFFS CHALLENGE TO RULE 59G−1.050(7) OF THE FLORIDA ADMINISTRATIVE CODE AND IN OPPOSITION TO DEFENDANTS MOTION FOR SUMMARY JUDGMENT) (HARTNETT, KATHLEEN) (Entered: 04/28/2023)
04/28/2023	197	PRETRIAL Stipulation by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE. (Attachments: # 1 Appendix 1 − Plaintiffs' Witness List, # 2 Appendix 2 − Defendants' Witness List, # 3 Appendix 3 − Plaintiffs' Exhibit List, # 4 Appendix 4 − Defendants' Exhibit List) (SHAW, GARY) (Entered: 04/28/2023)
04/28/2023	198	Consent MOTION to File Amicus Brief *in support of Plaintiffs* by STATE OF CALIFORNIA. (Internal deadline for referral to judge if response not filed earlier: **5/12/2023)**. (Attachments: # 1 Brief of Amicus States California, Delaware, District of Columbia, Illinois, Maryland, Massachusetts, New York, Oregon, and Rhode Island) (BOERGERS, KATHLEEN) (Entered: 04/28/2023)
04/28/2023	199	TRIAL BRIEF by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit Dekker Deposition Excerpts, # 2 Exhibit English Deposition Excerpts, # 3 Exhibit Donovan Deposition Excerpts) (DUNN, CHELSEA) (Entered: 04/28/2023)
04/28/2023	200	MEMORANDUM in Opposition re 120 MOTION for Summary Judgment filed by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Affidavit Declaration of Omar Gonzalez−Pagan, # 2 Exhibit A − Message from WPATH President 04/21/2023, # 3 Exhibit B − New Zealand Guidelines re Treatment of Gender Dysphoria, # 4 Exhibit C − Primary Care GAHT Guidelines (2023), # 5 Exhibit D − Excerpts of Deposition Transcript of Jason Weida, # 6 Exhibit E − EQFL Travel Advisory) (GONZALEZ−PAGAN, OMAR) (Entered: 04/28/2023)
04/28/2023	201	ORDER ALLOWING AMICUS BRIEF OF ACADEMIC PEDIATRIC ASSOCIATION ET AL. The amicus brief, ECF No. 192 −1, is deemed properly filed. Signed by JUDGE ROBERT L HINKLE on 04/28/2023. (rcb) (Entered: 05/01/2023)
04/28/2023	202	ORDER SEALING EXHIBITS. The clerk must maintain under seal unredacted exhibits 232, 234, 234A, 235, 235A, 236, 236A, 236B, 236C, 237, 237A, 299 and 319. This includes ECF No. 183 −22 and any later−filed unredacted copy of any of these exhibits. Signed by JUDGE ROBERT L HINKLE on 04/28/2023. (rcb)***EXHIBITS 183 −22, 232, 234, 234A, 235, 235A, 236, 236A, 236B, 236C, 237, 237A, 299 and 319 SEALED AS DIRECETED** (Entered: 05/01/2023)
05/01/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 189 MOTION to Appear Pro Hac Vice by Ming Chuang.(Filing fee $ 208 receipt number AFLNDC−7843925.). Referred to MARTIN A FITZPATRICK. (rcb) (Entered: 05/01/2023)
05/01/2023	203	ORDER SEALING EXHIBIT 1 TO LAIDLAW REPORT. The plaintiffs' unopposed motion to seal exhibit 1 to Michael Laidlaw's expert report, ECF No. 135 , is granted. Signed by JUDGE ROBERT L HINKLE on 04/28/2023. (rcb) (Entered: 05/01/2023)
05/01/2023	204	ORDER. The motion for leave to appear pro hac vice for amicus curiae, ECF No. 185 , is GRANTED. The motion for leave to appear pro hac vice for amicus curiae, ECF No. 189 , is GRANTED. Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 05/01/2023. (rcb) (Entered: 05/01/2023)

05/01/2023	205	COMPLAINT against RANDY FINE (Filing fee $ 402 receipt number AFLNDC−7847053.), filed by FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS. (Attachments: # 1 Civil Cover Sheet) (RICHARD, BARRY) Modified on 5/2/2023 to reflect that this new case has been refiled as 4:23cv174−AW/MAF. (kjw) (Entered: 05/01/2023)
05/01/2023	206	PLAINTIFF'S EMERGENCY MOTION FOR PRELIMINARY INJUNCTION AND REQUEST FOR EXPEDITED CONSIDERATION. (RICHARD, BARRY) Modified to edit title on 5/2/2023 (rcb). (Entered: 05/01/2023)
05/01/2023	207	AMENDED NOTICE OF HEARING (re: 67 Scheduling Order and 188 Order on Conduct of Pretrial Conference): The courtroom deputy clerk has been advised by plaintiff counsel that the parties have agreed to conduct the pretrial conference by telephone. Accordingly, the hearing will not be conducted in person. Telephonic Pretrial Conference is set for **5/4/2023 at 10:00 AM** before JUDGE ROBERT L HINKLE. Call in number: **888−684−8852** Access code: **3243416#** Security code: **1234#** *Proceedings may not be recorded or otherwise broadcast for public dissemination.* *s/ Cindy Markley* Courtroom Deputy Clerk (ckm) (Entered: 05/01/2023)
05/02/2023	208	EMERGENCY MOTION TO CORRECT COURT FILING ERROR. (RICHARD, BARRY) Modified to edit title on 5/2/2023 (rcb). (Entered: 05/02/2023)
05/02/2023	209	ORDER ALLOWING AMICUS BRIEFS IN OPPOSITION TO SUMMARY JUDGMENT. The unopposed motions of Florida Policy Institute, Florida Voices for Health, Biomedical Ethics and Public Health Scholars, California, Delaware, District of Columbia, Illinois, Maryland, Massachusetts, New York, Oregon, and Rhode Island, ECF Nos. 190 , 196 , and 198 , for leave to file amicus briefs in opposition to defendants summary−judgment motion are granted. The amicus briefs, ECF No. 190 −1, 196 −1, and 198 −1, are deemed properly filed. Signed by JUDGE ROBERT L HINKLE on 05/02/2023. (rcb) (Entered: 05/03/2023)
05/02/2023	216	Sealed Documents − Unredacted (Exhibit 1 of ECF 133−2) # 1 Cover Letter # 2 Exhibit 232 # 3 Exhibit 235 # 4 Exhibit 235A # 5 Cover Letter # 6 Exhibit 232 # 7 Exhibit 234 # 8 Exhibit 234A # 9 Exhibit 235 # 10 Exhibit 235A # 11 Records of KF # 12 Exhibit 236 # 13 Exhibit 236A # 14 Exhibit 236C # 15 Exhibit 237 # 16 Exhibit 237A # 17 Exhibit 299 # 18 Records of SD # 19 Exhibit 236B # 20 Records of KF. (rcb). Modified on 5/11/2023 (ckm). (Entered: 05/08/2023)
05/03/2023	210	PLAINTIFFS' MOTION REQUESTING JUDICIAL NOTICE AND INCORPORATED MEMORANDUM OF LAW AS TO GOVERNMENTAL ACTIONS, POLICIES, AND REPORTS. (MILLER, WILLIAM) Modified to edit title on 5/4/2023 (rcb). (Entered: 05/03/2023)
05/04/2023		Set/Reset Deadlines as to 210 MOTION Requesting Judicial Notice . (Internal deadline for referral to judge if response not filed earlier: **5/18/2023)**. (rcb) (Entered: 05/04/2023)
05/04/2023	211	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Telephonic Pretrial Conference held on 5/4/2023. Court addresses pending motions and conducts pretrial conference; parties discuss trial procedures. Ruling by Court: Rulings on the motions are as announced on the record. The bench trial will begin at 9:00 a.m. on Tuesday, May 9, 2023. An order will follow. (Bench Trial set for **5/9/2023 09:00 AM** before JUDGE ROBERT L HINKLE.) (Court Reporter Megan Hague, Official Court Reporter) (ckm) (Entered: 05/04/2023)
05/04/2023	212	PRETRIAL ORDER − The trial remains set for Tuesday, **5/9/2023 at 9:00 a.m.**. The defendants' summary−judgment motion, ECF No. 120 , is denied. The motion to exclude testimony of Denise Brogan−Kator, ECF No. 194 , is granted. The motion to exclude testimony of Dr. Michael Biggs, ECF No. 128 , is denied as moot. The other motions to exclude evidence, ECF Nos. 119 , 124 , 127 , 133 , 136 , 138 , 141 , 142 ,

		and 143 , are denied. The motion to require proper references to the plaintiffs' gender, ECF No. 187 , is denied. The motion for judicial notice, ECF No. 210 , is granted. The motion of amici Walt Heyer et al. for leave to file declarations, ECF No. 140 , is denied. The clerk must maintain under seal exhibits admitted at trial that contain medical records previously filed under seal. Signed by JUDGE ROBERT L HINKLE on 5/4/2023. (ckm) (Entered: 05/04/2023)
05/04/2023	213	MOTION to Appear Pro Hac Vice by Daniel D. Mauler.(Filing fee $ 208 receipt number AFLNDC−7853449.) by Louis Brown Jr, MARIE MESZAROS, Rachel N Morrison, Maya Norohna, CHRISTINE PRATT, Jay W Richards, ROGER SEVERINO. (Attachments: # 1 Exhibit Exhibit A − Certificate of Good Standing DC Bar) (MAULER, DANIEL) (Entered: 05/04/2023)
05/04/2023	214	STIPULATION *Regarding Trial Witnesses* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (SHAW, GARY) (Entered: 05/04/2023)
05/05/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 213 MOTION to Appear Pro Hac Vice by Daniel D. Mauler.(Filing fee $ 208 receipt number AFLNDC−7853449.). Referred to MARTIN A FITZPATRICK. (sjb) (Entered: 05/05/2023)
05/05/2023	215	ORDER − The motion for leave to appear pro hac vice for amicus curiae, ECF No. 213 , is GRANTED. (Appointed DANIEL D MAULER for Louis Brown Jr, Marie Meszaros, Rachel N Morrison, Maya Norohna, and Christine Pratt.) Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 5/5/2023. (ckm) (Entered: 05/05/2023)
05/08/2023	217	PLAINTIFFS' NOTICE OF FILING ADDITIONAL STIPULATED TRIAL EXHIBITS. (Attachments: # 1 Exhibit 357 − Curriculum Vitae of Dr. Kale Edmiston, # 2 Exhibit 358 − Curriculum Vitae of Dr. Armand Antommaria, # 3 Exhibit 359 − Curriculum Vitae of Dr. Dan H. Karasic, # 4 Exhibit 360 − Curriculum Vitae of Dr. Daniel Shumer, # 5 Exhibit 361 − Curriculum Vitae of Dr. Johanna Olson−Kennedy, # 6 Exhibit 362 − Curriculum Vitae of Dr. Loren S. Schechter, # 7 Exhibit 363 − Curriculum Vitae of Kellan E. Baker, Ph.D., # 8 Exhibit 364 − Curriculum Vitae of Dr. Aron Janssen) (MILLER, WILLIAM) Modified to edit title on 5/9/2023 (rcb). (Entered: 05/08/2023)
05/08/2023	218	AMENDED JOINT PRETRIAL STIPULATIONS. *Amended Pretrial Stipulation*. (Attachments: # 1 Appendix 1 − Plaintiffs' Amended Witness List, # 2 Appendix 2 − Defendants' Amended Witness List, # 3 Appendix 3 − Plaintiffs' Amended Exhibit List, # 4 Appendix 4 − Defendants' Amended Exhibit List) (SHAW, GARY) Modified to edit title on 5/9/2023 (rcb). (Entered: 05/08/2023)
05/08/2023	219	JOINT STIPULATED TRIAL EXHIBIT LIST. (MILLER, WILLIAM) Modified to edit title on 5/9/2023 (rcb). (Entered: 05/08/2023)
05/08/2023	220	Exhibit List *AMENDED* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA.. (Attachments: # 1 Exhibit DX29 − Curriculum Vitae of Dr. Paul Hruz, # 2 Exhibit DX30 − Curriculum Vitae of Dr. Kristopher Kaliebe, # 3 Exhibit DX31 − Curriculum Vitae of Dr. Patrick Lappert, # 4 Exhibit DX32 − Curriculum Vitae of Dr. Stephine Levine, # 5 Exhibit DX33 − Curriculum Vitae of Dr. Sophie Scott, # 6 Exhibit DX34 − Curriculum Vitae of Dr. Quentin Van Meter, # 7 Exhibit DX35 − Curriculum Vitae of Dr. Joseph Zanga, # 8 Exhibit DX29 − Curriculum Vitae of Dr. Michael Laidlaw) (JAZIL, MOHAMMAD) (Entered: 05/08/2023)
05/09/2023	221	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Bench Trial (Day 1) held on 5/9/2023. Evidence entered; continued to May 10 at 9:00 a.m. (Court Reporter Megan Hague, Official Court Reporter) (ckm) (Entered: 05/09/2023)
05/10/2023	222	NOTICE *of Filing Legal Names of Minor Plaintiffs and Their Parents and Next Friends Under Seal Pursuant to Court Order* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN (MILLER, WILLIAM) (Entered: 05/10/2023)

05/10/2023	223	Sealed version of 222 Notice (Legal Names of Minor Plaintiffs and Their Parents and Next Friends). (rcb) Modified on 5/11/2023 (ckm). (Entered: 05/10/2023)
05/10/2023	224	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Bench Trial (Day 2) held on 5/10/2023. Evidence entered; continued to May 11 at 9:00 a.m. (Court Reporter Megan Hague, Official Court Reporter) (ckm) (Entered: 05/10/2023)
05/11/2023	225	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Bench Trial (Day 3) held on 5/11/2023. Evidence entered; continued to Wednesday, May 17, at 9:00 a.m. (Court Reporter Megan Hague, Official Court Reporter) (ckm) (Entered: 05/11/2023)
05/12/2023	226	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Bench Trial Proceedings − Day 1 held on 5/9/2023, before Judge Robert L. Hinkle. Court Reporter/Transcriber Megan A. Hague, Telephone number 850−443−9797. Transcript may be viewed at the court public terminal or purchased through the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **5/19/2023**. Release of Transcript Restriction set for **8/17/2023**. (mah) (Main Document 226 replaced on 5/15/2023) (ckm). (Entered: 05/12/2023)
05/12/2023	227	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Bench Trail Proceedings − Day 2 held on 5/10/2023, before Judge Robert L. Hinkle. Court Reporter/Transcriber Megan A. Hague, Telephone number 850−443−9797. Transcript may be viewed at the court public terminal or purchased through the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **5/19/2023**. Release of Transcript Restriction set for **8/17/2023**. (mah) (Main Document 227 replaced on 5/15/2023) (ckm). (Entered: 05/12/2023)
05/12/2023	228	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Bench Trial Proceedings − Day 3 held on 5/11/2023, before Judge Robert L. Hinkle. Court Reporter/Transcriber Megan A. Hague, Telephone number 850−443−9797. Transcript may be viewed at the court public terminal or purchased through the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **5/19/2023**. Release of Transcript Restriction set for **8/17/2023**. (mah) (Main Document 228 replaced on 5/15/2023) (ckm). (Entered: 05/12/2023)
05/17/2023	229	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Bench Trial (Day 4) held on 5/17/2023. Evidence entered; continued to May 18 at 9:00 a.m. (Court Reporter Judy Gagnon, Contract Reporter) (ckm) (Entered: 05/17/2023)
05/17/2023	230	NOTICE *of Filing Deposition Transcripts* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN (Attachments: # 1 Exhibit Deposition Designations for Brackett, Feb. 8, 2023, Vol. I, # 2 Exhibit Deposition Designations for Brackett, Feb. 8, 2023, Vol. I, # 3 Exhibit Deposition Designations for Brackett, Mar. 8, 2023, # 4 Exhibit Deposition Designations for Dalton, # 5 Exhibit Deposition Designations for Donovan) (DUNN, CHELSEA) (Entered: 05/17/2023)
05/18/2023	231	MOTION for Leave to File *Plaintiffs' First Amended Complaint* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit Plaintiffs' First Amended Complaint) (CHRISS, SIMONE) (Entered: 05/18/2023)

05/18/2023	232	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Bench Trial (Day 5) held on 5/18/2023. Evidence entered; continued to May 19. (Court Reporter Judy Gagnon, Contract Reporter) (ckm) (Entered: 05/18/2023)
05/18/2023	233	FIRST AMENDED COMPLAINT against FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA, filed by JADE LADUE, BRIT ROTHSTEIN, AUGUST DEKKER, K F, SUSAN DOE, JANE DOE, JOHN DOE. (CHRISS, SIMONE) (Entered: 05/18/2023)
05/19/2023	234	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Bench Trial (Day 6) held on 5/19/2023. Evidence entered; continued to Monday, May 22, at 9:00 a.m. (Court Reporter Judy Gagnon, Contract Reporter) (ckm) (Entered: 05/19/2023)
05/20/2023	237	ORDER GRANTING 231 LEAVE TO FILE THE FIRST AMENDED COMPLAINT. As set out on the record of the trial that is in progress, and without objection, the plaintiff's motion, ECF No. 231 , for leave to file the first amended complaint is granted. Signed by JUDGE ROBERT L HINKLE on 05/20/2023. (rcb) Modified to edit filing date on 5/23/2023 (rcb). (Entered: 05/22/2023)
05/21/2023	235	NOTICE *of Re−Filing Deposition Transcripts* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN (Attachments: # 1 Deposition Designations for Brackett, Feb. 8, 2023, Vol. I, # 2 Deposition Designations for Brackett, Feb. 8, 2023, Vol. 2, # 3 Deposition Designations for Donovan) (DUNN, CHELSEA) (Entered: 05/21/2023)
05/22/2023	236	NOTICE *of Exhibit Filing* by JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN (Attachments: # 1 Exhibit Plaintiff's Exhibit 365) (COURSOLLE, ABIGAIL) (Entered: 05/22/2023)
05/22/2023	238	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Proceedings held on 5/17/23, before Judge ROBERT HINKLE. Contract Court Reporter Judy A. Gagnon. VOLUME IV (Pages 717−962. Transcript may be viewed at the court public terminal or purchased through the Court Reporter before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **5/30/2023**. Release of Transcript Restriction set for **8/28/2023**. (bkp) (Entered: 05/22/2023)
05/22/2023	239	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Proceedings held on 5/18/23, before Judge Robert Hinkle. Contract Court Reporter Judy A. Gagnon. VOLUME IV (Pages 963−1151. Transcript may be viewed at the court public terminal or purchased through the Contract Court Reporter before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **5/30/2023**. Release of Transcript Restriction set for **8/28/2023**. (bkp) (Entered: 05/22/2023)
05/22/2023	240	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Proceedings held on 5/19/23, before Judge Robert Hinkle. Contract Court Reporter Judy A. Gagnon. VOLUME VI (Pages 1152 − 1262. Transcript may be viewed at the court public terminal or purchased through the Contract Court Reporter before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **5/30/2023**. Release of Transcript Restriction set for **8/28/2023**. (bkp) (Entered: 05/22/2023)

05/22/2023	241	Minute Entry for proceedings held before JUDGE ROBERT L HINKLE: Bench Trial (Day 7) completed on 5/22/2023. Ruling will be made in an order to follow. (Court Reporter Megan Hague, Official Court Reporter) (Attachments: # 1 Exhibit List) (ckm) (Entered: 05/22/2023)
05/23/2023	242	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Bench Trial Proceedings − Day 7 held on 5/22/2023, before Judge Robert L. Hinkle. Court Reporter/Transcriber Megan A. Hague, Telephone number 850−443−9797. Transcript may be viewed at the court public terminal or purchased through the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. Redaction Request due **5/30/2023**. Release of Transcript Restriction set for **8/28/2023**. (mah) (Entered: 05/23/2023)
05/24/2023	243	MOTION to Appear Pro Hac Vice by Emily M. Mondry.(Filing fee $ 208 receipt number AFLNDC−7885803.) by ACADEMIC PEDIATRIC ASSOCIATION, AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY, AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN ACADEMY OF NURSING, AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS, AMERICAN COLLEGE OF PHYSICIANS, AMERICAN MEDICAL ASSOCIATION, AMERICAN PEDIATRIC SOCIETY, AMERICAN PSYCHIATRIC ASSOCIATION, ASSOCIATION OF AMERICAN MEDICAL COLLEGES, ENDOCRINE SOCIETY, FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS, PEDIATRIC ENDOCRINE SOCIETY, SOCIETIES FOR PEDIATRIC UROLOGY, SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE, SOCIETY FOR PEDIATRIC RESEARCH, SOCIETY OF PEDIATRIC NURSES, WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH. (Attachments: # 1 Exhibit A − Certificate of Good Standing) (MONDRY, EMILY) (Entered: 05/24/2023)
05/25/2023		ACTION REQUIRED BY MAGISTRATE JUDGE: Chambers of MAGISTRATE JUDGE MARTIN A FITZPATRICK notified that action is needed Re: 243 MOTION FOR LEAVE TO APPEAR PRO HAC VICE. Referred to MARTIN A FITZPATRICK. (rcb) (Entered: 05/25/2023)
05/26/2023	244	ORDER. Accordingly, it is ORDERED that the motion for leave to appear pro hac vice for amicus curiae, ECF No. 243 , is GRANTED Signed by MAGISTRATE JUDGE MARTIN A FITZPATRICK on 05/26/2023. (rcb) (Entered: 05/26/2023)
06/09/2023	245	NOTICE *OF SUPPLEMENTAL AUTHORITY* by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA (Attachments: # 1 Supplement Health and Hospital Corporation of Marion County v. Talevski, 21−806) (BEATO, MICHAEL) (Entered: 06/09/2023)
06/21/2023	246	FINDINGS OF FACT AND CONCLUSIONS OF LAW. Signed by JUDGE ROBERT L HINKLE on 6/21/23. (sms) (Entered: 06/21/2023)
06/22/2023	247	CLERK'S JUDGMENT re 246 FINDINGS OF FACT AND CONCLUSIONS OF LAW. 90 Day Exhibit Return Deadline set for **9/20/2023**. (rcb) (Entered: 06/22/2023)
06/26/2023	248	NOTICE OF APPEAL as to 247 Clerk's Judgment, 246 Order by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA. (Filing fee $505 Receipt Number AFLNDC−7940803.) (Attachments: # 1 Exhibit Doc. 246, Final Order, # 2 Exhibit Doc. 247, Final Judgment) (JAZIL, MOHAMMAD) (Entered: 06/26/2023)
06/27/2023	249	Transmission of Notice of Appeal and Docket Sheet to US Court of Appeals re 248 Notice of Appeal. (rcb) (Entered: 06/27/2023)
06/27/2023		Set Deadlines Clerk to check status of Appeal on **9/25/2023**. Certificate of Readiness (FRAP 11) due by **7/11/2023**. (rcb) (Entered: 06/27/2023)

06/30/2023	250	TRANSCRIPT REQUEST by FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, JASON WEIDA before Judge Judge Robert L. Hinkle, Court Reporter:Megan Hague and Judy Gagnon (BEATO, MICHAEL) (Entered: 06/30/2023)
07/03/2023	251	Consent MOTION for Extension of Time to File *Motion for Attorney's Fees and Costs* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (GONZALEZ−PAGAN, OMAR) (Entered: 07/03/2023)
07/03/2023	254	USCA Acknowledgment #23−12155−J 248 Notice of Appeal. (rcb) (Entered: 07/12/2023)
07/04/2023	252	ORDER EXTENDING THE DEADLINE TO FILE A FEE MOTION. The plaintiffs' unopposed motion, ECF No. 251 , to extend the deadline to file a motion to determine entitlement to attorney's fees is granted. Signed by JUDGE ROBERT L HINKLE on 7/4/2023. (rcb) (Entered: 07/05/2023)
07/11/2023	253	Pursuant to F.R.A.P. 11(c), #23−12155 the Clerk of the District Court for the Northern District of Florida certifies that the record is complete for purposes of this appeal re: 248 Notice of Appeal. The entire record on appeal is available electronically. (rcb) (Entered: 07/11/2023)
09/08/2023	257	ORDER of USCA #23−12155−J as to 248 Notice of Appeal. Motion for extension to file appellant brief filed by Appellants Florida Board of Medicine, Surgeon General, State of Florida, Scot Ackerman, Nicholas William Romanello, Wael Barsoum, Matthew R. Benson, Gregory Coffman, Amy Derick, David Diamond and Patrick Hunter is GRANTED. (rcb) (Entered: 09/27/2023)
09/20/2023	255	DOCKET ANNOTATION BY COURT: Re 247 Clerk's Judgment. **After review of the case, all documents are available electronically**. (rcb) (Entered: 09/20/2023)
09/25/2023		Set Deadlines re 248 Notice of Appeal, :(Clerk to check status of Appeal on **12/25/2023**.). (baf) (Entered: 09/25/2023)
09/26/2023	256	Consent MOTION to Withdraw as Attorney *Carl S. Charles for Plaintiffs* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (GONZALEZ−PAGAN, OMAR) (Entered: 09/26/2023)
10/04/2023	258	MOTION to Enforce Judgment *or, alternatively, to clarify judgment* by AUGUST DEKKER, JANE DOE, JOHN DOE, SUSAN DOE, K F, JADE LADUE, BRIT ROTHSTEIN. (Attachments: # 1 Exhibit A − Declaration of Cece Suarez (with attachment), # 2 Exhibit B − Declaration of Kandle Starr (with attachment), # 3 Exhibit C − Declaration of Omar Gonzalez−Pagan (with addendum), # 4 Exhibit D − Declaration of Dr. Lydia Fein (with attachment)) (GONZALEZ−PAGAN, OMAR) (Entered: 10/04/2023)

Doc. 1

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division

AUGUST DEKKER, legally known as KORI DEKKER; BRIT ROTHSTEIN; SUSAN DOE, a minor, by and through her parents and next friends, JANE DOE and JOHN DOE; and K.F., a minor, by and through his parent and next friend, JADE LADUE, *Plaintiffs*, v. SIMONE MARSTILLER, in her official capacity as Secretary of the Florida Agency for Health Care Administration; and FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, *Defendants*.	Civil Action No. **COMPLAINT FOR DECLARATORY, INJUNCTIVE, AND OTHER RELIEF**

Plaintiffs AUGUST DEKKER, legally known as KORI DEKKER;[1] BRIT ROTHSTEIN; SUSAN DOE, a minor, by and through her parents and next friends, JANE DOE and JOHN DOE;[2] and K.F., a minor, by and through his parent and next

[1] Although Plaintiff's legal name is Kori Dekker, he is known by and uses the name August Dekker in accordance with his male gender identity. Accordingly, this Complaint refers to Plaintiff as August and uses male pronouns to refer to him.

[2] As set forth in the motion to proceed pseudonymously, Plaintiff Susan Doe, and her parents and next friends, Jane Doe and John Doe, seek to proceed pseudonymously in order to protect Susan Doe's right to privacy given that she is a

friend JADE LADUE,[3] by and through the undersigned counsel, bring this lawsuit against Defendants SIMONE MARSTILLER, in her official capacity as Secretary of the Florida Agency for Health Care Administration, and the FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION ("AHCA") to challenge the adoption of a rule, Florida Administrative Code 59G-1.050(7), prohibiting Medicaid coverage of services for the treatment of gender dysphoria and to seek declaratory and injunctive relief.

INTRODUCTION

1. A person's access to health care should not be contingent on their sex, gender identity, or whether they are transgender. Yet, that is exactly the situation in Florida. AHCA has made access to medically necessary health care for Medicaid beneficiaries contingent on whether they are transgender.

2. Empirical evidence and decades of clinical experience demonstrate that medical care for the treatment of gender dysphoria, also known as gender-affirming care, is medically necessary, safe, and effective for both transgender adolescents and adults with gender dysphoria. Gender-affirming care is neither experimental nor

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minor and the disclosure of her identity "would reveal matters of a highly sensitive and personal nature, specifically [Susan Doe]'s transgender status and [her] diagnosed medical condition—gender dysphoria." *Foster v. Andersen*, No. 18-2552-DDC-KGG, 2019 WL 329548, at *2 (D. Kan. Jan. 25, 2019).

[3] Because he is a minor, Plaintiff K.F. is proceeding under his initials pursuant to Federal Rule of Civil Procedure 5.2(a).

investigational; it is the prevailing standard of care, accepted and supported by every major medical organization in the United States.

3. Under newly adopted Rule 59G-1.050(7) of the Florida Administrative Code (the "Challenged Exclusion"), transgender Medicaid beneficiaries are denied coverage for gender-affirming care to treat gender dysphoria, without regard to the actual generally accepted professional medical standards that govern such care or the particular medical needs of any Medicaid beneficiary. Specifically, any health care service that "alter[s] primary or secondary sexual characteristics" is ineligible for Medicaid coverage, though only when that service is being used to treat gender dysphoria. These same health care services, however, are routinely covered by Medicaid when they are for medically necessary purposes other than the treatment of gender dysphoria.

4. The Challenged Exclusion represents dangerous governmental action that threatens the health and wellbeing of transgender Medicaid beneficiaries.

5. The purpose of Medicaid is to provide health care coverage to individuals who have low income and cannot otherwise afford the costs of necessary medical care. By denying coverage for gender-affirming care, Defendants effectively *categorically* deny access to medically necessary care to thousands of Floridians who lack other means to pay for such care.

6. Defendants' actions not only come within the context of a series of measures the State has adopted targeting transgender people for discrimination, but they stand in sharp contrast not just to the well-established evidence and widely accepted view of the medical and scientific community in the United States, but also to the policies of the vast majority of states, which provide Medicaid coverage for gender-affirming care.

7. If allowed to remain in effect, the Challenged Exclusion will have immediate dire physical, emotional, and psychological consequences for transgender Medicaid beneficiaries.

8. These consequences need not occur, however, as the Challenged Exclusion is unlawful in multiple respects and therefore should be preliminarily and permanently enjoined.[4]

9. First, the Challenged Exclusion, which Defendant Marstiller enforces, violates the United States Constitution's guarantee of equal protection of the laws. Under the Fourteenth Amendment's Equal Protection Clause, Defendants are prohibited from discriminating against persons based on sex and transgender status.

[4] Blanket bans like the Challenged Exclusion have been repeatedly found to be unlawful and unconstitutional forms of discrimination. *See, e.g.*, *Fain v. Crouch*, 3:20-cv-00740, Dkt. #271 (S.D.W.V. Aug. 2, 2022) (granting summary judgment in favor of plaintiffs on causes of action also brought in this Complaint); *Flack v. Wis. Dep't. of Health Services*, 3:18-cv-00309-wmc, Dkt. #217 (W.D. Wis. Aug. 16, 2019) (same).

10. Second, the Challenged Exclusion violates Section 1557 of the Patient Protection and Affordable Care Act (the "ACA"), 42 U.S.C. § 18116, which prohibits discrimination on the basis of sex by health programs or activities, any part of which receives federal funding, such as Medicaid.

11. Third, the Challenged Exclusion violates the Medicaid Act's Early and Periodic Screening, Diagnostic, and Treatment provisions, which require Defendants to affirmatively arrange for services that are necessary to "correct or ameliorate" a health condition for Medicaid beneficiaries under 21 years of age, 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43)(C), 1396d(a)(4)(B), and 1396d(r) ("EPSDT Requirements"), as well as the Medicaid Act's requirement for Defendants to ensure comparable coverage to every Medicaid beneficiary, 42 U.S.C. § 1396a(a)(10)(B)(i) ("Comparability Requirements").

12. Accordingly, Plaintiffs seek relief related to Defendants' adoption and enforcement of the Challenged Exclusion, including declaratory and preliminary and permanent injunctive relief, as well as compensatory damages, attorney's fees, and costs.

PARTIES

A. Plaintiffs

Plaintiff August Dekker

13. Plaintiff August Dekker is a 28-year-old transgender man. August, who has been diagnosed with gender dysphoria, is enrolled in and receives his health care coverage through Florida's Medicaid program. At the recommendation of his health care providers, August receives medically necessary hormone therapy to treat his gender dysphoria, which Florida's Medicaid program has covered until now. August has been enrolled in Medicaid at all times relevant to this complaint. August lives in Hernando County, Florida.

Plaintiff Brit Rothstein

14. Plaintiff Brit Rothstein is a 20-year-old transgender man. Brit, who has been diagnosed with gender dysphoria, is enrolled in and receives his health care coverage through Florida's Medicaid program. At the recommendation of his health care providers, Brit receives medically necessary hormone therapy to treat his gender dysphoria, which Florida's Medicaid program has covered until now, and is scheduled to obtain chest surgery as treatment for his gender dysphoria in December 2022, which Medicaid had pre-authorized. Brit has been enrolled in Medicaid at all times relevant to this complaint. As he is college student, Brit lives in Orange

County, Florida while he is in school, and lives in Broward County, Florida, along with his family, when he is out of school.

Plaintiff Susan Doe

15. Plaintiff Susan Doe is a 12-year-old transgender adolescent girl. Susan Doe sues pursuant to Federal Rule of Civil Procedure 17(c) by and through her next friends and parents, Jane Doe and John Doe. Susan, who has been diagnosed with gender dysphoria, is enrolled in and receives her health care coverage through Florida's Medicaid program. At the recommendation of her health care providers, Susan receives medically necessary puberty delaying medication to treat her gender dysphoria, which Florida's Medicaid program has covered until now. Susan has been enrolled in Medicaid at all times relevant to this complaint. Susan, Jane, and John live in Brevard County, Florida.

Plaintiff K.F.

16. Plaintiff K.F. is a 12-year-old transgender adolescent boy. K.F. sues pursuant to Federal Rule of Civil Procedure 17(c) by and through his next friend and parent, Jade Ladue. K.F., who has been diagnosed with gender dysphoria, is enrolled in and receives his health care coverage through Florida's Medicaid program. At the recommendation of his health care providers, K.F. receives medically necessary puberty delaying medication to treat his gender dysphoria, which Florida's Medicaid

program has covered until now. K.F. has been enrolled in Medicaid at all times relevant to this complaint. Jade and K.F. live in Sarasota County, Florida.

B. Defendants

17. Defendant Simone Marstiller is sued in her official capacity as Secretary of AHCA, the "single state agency authorized to manage, operate, and make payments for medical assistance and related services under Title XIX of the Social Security Act [Medicaid]." Fla. Stat. §§ 409.902, 409.963 (2022); *see also* 42 U.S.C. § 1396a(a)(5); 42 C.F.R. § 431.10. Defendant Marstiller is responsible for the enforcement of the Challenged Exclusion. Defendant Marstiller is responsible for ensuring that the operation of Florida's Medicaid program complies with the United States Constitution and the Medicaid Act and its implementing regulations. Defendant Marstiller's official place of business is located in Tallahassee, Leon County, Florida.

18. Defendant AHCA is the "single state agency authorized to manage, operate, and make payments for medical assistance and related services under Title XIX of the Social Security Act [Medicaid]." Fla. Stat. §§ 409.902, 409.963 (2022). As such, AHCA receives federal funding to support the Florida Medicaid Program. AHCA uses the funds it receives from the federal government in part to cover health care services for persons enrolled in the Florida Medicaid Program. Moreover, AHCA oversees the promulgation of all Medicaid rules, fee schedules, and coverage

policies into the Florida Administrative Code. Fla. Stat. § 409.919 (2022). Defendant AHCA is based and headquartered in Tallahassee, Leon County, Florida.

JURISDICTION AND VENUE

19. The Court has jurisdiction over the claims asserted herein pursuant to 28 U.S.C. §§ 1331, 1343(a)(3)-(4).

20. Plaintiffs' claims for declaratory and injunctive relief are authorized by 28 U.S.C. §§ 2201, 2202, 42 U.S.C. § 1983, and Rules 57 and 65 of the Federal Rules of Civil Procedure.

21. Under 28 U.S.C. § 1391(b), venue is proper in the U.S. District Court for the Northern District of Florida because all Defendants reside within this District and a substantial part of the events or omissions giving rise to the claims alleged herein occurred in this District. Venue is proper in the Tallahassee Division of the Northern District of Florida under N.D. Fla. Loc. R. 3.1(B) because it is where the Defendants reside and where a substantial portion of the acts or omissions complained of herein occurred.

22. This Court has personal jurisdiction over Defendants because they are domiciled in Florida and/or have otherwise made and established contacts with Florida sufficient to permit the exercise of personal jurisdiction over them.

FACTUAL BACKGROUND

A. Gender Identity and Gender Dysphoria

23. A person's sex is multifaceted, and comprised of a number of characteristics, including but not limited to chromosomal makeup, hormones, internal and external reproductive organs, secondary sex characteristics, and most importantly, gender identity.

24. Gender identity is a person's internal sense of their sex. It is an essential element of human identity that everyone possesses, and a well-established concept in medicine. Gender identity is innate; immutable; has significant biological underpinnings, such as the sex differentiation of the brain that takes place during prenatal development; and cannot be altered.

25. Gender identity is the most important determinant of a person's sex. Everyone has a gender identity.

26. A person's sex is generally assigned at birth based solely on a visual assessment of external genitalia. External genitalia, however, are only one of several sex-related characteristics that comprise a person's sex, and as a result, are not always indicative of a person's sex.

27. For most people, their sex-related characteristics are aligned, and the visual assessment performed at birth serves as an accurate proxy for that person's sex.

28. The term "sex assigned at birth" is the most precise terms to use because not all of the physiological aspects of a person's sex are always in alignment with each other as typically male or typically female.

29. For these reasons, the Endocrine Society, an international medical organization of over 18,000 endocrinology researchers and clinicians, warns practitioners that the terms "biological sex" and "biological male or female" are imprecise and should be avoided.[5]

30. When a person's gender identity does not match that person's sex assigned at birth, gender identity is the critical determinant of that person's sex.

31. Individuals whose sex assigned at birth aligns with their gender identity are referred to as cisgender. Transgender people, on the other hand, have a gender identity that differs from the sex assigned to them at birth. A transgender boy or man is someone who was assigned a female sex at birth but has a male gender identity. A transgender girl or woman is someone who was assigned a male sex at birth but has a female gender identity.

[5] *See* Wylie C. Hembree, *et al*., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline*, 102 J. CLINICAL ENDOCRINOLOGY & METABOLISM 3869, 3875 (2017), https://perma.cc/FM96-L228 (hereinafter "Endocrine Society Guidelines").

32. The health and wellbeing of all people, including those who are transgender, depends on their ability to live in a manner consistent with their gender identity.

33. Scientific and medical consensus recognizes that attempts to change an individual's gender identity to bring their gender identity into alignment with their sex assigned at birth are ineffective and harmful. Attempts to force transgender people to live in accordance with their sex assigned at birth, a practice often described as "conversion," or "reparative" therapy, is universally known to cause profound harm and is widely considered unethical and, in some places, unlawful.

34. For transgender people, the incongruence between their gender identity and sex assigned at birth can result in clinically significant stress and discomfort known as gender dysphoria.

35. Gender dysphoria is a serious medical condition recognized in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. The World Health Organization's International Classification of Diseases, which is the diagnostic and coding compendia used by medical professionals, refers to the condition as "gender incongruence." Gender dysphoria is also recognized by the leading medical and mental health professional groups in the United States, including the American Academy of Pediatrics,

American Medical Association, the American Psychological Association, American Psychiatric Association, and the Endocrine Society, among others.

36. If left untreated, gender dysphoria can result in debilitating anxiety, severe depression, self-harm, and even suicidality. Untreated gender dysphoria often intensifies with time. The longer an individual goes without or is denied adequate treatment for gender dysphoria, the greater the risk of severe harms to the person's health.

37. The World Professional Association for Transgender Health ("WPATH") and the Endocrine Society have published widely accepted guidelines for treating gender dysphoria.[6] The goal of medical treatment for gender dysphoria is to eliminate clinically significant distress by helping a transgender person live in accordance with their gender identity. This treatment is sometimes referred to as "gender transition," "transition related care," or "gender-affirming care."

38. WPATH is an international and multidisciplinary association whose mission is to promote evidence-based health care protocols for transgender people. WPATH publishes the Standards of Care based on the best available science and expert professional consensus.

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[6] Endocrine Society Guidelines; World Prof'l Ass'n for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People* (7th Version, 2012), https://perma.cc/62K5-N5SX (hereinafter, "WPATH Standards of Care").

39. The WPATH Standards of Care and Endocrine Society Guidelines are widely accepted as best practices guidelines for the treatment of adolescents and adults diagnosed with gender dysphoria and have been recognized as authoritative by the leading medical organizations.

40. The WPATH Standards of Care and Endocrine Society Guidelines recognize that puberty delaying medication, hormone therapy, and surgery to align a person's primary and/or secondary sex characteristics (e.g., breasts/chest, external and/or internal genitalia, facial features, body contouring) with their gender identity are medically necessary services for many people with gender dysphoria.

41. The precise treatment of gender dysphoria for any individual depends on that person's individualized needs. The guidelines for medical treatment of gender dysphoria differ depending on whether the treatment is for an adolescent (minors who have entered puberty) or an adult. No pharmaceutical or surgical intervention is recommended or necessary prior to the onset of puberty, however. The individualized steps that many transgender people take to live in a manner consistent with their gender identity are known as "a transition" or "transitioning." The precise steps involved in transitioning are particular to the individual but may include social, medical, and legal transition. Determinations regarding medically necessary care are made on an individualized basis between by the medical professional and the patient.

42. Social transition entails a transgender individual living in accordance with their gender identity in all aspects of life. Social transition can include wearing attire, following grooming practices, and using pronouns consistent with that person's gender identity. The steps a transgender person can take as part of their social transition help align their gender identity with all aspects of everyday life.

43. Many transgender individuals also pursue legal transition, which involves taking steps to formally amend their legal identification documents to align with their gender identity, such as changing one's name through a court ordered legal name change and updating the name and gender marker on their driver's license, birth certificate, and other identification documents.

44. Medical transition, a critical part of transitioning for many transgender people, includes gender-affirming care that brings the sex-specific characteristics of a transgender person's body into alignment with their identity.

45. Gender-affirming care can involve counseling, hormone therapy, surgery, or other medically necessary treatments for gender dysphoria.

46. The most effective treatment for transgender adolescents and adults with gender dysphoria, in terms of both their mental and medical health, contemplates an individualized approach. Medical and surgical treatment interventions are determined by the health care team (usually involving medical and

mental health professionals) in collaboration with the patient, and the patient's parents/guardians, if the patient is an adolescent.

47. Under the WPATH Standards of Care, medical interventions may become medically necessary and appropriate after transgender youth reach puberty. In providing medical treatments to adolescents, pediatric physicians and endocrinologists work in close consultation with qualified mental health professionals experienced in diagnosing and treating gender dysphoria.

48. For many transgender adolescents, going through puberty as the sex assigned to them at birth can cause extreme distress. Puberty delaying medication allows transgender adolescents to pause puberty, thus minimizing and potentially preventing the heightened gender dysphoria and permanent physical changes that puberty would cause.

49. Puberty delaying treatment is reversible. When the adolescent discontinues treatment, puberty will resume. Puberty delaying treatment does not cause infertility.

50. For some transgender adolescents and adults, it is necessary to undergo hormone therapy, which involves taking hormones for the purpose of bringing their secondary sex characteristics into alignment with their gender identity (testosterone for transgender males, and estrogen and testosterone suppression for transgender females). Secondary sex characteristics are bodily features not associated with

external and internal reproductive genitalia (primary sex characteristics). Secondary sex characteristics include, for example, hair growth patterns, body fat distribution, and muscle mass development. Hormone therapy can have significant masculinizing or feminizing effects and can assist in bringing transgender people's secondary sex characteristics into alignment with their gender identity, and therefore is medically necessary care for transgender people who need it to treat their gender dysphoria.

51. Gender-affirming surgery might be sought by transgender people after puberty to treat symptoms of gender dysphoria by better aligning their primary or secondary sex characteristics with their gender identity. Though not all transgender people require or seek gender-affirming surgical care, such care can be medically necessary when determined to be in the best interests of the patient and supported by empirical evidence.

52. Gender-affirming medical care can be lifesaving treatment and has been shown to positively impact the short and long-term health outcomes for transgender people of all ages.

53. All of the treatments used to treat gender dysphoria are also used to treat other diagnoses or conditions. These treatments are not excluded from Medicaid coverage under the Challenged Exclusion when used to treat any diagnosis or condition other than gender dysphoria, yet they carry comparable risks and side

effects to those that can be present when treating gender dysphoria. Thus, the use of these treatments for gender dysphoria are not any more risky than for other conditions and diagnoses for which the same treatments are regularly used.

54. The consequences of untreated, or inadequately treated, gender dysphoria, however, are dire, as untreated gender dysphoria is associated with both clinically significant anxiety, depression, self-harm, and suicidality and higher levels of stigmatization, discrimination, and victimization, contributing to negative self-image and the inability to function effectively in daily life.

55. When transgender people are provided with access to appropriate and individualized gender-affirming care in connection with treatment of gender dysphoria, its symptoms can be alleviated and even prevented.

56. As such, the American Medical Association, American Psychological Association, American Psychiatric Association, Endocrine Society, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, American Academy of Family Physicians, and other major medical organizations have recognized that gender-affirming care is medically necessary, safe, and effective treatment for gender dysphoria, and that access to such treatment improves the health and well-being of transgender people. These groups and others have explicitly advocated against blanket bans on gender-affirming care like the Challenged Exclusion.

57. The medical procedures for the treatment of gender dysphoria are not "cosmetic" or "elective" or for the mere convenience of the patient, but instead are medically necessary for the treatment of the diagnosed medical condition. They are not experimental or investigational, because decades of both clinical experience and medical research show that they are essential to achieving well-being for transgender patients with gender dysphoria.

B. The Medicaid Act and Florida's Medicaid Program

i. Medicaid Coverage

58. The Medicaid Act, Title XIX of the Social Security Act of 1965, 42 U.S.C. §§ 1396-1396w-6, creates a joint federal-state program that provides health care services to specified categories of low-income individuals.

59. Medicaid is designed to "enabl[e] each State, as far as practicable...to furnish (1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and (2) rehabilitation and other services to help such families and individuals attain or retain capability for independence and self-care...." 42 U.S.C. § 1396-1.

60. States are not required to participate in the Medicaid program—but all states do. States that choose to participate must comply with the Medicaid Act and its implementing regulations. In return, the federal government reimburses each

participating state for a substantial portion of the cost of providing medical assistance. *See id.* §§ 1396b(a), 1396d(b), 1396(c).

61. The Medicaid Act requires each participating state to designate a single state agency charged with administering or supervising the state's Medicaid program. *Id*. § 1396a(a)(5). While a state may delegate certain responsibilities to other entities, such as local agencies or Medicaid managed care plans, the single state agency is ultimately responsible for ensuring compliance with all aspects of the Medicaid Act. *See, e.g.*, 42 C.F.R. §§ 438.100(a)(2), 438.100(d).

62. Each participating state must maintain a comprehensive state plan for medical assistance, approved by the Secretary of the U.S. Department of Health and Human Services. 42 U.S.C. § 1396a.

63. The state plan must describe how the state will administer its Medicaid program and affirm the state's commitment to comply with the Medicaid Act and its implementing regulations. *Id.*

64. Under the Medicaid Act, a participating state must provide medical assistance to certain eligibility groups. *Id*. § 1396a(a)(10)(A)(i). One such group is children and adolescents under age 18 whose household income is below 133% of the federal poverty level. *Id*. §§ 1396a(a)(10)(A)(i)(VI)-(VII), 1396a(l). Another mandatory eligibility category is individuals with a disability who receive Supplemental Security Income or meet separate disability and financial eligibility

standards established by the state. *Id*. §§ 1396a(a)(10)(A)(i)(II), 1396a(f). States have the option to cover additional eligibility groups. *Id*. §§ 1396a(a)(10)(A)(ii).

65. States must administer Medicaid in "the best interests of recipients." 42 U.S.C. § 1396a(a)(19).

ii. The Medicaid EPSDT Requirements

66. The Medicaid Act requires each participating state to cover certain health care services, including inpatient and out-patient hospital services and physician services, when medically necessary. 42 U.S.C. §§ 1396a(a)(10)(A), 1396d. States have the option to cover additional services, including prescription drugs, when medically necessary. *Id*.

67. One mandatory benefit under Medicaid is Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for beneficiaries under age 21. *Id.* §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), 1396d(r).

68. The fundamental purpose of the EPSDT Requirements is to "[a]ssure that health problems are diagnosed and treated early, before they become more complex and their treatment more costly." Ctrs. for Medicare & Medicaid Servs., State Medicaid Manual § 5010.B.

69. Pursuant to the EPSDT requirements, states must cover four specific, separate categories of screening services: medical, vision, dental, and hearing. 42 U.S.C. §§ 1396a(a)(10)(A), 1396d(a)(4)(B), 1396d(r)(1)-(4).

70. States also must cover "[s]uch other necessary health care, diagnostic services, treatment, and other measures described in [1396d(a)] to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan." *Id.* § 1396d(r)(5). In other words, states participating in Medicaid must cover all medically necessary services for beneficiaries under age 21, even when those services are not covered for adults.

71. Services that fall under 42 U.S.C. § 1396d(a) include inpatient and outpatient hospital services, physician services, and prescription drugs. *Id*. § 1396d(a)(1), (2), (5)(A), (12).

72. Gender-affirming medical treatments, including puberty delaying medication, hormone therapy, and surgery come within the services described in section § 1396d(a) and, thus, are EPSDT services when they are necessary to correct or ameliorate gender dysphoria. *Id*. § 1396d(r)(5) (incorporating services listed in § 1396d(a)).

73. States must "arrang[e] for (directly or through referral to appropriate agencies, organizations, or individuals) corrective treatment the need for which is disclosed by" screening services. *Id*. § 1396a(a)(43)(C).

74. States must initiate EPSDT services in a timely manner, as appropriate to the individual needs of the beneficiary, and absolutely no later than 6 months from the date of the request. 42 C.F.R. § 441.56(e).

iii. The Medicaid Comparability Requirements

75. Under the Medicaid Act, "the medical assistance made available to any individual ... shall not be less in amount, duration or scope than the medical assistance made available to any other such individual." 42 U.S.C. § 1396a(a)(10)(B)(i).

76. "Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose." 42 C.F.R. § 440.230(b).

77. A state "Medicaid agency may not arbitrarily deny or reduce the amount, duration, or scope of a required service ... to an otherwise eligible recipient solely because of the diagnosis, type of illness, or condition." 42 C.F.R. § 440.230(c).

iv. Florida's Medicaid Program

78. The State of Florida participates in the federal Medicaid program. Fla. Stat. §§ 409.901-409.9205. AHCA is the single state agency in Florida that is responsible for administering and implementing Florida's Medicaid program consistent with the requirements of federal law. *See* Fla. Stat. § 409.902; 42 U.S.C. § 1396a(a)(5); 42 C.F.R. § 431.10.

79. AHCA contracts with private managed care plans to provide health care services to most Medicaid beneficiaries. Fla. Stat. § 409.964.

80. The federal government reimburses Florida for approximately 60% of the cost of providing medical assistance through its Medicaid program. *See* U.S. Dep't of Health & Hum. Servs., Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2022 Through September 30, 2023, 86 Fed. Reg. 67479, 67481 (Nov. 26, 2021).

81. Florida regulations require AHCA to cover health care services that are medically necessary within the scope of Fla. Admin. Code R. 59G-1.035(6), 59G-1.010. To qualify as medically necessary, a service must meet several conditions. *See* Fla. Admin. Code R. 59G-1.010, incorporating by reference AHCA, Definitions Policy at 2.83 (2017) (defining medically necessary care).

82. For one, the service must be consistent with generally accepted professional medical standards and not experimental or investigational. *Id*.; Fla. Admin. Code R. 59G-1.035. To determine whether a particular service is consistent with generally accepted professional medical standards, AHCA must consider: "(a) Evidence-based clinical practice guidelines. (b) Published reports and articles in the authoritative medical and scientific literature related to the health service (published in peer-reviewed scientific literature generally recognized by the relevant medical

community or practitioner specialty associations). (c) Effectiveness of the health service in improving the individual's prognosis or health outcomes. (d) Utilization trends. (e) Coverage policies by other creditable insurance payor sources. (f) Recommendations or assessments by clinical or technical experts on the subject or field." *Id*. § 59G-1.035(4).

83. After considering those factors, AHCA must submit a report with recommendations to the Deputy Secretary for Medicaid for review, and the Deputy Secretary makes a final determination as to whether the health service is consistent with generally accepted professional medical standards and not experimental or investigational. *Id*. § 59G-1.035(5).

84. Until August 21, 2022, Florida Medicaid covered the full range of gender-affirming treatments, including puberty delaying medication, hormone therapy, and surgical care.

85. Effective August 21, 2022, Florida excluded the coverage without any intervening change in federal Medicaid laws or the standard of care for gender dysphoria, as recognized by the medical community.

C. Defendants Adopt the Challenged Exclusion and Target Transgender Medicaid Beneficiaries for Discrimination.

86. On April 20, 2022, Florida's Department of Health ("FDOH") issued a misleading and factually inaccurate set of guidelines titled "Treatment of Gender

Dysphoria for Children and Adults" (hereinafter "FDOH Guidelines").[7] FDOH issued the FDOH Guidelines in direct response to the fact sheet from the U.S. Department of Health & Human Services regarding "Gender-Affirming Care and Young People."[8]

87. The FDOH Guidelines, which are non-binding in nature, directly contradicted the guidance from HHS, as well as the established medical guidelines supported by the country's largest and leading medical organizations.

88. The FDOH Guidelines stated that:

- Social gender transition should not be a treatment option for children or adolescents.
- Anyone under 18 should not be prescribed puberty delaying medication or hormone therapy.
- Gender reassignment surgery should not be a treatment option for children or adolescents.

89. Under the WPATH Standards of Care and Endocrine Society Guidelines, no one is provided pharmaceutical treatment for gender dysphoria until *after* the onset of puberty. No surgical interventions are recommended for

[7] *See Treatment of Gender Dysphoria for Children and Adults*, FLORIDA DEP'T OF HEALTH (April 20, 2022), https://perma.cc/W33H-6P5Q.

[8] *See Gender-Affirming Care and Young People*, U.S. Dep't of Health & Human Servs. (March 2022), https://perma.cc/399W-T6AC.

transgender adolescents prior to the age of 18, *except* for limited reconstructive surgery for adolescents who have reached Tanner Stage 5 and for whom it is deemed medically necessary by qualified mental and medical health care professionals.

90. The FDOH Guidelines were criticized by, among others, a group of more than 300 Florida health care professionals who care for transgender and gender diverse youth. This group denounced the FDOH Guidelines for citing "a selective and non-representative sample of small studies and reviews, editorials, opinion pieces and commentary to support several of their substantial claims" and misrepresenting "high-quality studies" by making "conclusions that are not supported by the authors of the articles."[9]

91. The 300 Florida health care professionals further stated that the FDOH Guidelines "contradict[] existing guidelines from the American Academy of Pediatrics, the Endocrine Society, the American Academy of Child and Adolescent Psychiatry and the World Professional Association for Transgender Health," and that "[t]hese national and international guidelines are the result of careful deliberation and examination of the evidence by experts including pediatricians, endocrinologists, psychologists and psychiatrists."

[9] Brittany S. Bruggeman, *et al.*, *Opinion: We 300 Florida health care professionals say the state gets transgender guidance wrong | Open letter*, TAMPA BAY TIMES (Apr. 27, 2022), https://perma.cc/5UWE-LURH.

92. On April 20, 2022, based on the publication of the FDOH Guidelines, Secretary Marstiller sent a letter to Tom Wallace, AHCA's Deputy Secretary for Medicaid, requesting that AHCA determine if the treatments addressed in the FDOH Guidelines "are consistent with generally accepted professional medical standards and not experimental or investigational."[10]

93. The request from Secretary Marstiller to Deputy Secretary Wallace was highly unusual, as AHCA does not generally draft a GAPMS report for services that it is already covering.

94. While AHCA purported to go through its required rule-making process, it was clear the outcome was predetermined: to restrict access to medically necessary gender-affirming care for transgender people in Florida.

95. On June 2, 2022, Defendants published their report, "Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria" (hereinafter "GAPMS Memo").[11] The publication of the GAPMS Memo was accompanied by the publication of a political webpage within AHCA's website titled "Let Kids Be Kids"

[10] *Letter from AHCA Secretary Marstiller to Deputy Secretary Wallace* (April 20, 2022), https://perma.cc/YS7S-DFAX.

[11] AHCA, *Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria* (June 2, 2022), https://perma.cc/SUB9-V7DW.

(https://ahca.myflorida.com/letkidsbekids/) that included graphics, misleading "fact-checking" of HHS's guidance, and false assertions about social media's alleged influence on experiences of gender dysphoria.

96. The GAPMS Memo wrongly concluded that gender-affirming medical treatments, including puberty blockers, hormone therapy, and surgery, "do not conform to GAPMS [("generally accepted professional medical standards")] and are experimental and investigational." Deputy Secretary Wallace signed the GAPMS Memo and noted his concurrence.

97. To support this conclusion, the GAPMS Memo cited to, and relied upon, five non-peer-reviewed, unpublished "assessments" that Defendants commissioned. The "assessments" are the following:

- Romina Brignardello-Petersen, DDS, MSc, PhD and Wojtek Wiercioch, MSc, PhD: Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence. 16 May 2022.
- James Cantor, PhD: Science of Gender Dysphoria and Transsexualism. 17 May 2022.
- Quentin Van Meter, MD: Concerns about Affirmation of an Incongruent Gender in a Child or Adolescent. 17 May 2022.

- Patrick Lappert, MD: Surgical Procedures and Gender Dysphoria. 17 May 2022.
- Kevin Donovan, MD: Medical Experimentation without Informed Consent: An Ethicist's View of Transgender Treatment for Children. 16 May 2022.

98. These "assessments" illustrate how the GAPMS Memo is the product of bias and was engineered to achieve a particular result.

99. For example, although the GAPMS Memo presents Dr. Quentin van Meter as an expert in medical treatment for gender dysphoria, at least one court in Texas barred him from providing expert testimony on the on the "question of whether an adolescent transgender child should be administered puberty blockers and whether affirmation of an incongruent gender in a child is harmful or not."[12] Dr. Van Meter is the president of the American College of Pediatricians (not to be confused with the American Academy of Pediatrics). The American College of Pediatricians is not a professional association but instead a political group that, among other things, opposes marriage equality for same-sex couples, supports the

[12] Stephen Caruso, *A Texas judge ruled this doctor was not an expert. A Pennsylvania Republican invited him to testify on trans health care*, PENNSYLVANIA CAPITOL-STAR (Sept. 15, 2020), https://perma.cc/P8AU-3RFC.

provision of conversion therapy, and describes childhood gender dysphoria as "confusion."

100. The GAPMS Memo also cites to Dr. James Cantor as an expert on gender dysphoria. However, Dr. Cantor admitted in court to having no clinical experience in treating gender dysphoria in minors and no experience monitoring patients receiving medical or surgical treatments for gender dysphoria.[13]

101. AHCA's GAPMS Memo also cites to an "assessment" authored by Dr. Romina Brignardello-Petersen and a post-doctoral fellow purporting to review the scientific literature regarding gender dysphoria and its treatment. Dr. Brignardello-Petersen has no particular expertise regarding gender dysphoria and is a member of the Society for Evidence Based Gender Medicine ("SEGM"), a group that opposes standard medical care for gender dysphoria, has no publications or conferences, and, upon information and belief, consists solely of a website created by a small group of people.

102. AHCA cites to an "assessment" by Dr. Patrick Lappert, a non-board-certified plastic surgeon. A federal court recently noted that there is evidence that calls Dr. Lappert's "bias and reliability [to testify regarding gender dysphoria] into

[13] In *Eknes-Tucker v. Marshall*, No. 2:22-CV-184-LCB, 2022 WL 1521889, at *5 (M.D. Ala. May 13, 2022), based on Dr. Cantor's lack of experience in providing this type of care, "the Court gave his testimony regarding the treatment of gender dysphoria in minors very little weight."

serious question" and that Dr. Lappert "is not qualified to render opinions about the diagnosis of gender dysphoria, its possible causes, … the efficacy of puberty blocking medication or hormone treatments, the appropriate standard of informed consent for mental health professionals or endocrinologists, or any opinion on [] non-surgical treatments," and that his views "do not justify the exclusion" of gender-affirming medical care.[14]

103. On June 17, 2022, AHCA issued a Notice of Proposed Rule seeking to amend Florida Administrative Code 59G-1.050 to prohibit Florida Medicaid from covering "services for the treatment of gender dysphoria," including: "1. Puberty blockers; 2. Hormones and hormone antagonists; 3. Sex reassignment surgeries; and 4. Any other procedures that alter primary or secondary sexual characteristics." The Proposed Rule also stated that, "For the purpose of determining medical necessity, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)," the aforementioned services "do not meet the definition of medical necessity in accordance with Rule 59G-1.010, F.A.C."[15]

[14] *Kadel v. Folwell*, No. 1:19CV272, 2022 WL 3226731, at *12-13, 32 (M.D.N.C. Aug. 10, 2022).

[15] https://www.flrules.org/gateway/View_Notice.asp?id=25979915.

104. The Proposed Rule sought to prohibit Medicaid coverage of medical treatment for gender dysphoria for both transgender adolescents and adults, going beyond the FDOH Guidance.

105. During the 21 days following the issuance of the Proposed Rule, from June 17, 2022 to July 8, 2022, thousands of comments were submitted by individuals, organizations, and medical professionals across Florida in opposition to the rule.

106. On July 8, 2022, AHCA held a public hearing on the proposed rule.

107. The hearing, which was set for 3:00pm on a Friday afternoon, featured a "panel of doctors," none of whom had any clinical experience treating gender dysphoria, to respond to any substantive comments from the audience. The panel of doctors included: Dr. Andre Van Mol; Dr. Quentin Van Meter; and Dr. Miriam Grossman.

108. The panel highlighted AHCA's singular focus on prohibiting coverage of and access to medically necessary gender-affirming care.

109. Dr. Andre Van Mol is a board member of Moral Revolution (https://www.moralrevolution.com/), an organization that believes that "[t]he multitude of possible gender identities and the normalization of same-sex sexual behavior points to a society that has abandoned the desire to accurately define and socialize humanity as a reflection of God's image," and that "[s]ome people

experience same-sex attraction and gender dysphoria … not because they were 'born that way,' but because they were born human into a fallen world, and because society has disrupted and confused how we teach children who they are."

110. In reference to transgender youth, Dr. Miriam Grossman has stated that "conditioning children into believing that a lifetime of impersonating someone of the opposite sex, achievable only through chemical and surgical interventions, is harmful to youths."

111. The public hearing was also characterized by participants who were flown in from out of state, who did not profess to be Florida Medicaid participants, or who were opponents of transgender rights bussed in to testify in support of the rule. Many of them were carrying signs and shirts reflecting the "Let Kids Be Kids" slogan that appears on AHCA's webpage regarding the GAPMS Memo. AHCA allowed stickers containing their slogan to be passed out at the front door and at the sign-in table as attendees entered.

112. Notwithstanding the seemingly biased nature of the proceedings, thousands of commenters submitted written comments and many testified at the hearing in opposition to the Proposed Rule. The range of comments highlighted, among other things: the significant and immediate harms that transgender Medicaid beneficiaries in Florida would suffer; the flaws of the GAPMS Memo; the well-documented evidence base for gender-affirming care, including that it is safe and

effective for the treatment of gender dysphoria; and that the Proposed Rule was unlawful.

113. Among the comments submitted to Defendants in opposition to the Proposed Rule was a comment by a team of legal and medical experts from Yale Law School, the Yale School of Medicine's Child Study Center and Departments of Psychiatry and Pediatrics, University of Texas Southwestern, and University of Alabama at Birmingham that identifies and refutes the many unscientific claims behind the GAPMS Memo.[16]

114. The comment by the team of experts indicated that:

- **The GAPMS Memo falsely claims that the scientific evidence does not support medical treatment for gender dysphoria.** In fact, medical care for gender dysphoria is supported by a robust scientific consensus. The specific medical services at issue have been used worldwide for decades, meet generally accepted medical standards, and are not experimental.
- **The GAPMS Memo urges a discriminatory policy that violates the federal and state constitutions and federal and state law.** AHCA offered the report to justify the denial of Medicaid coverage for medical

[16] *Letter from Anne L. Alstott et al. to AHCA Secretary Marstiller* (July 8, 2022), https://perma.cc/E432-YUQ7.

care for gender dysphoria. But this discriminatory policy illegally targets transgender people. Neither the June 2 GAPMS Memo nor the AHCA proposal would apply to similar treatments routinely offered to cisgender people.

- **The GAPMS Memo repeatedly and erroneously dismisses solid medical research studies as "low quality," demonstrating a faulty understanding of statistics, medical regulation, and scientific research.** The GAPMS Memo makes unfounded criticisms of robust and well-regarded clinical research, while disregarding other relevant studies altogether. If Florida's Medicaid program applied the June 2 GAPMS Memo's approach to all medical procedures equally, it would have to deny coverage for widely used medications like statins (cholesterol-lowering drugs taken by millions of older Americans) and common medical procedures like mammograms and routine surgeries.
- **The GAPMS Memo cites sources that have no scientific merit.** The GAPMS Memo relies on pseudo-science, particularly purported expert "assessments" that are biased and full of errors. The "assessments" are written by authors whose testimony has been disqualified in court and who have known ties to anti-LGBTQ advocacy groups. The GAPMS

Memo's unfounded claims come from unqualified sources, which include a blog entry, letters to the editor, and opinion pieces.

115. The comment by the team of experts was accompanied by the publication of a report, "A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria," that represents the first comprehensive examination of Florida's GAPMS Memo. The authors of this report contend that the GAPMS Memo is a misleading document intended to justify denying Florida Medicaid coverage for gender dysphoria treatment.[17]

116. In its comment, the American Academy of Pediatrics noted: "[T]he mental and physical health and well-being of transgender children and adolescents often rely on their abilities to access much needed mental and physical health care—care that is in keeping with the widely recognized evidence-based standards of care for gender dysphoria. In proposing this rule, Florida ignores broad consensus among the medical community as to what those evidence-based standards of care are, and instead seeks, for its own discriminatory reasons, to impose alternate standards and

[17] *A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria* (July 8, 2022), https://perma.cc/XZV3-PBEA.

an outright ban of specific treatments for transgender adolescents in the state's Medicaid program."[18]

117. Similarly, the Endocrine Society submitted a comment stating: "The proposed rule would deny Medicaid beneficiaries with gender dysphoria access to medical interventions that alleviate suffering, are grounded in science, and are endorsed by the medical community. The medical treatments prohibited by the proposed rule can be a crucial part of treatment for people with gender dysphoria and necessary to preserve their health. … [R]esearch shows that people with gender dysphoria who receive puberty blockers and/or hormone therapy experience less depression, anxiety, and suicidal ideation. Several studies have found that hormone therapy is associated with reductions in the rate of suicide attempts and significant improvement in quality of life. In light of this evidence supporting the connection between lack of access to gender-affirming care and lifetime suicide risk, banning such care can put patients' lives at risk."[19]

118. In addition, interviews with researchers whose studies were cited within the FDOH Guidelines and GAPMS Memo have expressed alarm at how Defendants

[18] *Letter from the American Academy of Pediatrics and the Florida Chapter of the AAP to AHCA Deputy Secretary Tom Wallace* (July 7, 2022), https://perma.cc/ND5M-TGYJ.

[19] *Letter from the Endocrine Society to AHCA* (July 8, 2022), https://perma.cc/F5TX-J3JY.

have misinterpreted and misrepresented their studies to justify the Challenged Exclusion.[20]

119. Notwithstanding the thousands of comments submitted to AHCA in opposition to the Proposed Rule, as well as the substantive evidence and extensive commentary submitted by leading medical and legal experts and organizations, Defendants filed the Challenged Exclusion as a final rule for adoption on August 1, 2022, a mere three weeks after the close of the public comment period and without having responded in writing to material or timely written comments, as required by Fla. Stat. § 120.54(3)(e)(4).

120. Notice of the Final Adopted Version of the Challenged Exclusion was published on FLRules.com on August 10, 2022 and stated that the Challenged Exclusion would become effective on August 21, 2022.[21]

121. The Challenged Exclusion, in its final adopted form within Florida Administrative Code 59G-1.050, states as follows:

> (7) Gender Dysphoria.
>
> (a) Florida Medicaid does not cover the following services for the treatment of gender dysphoria:

[20] Sam Greenspan, *How Florida Twisted Science to Deny Healthcare to Trans Kids*, VICE NEWS (Aug. 3, 2022), https://perma.cc/GZ6P-W2WN.

[21] https://www.flrules.org/gateway/View_Notice.asp?id=26157328.

1. Puberty blockers;

2. Hormones and hormone antagonists;

3. Sex reassignment surgeries; and

4. Any other procedures that alter primary or secondary sexual characteristics.

(b) For the purpose of determining medical necessity, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), the services listed in subparagraph (7)(a) do not meet the definition of medical necessity in accordance with Rule 59G-1.010, F.A.C.

122. Coverage for the four services listed within the Challenged Exclusion is still available when those services are medically necessary for the treatment of conditions other than gender dysphoria.

123. The Challenged Exclusion ignores the established scientific and medical consensus that the four specified services are frequently medically necessary, safe, and effective for treating gender dysphoria.

124. The Challenged Exclusion results in AHCA refusing to cover medically necessary treatments for gender dysphoria.

125. In addition, the Challenged Exclusion is one of a series of measures the State has taken targeting transgender people, and LGBTQ people more broadly, for discrimination.

126. For example, surrounding the GAPMS Memo's release and the adoption of the Challenged Exclusion:

a. The FDOH issued its factually inaccurate April 2022 guidelines titled "Treatment of Gender Dysphoria for Children and Adults";[22]

b. Florida enacted its infamous "Don't Say Gay" law, Fla. Stat. § 1001.42(8)(c) (2022);[23]

c. Governor DeSantis removed a state attorney from office for, in part, saying he would refuse to enforce any laws criminalizing gender-affirming care;[24]

d. The FDOH sent the Florida Board of Medicine ("FBOM") a "Petition to Initiate Rulemaking," asking it to, among other things, adopt a categorical ban on the provision of gender-affirming medical care to people under 18 years of age and, with respect to adults, to adopt a 24-hour waiting period;[25]

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[22] *Treatment of Gender Dysphoria for Children and Adults*, FLORIDA DEP'T OF HEALTH (April 20, 2022), https://perma.cc/W33H-6P5Q.

[23] Enacted July 1, 2022, the law seeks to erase LGBTQ people and related content from Florida public schools. The widely used "Don't Say Gay" moniker fails to recognize the harms this law intentionally inflicts upon transgender people and others who identify as members of the LGBTQ community.

[24] Florida Executive Order No. 22-176 (Aug. 4, 2022), https://perma.cc/VSG9-2SUJ.

[25] *Petition to Initiate Rulemaking Setting the Standard of Care for Treatment of Gender Dysphoria* (July 28, 2022), https://perma.cc/3PP7-N6WW.

e. The FBOM initiated a rulemaking process for a proposed rule to, among other things, ban gender-affirming care for people under the age of 18;[26]

f. The Florida Department of Business and Professional Regulation lodged a public nuisance complaint against a bar catering to transgender people when that bar had a drag queen reading event;[27] and

g. Florida officials and their spokespersons made a litany of statements denigrating transgender people.[28]

127. The discriminatory animus by Defendants toward transgender people is clearly evident by their actions, as the adoption of the Challenged Exclusion deliberately targets transgender people for discrimination in Florida.

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[26] *Meeting Minutes*, FLORIDA BOARD OF MED. (Aug. 5, 2022), https://perma.cc/52A3-2E5V.

[27] *Fla. Dep't of Bus. and Prof. Reg., Div. of Alcoholic Beverages and Tobacco v. R House, Inc.*, Case No. 2022-035976, Admin. Complaint (July 26, 2022), https://perma.cc/8DRL-KVWY.

[28] Jeremy Redfern (@JeremyRedfernFL), Twitter (Aug. 14, 2022), https://tinyurl.com/2p8vajvw; Governor Ron DeSantis (@GovRonDeSantis), Twitter (Aug. 16, 2022), https://tinyurl.com/yckkuh32; Christina Pushaw (@ChristinaPushaw), Twitter (Aug. 19, 2022), https://tinyurl.com/2p8r5r6c.

D. The Plaintiffs

Plaintiff August Dekker

128. August Dekker is a 28-year-old transgender man.

129. August is unemployed and receives Supplemental Security Income due to disability, as he lives with debilitating rheumatoid arthritis. He has been a Medicaid beneficiary in Florida since 2014.

130. August experiences and has been diagnosed with gender dysphoria.

131. As a child, even as early as 5 years of age, August felt uncomfortable being perceived as a girl. For example, he would always choose to play a male character when he was roleplaying with his brothers and would also play male characters when he would play "house."

132. Around the age of 13, August was extremely distraught when he got his first period. He ran to his mom crying and wondering what was happening because he did not feel that he was a girl.

133. However, because of his family's religious beliefs, August felt forced to suppress his gender identity as a child and adolescent, which caused him great distress and anxiety.

134. Once he graduated high school, August felt freer to explore his gender expression and come to terms with his gender identity as a man. By 2015, August began to socially transition and live openly as the man that he is.

135. Not long after, August decided to seek out medical care. It took him a while to find a provider who would be qualified and with whom he felt comfortable. Once he found a provider at Metro Inclusive Health in Tampa, August began working with a therapist before starting hormone therapy. The therapist diagnosed August with gender dysphoria in 2017.

136. Following the diagnosis of gender dysphoria and working with and under the care of his medical and mental health providers, August began undergoing hormone therapy as medically necessary treatment for his gender dysphoria in 2017.

137. August has since worked with different medical and mental health providers, who continue to recommend hormone therapy as medically necessary treatment for his gender dysphoria. He now sees a therapist at Solace Behavioral Health in Tampa and receives his hormone therapy through Planned Parenthood in Tampa.

138. At present, at the recommendation of his medical and mental health providers, August is being prescribed testosterone hormone therapy as treatment for his gender dysphoria. The prescription must be written every month. Up until now, Medicaid has covered August's testosterone hormone therapy.

139. In addition, in consultation with and under the care of his medical and mental health providers, August obtained chest surgery as treatment for his gender dysphoria in April 2022. This surgical treatment, which was covered by Medicaid,

was recommended by his providers as medically necessary treatment for August's gender dysphoria. And it was covered by Medicaid.

140. Medicaid has always covered August's medically necessary gender-affirming medical care as recommended by his medical and mental health providers to treat his gender dysphoria.

141. Being able to receive hormone therapy in the form of testosterone injections and to have chest surgery has allowed August to bring his body into alignment with who he is, provided a great deal of relief to August, and relieved some of the clinically significant distress underlying his gender dysphoria. It has given August the ability to not hate himself or his body and has brought great comfort to his life.

142. Having access to this medically necessary care has allowed August to be the version of himself that he pictured growing up. For August, it feels natural and normal to be able to live as the man that he is.

143. Following his chest surgery, August was able to celebrate his birthday with some friends outdoors in a state park. Having a more masculine chest that conformed with his identity allowed August to be shirtless in public for the first time ever, just like any other man. It was an afternoon full of joy and laughter for August, and he had never felt more euphoric about his body than he did in that moment.

144. AHCA's adoption of the Challenged Exclusion has caused August a great deal of distress and anxiety. When August first learned of the new regulation, he felt a great sense of dread. August is now fearful of the future.

145. August's only source of income is his monthly Supplemental Security Income payments of $841. He uses this limited income to pay for rent, food, and necessities, and simply cannot afford his medically necessary hormone therapy without Medicaid, which would cost $60-65 per month.

146. While August could ask some family and friends for money in order to afford his medically necessary care, that is neither guaranteed nor sustainable. It also feels dehumanizing and shameful to August to have to ask for help all the time, especially when his hormone therapy is medically necessary health care recommended by his doctors and which Medicaid has covered until now.

147. August also has experienced the physical effects of having to stop hormone therapy for a period of time. That experience caused him to lose muscle mass, have a higher pitched voice, and lose some of his body and facial hair such that it caused him distress and to a degree that people started perceiving him as a woman instead of the man that he is. It caused August great discomfort and anguish to be perceived as such, and he does not want to ever have to experience that again.

148. The adoption of the Challenged Exclusion, along with other actions taken by Florida's current administration targeting transgender people, have shaken

August and caused him to lose hope. August no longer feels safe to be an out transgender person in Florida. Because of the discrimination he sees stoked by Florida's policy decisions to target transgender people, August often worries that someone will perceive him as transgender and decide they want to hurt him. He is frightened about the possibility that losing access to his medically necessary gender-affirming care will cause physical changes that will make it more likely for someone to perceive him as transgender or more feminine. If someone perceives him as transgender or more feminine, August is afraid that they will verbally or physically assault him.

149. It is incredibly stressful and debilitating for August to have to worry about whether he will be able to get the medical care that he needs, or whether in its absence, he will be incorrectly perceived as female.

150. The Challenged Exclusion threatens the health and wellbeing of transgender Medicaid beneficiaries like August.

Plaintiff Brit Rothstein

151. Brit Rothstein is a 20-year-old transgender man.

152. Brit is a junior in at the University of Central Florida (UCF), where he is studying digital media and minoring in information technology. Brit has a full scholarship to attend UCF, which is the only way that he is able to go to college as his family is low-income and could not otherwise afford tuition and living expenses.

Brit worked hard to obtain a Florida Bright Futures scholarship so that he would be able to attend college. He also received a Top Ten Knights Scholarship from the UCF. In addition, Brit participates in a federal work study program, which provides part-time jobs for students with financial need, while taking 15 credits this semester.

153. Given his and his family's very limited income, as well as his age, Brit receives his health care coverage through Florida's Medicaid program, as administered through Sunshine Health.

154. A transgender man, Brit was incorrectly assigned the sex female at birth, but his gender identity is male.

155. Brit experiences gender dysphoria in relation to the disconnect between his sex assigned at birth and his gender identity.

156. Since the third grade, Brit has been aware of his male gender identity. When he was younger, Brit's mom would try to force him to wear dresses to church but he hated dresses and would only want to wear slacks. He also did not understand why he could not have short hair. Even as a child, stereotypical assumptions and expectations regarding his sex assigned at birth did not make sense to him.

157. In the sixth grade, as he approached puberty, Brit's anxiety and depression surrounding his sex assigned at birth was exacerbated, and he would become physically ill when he had to go into the girls' locker room for P.E. Fortunately, there was a guidance counselor who understood the discomfort that Brit

experienced in the locker room and the manifesting anxiety and distress it caused him, so she helped him transfer out of P.E.

158. While he was in the seventh grade, Brit was seeing a therapist due to unrelated issues. His therapist saw how much Brit was struggling with not being able to live his life as a boy and, through his sessions with his therapist, Brit became more comfortable with how he was feeling and came to understand that he was a boy. Brit's therapist also helped Brit navigate how to talk to others about his gender identity.

159. After a lot of research about how to explain to his family how he felt and that he was transgender, Brit came out to his dad in 2015, at age 13, and asked that he be treated in accordance with his male gender identity. Brit's parents are divorced, and he came out only to his dad at first. Brit's dad was very supportive and allowed Brit to wear a binder (a garment that helps to give the appearance of a flatter chest) at his house and live as his true authentic self when he was there.

160. Unfortunately, Brit was not able to do the same at his mother's house because she disapproved of him. For example, when Brit came out to his mother as transgender in 2016, she called him an "abomination" and disowned him. Brit has not had any contact with his mother or her side of the family since then.

161. Around July 2015, when Brit was 14 years old, Brit began seeing a psychologist, and continued therapy with her until he went to college. Brit's

psychologist diagnosed him with gender dysphoria and, after a couple of years of counseling, the psychologist referred Brit to Joe DiMaggio Children's Hospital to meet with a pediatric endocrinologist.

162. Because Brit's mother objected to the medical care for Brit's gender dysphoria recommended by Brit's mental health and medical providers, Brit's dad had to go to court, where he was granted by the court sole decision-making authority as it related to issues involving Brit's gender identity.

163. Thereafter, when Brit was 17 years old, he began to see a pediatric endocrinologist at Joe DiMaggio. By then, Brit had been diagnosed with gender dysphoria approximately four years prior and had been in consistent and regular counseling since that time. Brit was also living in accordance with his male gender identity to the maximum extent possible, given his family situation.

164. Brit's pediatric endocrinologist determined that it was medically necessary for Brit to begin hormone blockers, which she prescribed for him, and oversaw his treatment. Months later, Brit also began testosterone hormone therapy as medically necessary treatment for his gender dysphoria at his pediatric endocrinologist's recommendation. Medicaid has covered Brit's gender-affirming health care needs, including therapy, blood tests, office visits, and his prescriptions for hormone blockers and testosterone.

165. Hormone therapy, in the form of testosterone, has impacted Brit's life in many positive ways, including the changes to his physical body, his mental and emotional health, and even the self-confidence he has gained through existing in a body that feels more like his own.

166. When he was 18, Brit was able to obtain a court order for legal name change, changing his legal name to Brit Andrew Rothstein, which aligned with his gender identity and who he knows himself to be. Brit also amended his legal government-issued identification documents to reflect his new legal name and correct gender marker as male.

167. Still, however, Brit continues to experience significant dysphoria related to his chest. Ever since his chest developed, Brit has hated the way it looks and feels, and has long known that he needs to have chest surgery to bring his body into alignment with who he is.

168. Brit wears a binder almost every day, usually for 10-12 hours per day, depending on his schedule. His binder causes him discomfort, leaves skin indentations, and sometimes causes bruising on his ribcage. In 2018, Brit had to go to the emergency room for chest contusions caused by wearing his binder for too long. Having top surgery would allow Brit to no longer wear a restrictive binder just to navigate his daily life. Unfortunately, there are very few medical providers in

Florida who are both competent in performing gender-affirming chest surgery, and even fewer who also take Medicaid.

169. Brit finally found a surgeon at the University of Miami who accepts Medicaid for chest surgeries in January 2022. Brit had his consultation with the surgeon in May and the surgeon recommended that Brit undergo gender-affirming chest surgery, which was pre-authorized by Medicaid. When Brit received his pre-authorization on August 11, 2022, he felt blessed to finally have the chance to obtain the gender-affirming care he needed.

170. Brit was elated to learn that he would finally be getting the surgery that he needed and had long awaited, and he even had a date scheduled: December 22, 2022. For Brit, it would be an understatement to say that he was looking forward to the surgery. The surgery would allow Brit to bring his body into alignment with who he is. It would also eliminate the need for Brit to wear a restrictive and painful binder to hide that part of his body.

171. However, the very next day after Brit learned his surgery had been pre-authorized, Brit learned that AHCA adopted a rule that prohibited Medicaid coverage for Brit's medically necessary gender-affirming chest surgery. To Brit, it was a punch to the gut to learn that the state of Florida had decided to strip coverage for medically necessary medical care from him and other transgender Floridians on Medicaid. It was the highest of highs followed by the lowest of lows.

172. What is worse, without Medicaid, Brit cannot afford to pay for his testosterone prescription or for his surgery, which is still scheduled for December 22, 2022. Because of the Challenged Exclusion, Brit is unable to access to the medical care for his gender dysphoria that his medical providers have determined is medically necessary for his health and wellbeing.

173. Brit's family is also of very limited income, and he does not have family members who can pay for his care. Brit's dad is a single parent, who has arranged his entire life around being the sole-caretaker for Brit's twin sister, who lives with cerebral palsy and other disabilities. Brit's dad needs to have the same schedule as his sister because she requires around the clock care and attention. As such, Brit's has worked as a teachers' assistant for students with special education needs in the Broward County School District, a job which pays approximately $21,000 per year. Brit's dad is thus barely able to make ends meet and cannot afford to financially help Brit access the medical care he needs.

174. Brit has spent a long time fighting to become the man that he knows himself to be. He has overcome obstacles and worked hard to get an education and have access to the medical care his providers have deemed medically necessary to treat his gender dysphoria, yet Defendants have created an unnecessary additional barrier blocking Brit from the medical care that he needs, and which would allow him to feel like his body is in alignment with who he truly is.

175. Even though Brit is legally male in the eyes of the state and federal government, has testosterone circulating through his body, and has grown facial hair, Brit still lives in fear every day that he will be misperceived as female or perceived as transgender due to his chest.

176. In high school, Brit recognized how fortunate he was to have a supportive parent who loved him for who he is. Not everyone has that. There were multiple students at Brit's high school who attempted or died by suicide, so Brit decided that he needed to advocate for those who did not have the support that he had from his dad. As a result, Brit was invited to join the Broward County Superintendent's LGBTQ+ Advisory Council, and Brit was the President of his school's Gay/Straight Alliance (GSA) Club. Brit supported his fellow transgender classmates the best that he could, because Brit believes that everyone deserves to feel accepted for who they are.

177. For Brit, the State's decision to deny transgender people, like himself, of access to medically necessary health care and being treated differently than others solely for being transgender is unthinkable and wrong.

Plaintiff Susan Doe

178. Susan Doe is the daughter of Jane and John Doe.

179. Jane Doe is a full-time mom and homemaker. John Doe works for the federal government. He has worked there for 19 years.

180. Along with their two children, Jane and John live in Brevard County, Florida.

181. Jane and John adopted Susan, their 12-year-old daughter, out of medical foster care in Florida when she was 2 years old.

182. Susan is transgender.

183. When Jane and John adopted Susan out of foster care, Susan had several medical issues. She was originally placed in regular foster care and was then moved into the medical foster care program after an incident where she stopped breathing as an infant. At the time she came into the Does' care, she had severe acid reflux that needed treatment and was barely meeting developmental milestones.

184. Because Jane and John adopted Susan out of foster care, she is eligible for Medicaid coverage until she turns 18. Susan has thus been eligible for and enrolled in Florida's Medicaid program since she entered Florida's foster care system as an infant. Jane and John have kept Susan on Medicaid in order to ensure continuity of care with her existing providers and to ensure that her medical needs are properly met.

185. Although Susan was assigned male at birth, she has known that she is a girl from a very young age. When she was 3 years old, Susan first told her parents that she was a girl. Jane and John allowed Susan to explore her gender expression in deliberate and gradual steps. For example, Susan liked to wear ribbons in her hair

and pink bracelets to school, even when she still wore typical boy clothes and had not yet grown out her hair. Jane and John kept princess dresses for Susan at home, and she would often change into a dress as soon as she came home from school.

186. When Susan was in first grade, she became extremely unhappy with her assigned gender. Before that time, she had mostly been a very happy-go-lucky child, but starting in first grade she began getting angry and frustrated easily, and then would become incredibly sad, often crying for 20 minutes or more.

187. Jane and John consulted resources online and researched gender dysphoria in children, and as Susan's parents, had to acknowledge that the discrepancy between Susan's sex assigned at birth and how she felt inside was causing her to suffer.

188. The Does looked for a therapist for Susan. Ultimately, Susan and Jane were able to go to one session with a therapist when Susan was 6, and the therapist advised Jane on how to best support Susan. The therapist told Jane to keep listening to Susan and to allow her to express herself, as Jane and John had been doing. The therapist also suggested buying clothes from the girls' department that were gender neutral so Susan could wear them to school without attracting attention about her gender presentation.

189. Susan had her last short haircut when she was 6 years old, and when she saw how it looked, she started crying because she felt like the short haircut did not reflect her identity. After that, she started growing out her hair.

190. Around the same time, Jane found out that Susan had started to introduce herself to people with her chosen name, which has since become her legal name, and is more typically feminine.

191. During the summer of 2017, which was the summer before Susan started second grade, Susan told Jane and John unequivocally: "I need to be a girl." To ensure that they were properly supporting Susan, Jane and John took Susan to see a therapist as a family. The therapist diagnosed Susan with gender dysphoria. The therapist also made clear to the Does that Susan knows exactly who she is and that any problems stemmed from when people question Susan's identity. The therapist thus recommended Jane and John continue to support Susan in her social transition.

192. Following the therapist's advice, Jane and John followed Susan's lead and bought her more traditionally feminine clothes, including dresses and skirts to wear to school. Jane and John also worked with the principal and teachers at Susan's school to try to make sure that they used the appropriate name and pronouns for Susan. In addition, the therapist shared with Jane and John, and the Does in turn

shared with Susan's school, the latest research on helping children with gender dysphoria adjust well at school, in addition to in the home.

193. After Susan was able to socially transition and live in accordance with her firmly asserted female gender identity, Jane and John observed Susan feeling a sense of joy. Susan was happy and comfortable in her own skin.

194. In addition, the therapist further recommended that Susan see a pediatric endocrinologist, who could monitor her hormone levels for the onset of puberty and assist with any future medical needs.

195. Jane and John looked for a pediatric endocrinologist that was close to them, but ultimately began working with a pediatric endocrinologist at Joe DiMaggio Children's Hospital in south Florida. Susan has been seeing her pediatric endocrinologist since 2019. The Does drive three hours there and three hours back for every appointment. Initially, the pediatric endocrinologist closely monitored Susan's hormone levels to determine the onset of puberty. Susan had visits approximately every three months.

196. Jane and John have been very deliberate in their approach to supporting Susan. Their goal has always been to support their daughter while following the advice and recommendations of medical and health professionals experienced in dealing with gender identity and gender dysphoria.

197. In July 2020, after Susan began the onset of puberty, the pediatric endocrinologist started Susan on a puberty delaying medication called Lupron as medically necessary treatment for Susan's gender dysphoria. The medication, which Medicaid has been covering, prevents Susan from developing secondary sex characteristics consistent with male puberty. According to the pediatric endocrinologist, it is medically necessary for Susan to receive a Lupron injection every three months in order for her to live authentically in a manner consistent with her gender identity and to treat her gender dysphoria. By preventing the physical manifestations that accompany male puberty, Susan is also able to avoid negative social and emotional consequences associated with her being forced to develop the characteristics aligned with a gender with which she does not identify.

198. When Susan learned that the puberty delaying medication was necessary to suppress male puberty, she was happy at the prospect. There is nothing worse in Susan's mind than male puberty; she describes it as a "nightmare."

199. Susan's pediatric endocrinologist is currently monitoring Susan to determine when it would be medically appropriate for her to begin hormone therapy. Susan is very eager to go through female puberty. At this point, the pediatric endocrinologist thinks that Susan could be ready to start hormone therapy in a year or two.

200. In August 2021, the Does' therapist retired from her practice. In November 2021, Susan began seeing another therapist, who is a Licensed Clinical Social Worker. Like the first therapist, the second therapist diagnosed Susan with gender dysphoria. The second therapist has further supported Susan in managing the symptoms of her dysphoria.

201. In light of Defendants' adoption of the Challenged Exclusion, the Does understand that Florida's Medicaid program will no longer cover Lupron for Susan as treatment for her gender dysphoria. The Challenged Exclusion will also prohibit Medicaid from covering hormone therapy as treatment for Susan's gender dysphoria when Susan is ready to begin the treatment, per the medical guidance of her pediatric endocrinologist.

202. Susan is due to have her next Lupron injection on October 3, 2022. Due to the Challenged Exclusion, Medicaid will refuse to pay for the medically necessary Lupron injection when it is needed.

203. Jane and John worry about the potential physical and mental health consequences of depriving Susan of the medically necessary treatment recommended by her doctors. Not providing such treatment is not an option for them. For Jane and John, providing Susan with the medical treatment for gender dysphoria that she requires is necessary to ensure her health and well-being.

204. If Susan had to stop taking Lupron and go through male puberty as a result of the Challenged Exclusion, she would be devastated. Susan has been living as a girl in every aspect of her life since 2017. Her legal name was changed to her current affirmed name in 2018, and in 2020, her birth certificate was amended to reflect that she is female.

205. If Susan were no longer able to access the medical care that she needs to align her body with her gender identity, Susan's mental health would suffer tremendously. Susan would not want to leave the house, and Jane and John fear that she might engage in self-harm. Going through male puberty would be torture for Susan. It would also be agony for Jane and John to watch Susan suffer needlessly when this could be easily eliminated with what they understand to be effective medical care for treating their daughter's gender dysphoria.

206. Through their experience with Susan's medical treatment and extensive conversations with her medical providers over the past five years, Jane and John understand that gender-affirming treatment is medically necessary, safe, and effective treatment for Susan's gender dysphoria.

207. Unlike Susan, Jane and John receive their health coverage through John's employer-provided health plan.

208. While the Does can add Susan to John's health plan, they cannot do so until the open enrollment period near the end of the year, and Susan's coverage

would not start before January 1, 2023. Thus, given her need for her next Lupron shot in early October 2022, this is not a feasible solution.

209. In any event, as a child adopted out of foster care, Susan is entitled to have her medical needs covered by Medicaid and Jane and John should not have to move Susan to John's employer-provided health plan in order for her to continue receiving medically necessary care.

210. With Medicaid no longer covering Susan's Lupron treatment, Jane and John will have no choice but to try to pay for her upcoming three-month Lupron injection out of pocket. Based on their research, the retail price for a single Lupron shot is roughly $11,000. As the parents of two children with only one income, Jane and John do not have sufficient resources to provide this care without sacrifice. Jane and John would have to take on debt to pay for Susan's puberty delaying medication and it would be a hardship for them.

211. Even if the Does are able to add Susan to John's health plan, Susan's health care would be more expensive for them, as they would have a $300 annual deductible for Susan and higher cost-sharing for Susan's gender-affirming care. These are costs they did not have prior to the Challenged Exclusion due to Medicaid's coverage of the medical treatment for Susan's gender dysphoria.

212. Jane and John not only worry about the multitude of harms that would be imposed on their family by the Challenged Exclusion, but also about the effect that Defendants' actions will have on other transgender people and their families.

213. The Does have begun considering moving out of state in order to protect their daughter from state-sponsored discrimination. Jane and John do not wish to move if it can be avoided, as, among other things, it could mean John having to switch jobs and separating Susan and their son from their long-term health care providers, friends, and family. That said, the health and wellbeing of their adolescent children are paramount to them.

214. The Does consider Defendants' decision to stop covering medically necessary gender-affirming medical care through Medicaid to be tragic and dehumanizing. They are concerned about the message the State of Florida is sending by excluding transgender people from Medicaid coverage to which they otherwise would be entitled simply because they are transgender.

215. Jane and John keep in touch with other families in the LGBTQ+ affirming foster care community and are concerned for the ability of some children to find foster and adoptive families because of the state's hostility toward LGBTQ+ people and concerns about being able to meet the health care needs of those children through Medicaid.

Plaintiff K.F.

216. K.F. is the 12-year-old son of Jade Ladue and stepson of Joshua Ladue.

217. Joshua has raised K.F. since he was three years old and K.F. considers and calls Joshua "dad."

218. Jade is a patient coordinator at a dental office, while Joshua receives Social Security Disability Insurance because he is diagnosed with venous malformation, a type of vascular condition that results from the veins in his leg having developed abnormally.

219. K.F., Jade, and Joshua all live in Sarasota County along with K.F.'s four siblings, ranging in age from five to sixteen years old. They moved to Florida from Massachusetts as a family in August 2020.

220. K.F. is transgender.

221. Because of K.F.'s age and the Ladue family's income, he is eligible for Medicaid. He has been eligible for and enrolled in the program since he and his family moved to Florida. Prior to the Ladue family's move, K.F. was enrolled in Massachusetts's Medicaid program.

222. Although K.F. was assigned female at birth, he has known he was a boy from a very young age. When he was 7 years old, he came out to his grandparents during a camping trip, telling them that he has known since he was four years old that he is a boy and was born in the wrong body. In looking back on K.F.'s

childhood, both Jade and Joshua see that K.F. was showing them that he was a boy well before that conversation K.F. had with his grandparents. K.F. always wanted to wear traditional boy clothes (no dresses or skirts), insisted on his hair being kept short, and loved to play shirtless with other boys in their neighborhood.

223. K.F. has never wavered about his gender identity.

224. As with all of their children before their pre-teen years, Joshua and Jade established strict limitations on K.F.'s consumption of television, movies, videos, and video games. At the age of seven, when K.F. came out as transgender, he had never heard of the concept of gender dysphoria, or transgender people, beyond his own experience, which he described first to his grandparents, and then to Jade and Joshua, as simply "being a boy."

225. After K.F. confided in his parents, Jade decided the next best step would be to locate a therapist who specializes in gender dysphoria. Soon after, K.F. had his first appointment with a Licensed Mental Health Counselor. After thorough evaluation, the therapist was the first to diagnose K.F. with gender dysphoria and made sure that Jade and Joshua understood K.F.'s diagnosis and walked them carefully through what they should expect as K.F. got older.

226. After K.F. began therapy, Jade joined a local PFLAG group, an organization which is dedicated to supporting, educating, and advocating for

LGBTQ+ people and their families. She joined the group because it was important to her and Joshua that they demonstrate to K.F. their commitment to supporting him.

227. K.F. was living fully in accordance with his male gender identity in every aspect of his home life and he wanted to be treated accordingly at school. Thus, when K.F. entered the second grade, K.F.'s therapist helped facilitate a meeting between Jade and his school administrators and teachers to talk about K.F.'s gender identity and what actions the school should take to ensure he was fully affirmed and supported as a boy with his classmates in the school environment.

228. Once K.F.'s licensed mental health provider gave her professional recommendation that it was appropriate for K.F. to begin seeing a pediatric endocrinologist, she referred K.F. to the Gender Multispecialty Service (GeMS) Program at Boston Children's Hospital, the first pediatric and adolescent transgender health program in the United States. K.F. had his first appointment with the GeMS Program on September 13, 2015. That first appointment was incredibly thorough, lasting over two hours, and was overall a very happy occasion. It was clear to Jade that K.F. would be receiving the best possible care and the team of providers confirmed everything that K.F.'s therapist had told them: that K.F. is a transgender boy and that his parents and extended family supporting him in his affirmation of his male gender identity was the best decision for his health and well-being.

229. GeMS continued K.F.'s therapy and started him with pediatric nurse practitioner. The nurse practitioner's role was to monitor K.F.'s hormone levels for the onset of puberty and assist with any future gender-affirming health care needs. K.F.'s care with GeMS continued until the family moved to Florida in August 2020.

230. Before the Ladue family moved, in the summer of 2020, K.F.'s medical providers determined that based on the onset of K.F.'s puberty, it was medically necessary for K.F. to receive his first puberty delaying medication. At the recommendation of K.F.'s medical providers, K.F. received a Supprelin implant, a form of puberty delaying medication which would prevent the onset of secondary sex characteristics typical of girls and women. K.F. received the implant on August 8, 2020, and it was fully covered by Massachusetts' Medicaid program.

231. According to K.F.'s former and current medical providers, it is medically necessary for K.F. to receive puberty delaying medication so that K.F. can live authentically in a manner consistent with his gender identity and to treat his gender dysphoria. By preventing the physical manifestations that would accompany the puberty of his sex assigned at birth, K.F. is also able to avoid negative social and emotional consequences associated with his being forced to develop secondary sex characteristics that do not align with his male gender identity.

232. As his parent, it is also important to Jade and Joshua that K.F. be able to choose with whom to disclose this deeply personal, private information about

himself. Because of the puberty delaying medication, K.F. has that option, and the inherent protection and privacy that it provides.

233. When Jade and Joshua decided to move their family to Florida, Jade researched programs in the state that offered the same or similar level of care afforded by GeMS. Finding a program that offers high quality gender-affirming care and that accepts Medicaid can be challenging. Fortunately, through that research, Jade found the Emerge Gender & Sexuality Clinic for Children, Adolescents and Young Adults based at Johns Hopkins All Children's Hospital (Johns Hopkins Gender Clinic) located in St. Petersburg, Florida.

234. Once they moved, K.F. initiated care with a doctoral-level pediatric nurse practitioner specializing in endocrinology at the Johns Hopkins Gender Clinic. In April 2022, K.F. received his second Supprelin implant which was fully covered by his Florida Medicaid plan.

235. K.F. typically visits the Johns Hopkins Gender Clinic every six months. Recently, however, K.F. has had more frequent visits because his medical provider is monitoring whether K.F.'s second implant is adequately suppressing puberty and there is a possibility that K.F. may need a different type of puberty delaying medication to suppress puberty and successfully continue his medical transition. K.F. has another appointment scheduled at the end of October 2022 to check in with K.F.'s medical provider.

236. K.F. is adamant that he does not want breasts and would eventually like to have facial hair and muscles. The idea of developing typically female secondary sex characteristics makes K.F. extremely anxious; he prays every night that his puberty delaying medication will be successful. Since K.F. came to understand and express the dysphoria he experienced resulting from his sex assigned at birth at an early age, Jade and Joshua were able to get him the mental health and medical treatment that was necessary, and as a result K.F. is perceived as and accepted by other people as male and very few people know he is transgender. Developing secondary sex characteristics typically associated with girls and women, instead of those aligned with his male gender identity, would be tremendously emotionally and physically painful for K.F.

237. In the event K.F.'s current implant is not effective, and because Florida Medicaid now excludes coverage of puberty delaying medication when used to treat gender dysphoria, the Ladues would have to pay out of pocket for Lupron Depot shots, the treatment K.F.'s medical provider has indicated would be the next step for K.F. Those monthly shots would cost between $1,000 to $2,000 per shot out of pocket. The Ladue family has limited income, and they are very worried because they would not be able to afford these treatments without Medicaid coverage.

238. K.F.'s medical providers have also told the Ladues that likely within the next year, when K.F. is fourteen years old, that it will be medically indicated for

him to begin hormone therapy (testosterone) at a dose appropriate to his age and body composition. K.F. is very excited about starting testosterone therapy. K.F. usually hates receiving shots but he told Jade he would be happy to take a monthly shot if it meant that he would experience the male puberty that is aligned with his gender identity, such as his voice deepening and growing facial hair.

239. Jade and Joshua are so grateful that K.F. was confident enough and felt safe to come out to them at such a young age. His identifying his gender dysphoria at a young age combined with a loving and supportive immediate and extended family means that they were able to ensure that K.F. received the health care appropriate for him as soon as possible. As a result, his gender dysphoria has been well managed.

240. While K.F. has always dealt with anxiety, before he came out, it was much worse. He experienced what Jade would describe as "night terrors" and had a persistent stomachache. The Ladues would get calls from K.F.'s school that he was not doing well and was often in the nurse's office. The Ladues went to doctors to determine the source of K.F.'s distress, but no one could identify what was causing the problem. After he had firmly established gender-affirming care with GeMS, K.F. became a completely different child; it was like night and day. He had a smile on his face, a light in his eye, and even a glow about him. His performance and

attendance in school improved, as did his peer relationships. Like any parent, Jade and Joshua were relieved to see their child happy and thriving.

241. K.F. has also begun the process of legal transition. He has legally changed his name and the family is currently in the process of having his gender marker changed on his birth certificate and records with the Social Security Administration.

242. Under the Challenged Exclusion, Medicaid will no longer cover puberty delaying medications for K.F. as treatment for his gender dysphoria. The Challenged Exclusion will also prohibit Medicaid from covering hormone therapy as a medically necessary treatment for K.F.'s gender dysphoria when K.F., pursuant to the medical expertise and recommendations of his physicians, is ready to begin that treatment.

243. Jade and Joshua are incredibly worried about the potential physical and mental health consequences of depriving K.F. the medically necessary treatment recommended by his health care providers. K.F. has been living as a boy in every aspect of his life--medically, legally, and socially--since 2016.

244. If he were no longer able to access the medication that aligns his body with his gender identity, K.F.'s mental health would suffer tremendously, and he would be devastated. Jade and Joshua fear that K.F., and the whole family with him, would go down a dark and scary road fast. For example, they fear that K.F. would

not leave his bedroom and he would refuse to go to school, or that he would cut off his communications with his friends, teammates, and teachers. Given how much his gender-affirming care has improved his life and mental health, Jade and Joshua can only assume that reversing that course of treatment would result in the unthinkable happening.

245. Because of these concerns, K.F. going without treatment is simply not an option for the Ladue family. They believe providing K.F. with the medical treatment for gender dysphoria that he requires is necessary to ensure his health and well-being.

246. The Ladue family is under 138% of the federal poverty limit; that is why their children, including K.F., qualify for Florida's Medicaid program. Whether it be paying for a different puberty delaying medication if K.F.'s provider determines the current implant is not working or beginning K.F.'s course of hormone therapy in the next year, the Ladue family simply does not have sufficient resources to provide K.F. the gender-affirming care he requires. They simply could not pay out of pocket for the cost of K.F.'s care.

247. Joshua receives his health insurance through Medicare. He cannot add K.F. to his health insurance. Jade has access to health care coverage for family members because of her job, but the cost of adding K.F. is unaffordable for their family.

248. While Florida is their home, ultimately, the Ladue family will be forced to move if necessary to protect their son's access to medication that is necessary for his health and well-being. Doing so would mean Jade would have to find a new job, Joshua would have to establish his Social Security payment through a new field office, and the kids would be uprooted and forced to start at new schools and make new friends.

249. In addition, the Ladues are Christian and just joined a church that they attend every Sunday. So far, they have felt very welcome and would be sad to break a tie with this faith community and the other communities and relationships they have established in South Florida.

250. For K.F., this would be a particularly difficult and painful transition. K.F. is doing well academically, socially, and athletically. He is on the golf team at his school and he is looking forward to upcoming tryouts out for the basketball team in their town. It is awful for Jade and Joshua to even think that K.F. would have to end this participation and leave his teammates because Florida refuses to provide him with coverage for the medical treatment that he needs to live and thrive, medical treatment that is available to many other cisgender young people, simply because K.F. is transgender.

CLAIMS FOR RELIEF

COUNT I
Deprivation of Equal Protection in Violation of the Fourteenth Amendment of the U.S. Constitution

(All Plaintiffs Against Defendant Simone Marstiller)

251. Plaintiffs reallege and incorporate by reference paragraphs 1 to 250 of this Complaint as though fully set forth herein.

252. The Fourteenth Amendment to the United States Constitution, enforceable pursuant to 42 U.S.C. § 1983, provides that no state shall "deny to any person within its jurisdiction the equal protection of the laws." U.S. Const. Amend. XIV, § 1.

253. Plaintiffs state this cause of action against Defendant Marstiller, in her official capacity, for purposes of seeking declaratory and injunctive relief, and to challenge her adoption and enforcement of the discriminatory Exclusion both facially and as applied to Plaintiffs.

254. Defendant Marstiller is a person acting under color of state law for purposes of 42 U.S.C. § 1983 and has acted intentionally in denying Plaintiffs equal protection of the law.

255. Under the Equal Protection Clause of the Fourteenth Amendment to the United States Constitution, discrimination based on sex is presumptively unconstitutional and subject to heightened scrutiny.

256. Discrimination on the basis of nonconformity with sex stereotypes, transgender status, gender, gender identity, gender transition, and sex characteristics are all forms of discrimination on the basis of sex.

257. A person is defined as transgender precisely because of the perception that they contradict gender stereotypes associated with the sex they were assigned at birth. When a transgender person affirms their authentic gender, it inherently contradicts standard gender stereotypes expected of the individual based on their sex assigned at birth.

258. In addition, under the Equal Protection Clause of the Fourteenth Amendment, discrimination based on transgender status is presumptively unconstitutional and subject to strict, or at least heightened, scrutiny. Indeed, transgender people have suffered a long history of discrimination in Florida and across the country and continue to suffer such discrimination to this day; they are a discrete and insular group and lack the political power to protect their rights through the legislative process; they have largely been unable to secure explicit state and federal protections to protect them against discrimination; their transgender status bears no relation to their ability to contribute to society; and gender identity is a core, defining trait so fundamental to one's identity and conscience that a person cannot be required to abandon it as a condition of equal treatment.

259. By adopting and enforcing the Challenged Exclusion categorically excluding "services for the treatment of *gender* dysphoria," including "*[s]ex* reassignment surgeries" and any "procedures that alter primary or secondary *sexual* characteristics," Defendant Marstiller is engaging in constitutionally impermissible discrimination based on sex, including, *inter alia*, discrimination based on nonconformity with sex stereotypes and transgender status.

260. Through her duties and actions to design, administer, and implement the Challenged Exclusion, Defendant Marstiller has unlawfully discriminated—and continues to unlawfully discriminate—against Plaintiffs based on sex-related considerations.

261. The Challenged Exclusion treats Plaintiffs differently from other persons who are similarly situated.

262. Under the Challenged Exclusion, transgender Medicaid beneficiaries who require gender-affirming care are denied coverage for that medically necessary care, while other Medicaid participants can access the same care as long as it is not required for the treatment of gender dysphoria, i.e., gender transition.

263. The Challenged Exclusion on its face and as applied to Plaintiffs deprives transgender Medicaid beneficiaries of their right to equal protection of the laws and stigmatizes them as second-class citizens, in violation of the Equal Protection Clause of the Fourteenth Amendment.

264. Defendants' promulgation and continued enforcement of the Challenged Exclusion did not, and does not, serve any rational, legitimate, important, or compelling state interest. Rather, the Challenged Exclusion serves only to prevent Plaintiffs and other transgender Medicaid beneficiaries from obtaining medically necessary medical care and services to treat their gender dysphoria, complete their gender transition, and live as their authentic selves.

265. As a direct and proximate result of the discrimination described above, Plaintiffs have suffered injury and damages, including mental pain and suffering and emotional distress. Without injunctive relief from Defendants' discriminatory Challenged Exclusion of coverage for gender-affirming care, Plaintiffs will continue to suffer irreparable harm in the future.

COUNT II
Discrimination on the Basis of Sex in Violation of Section 1557 of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18116
(All Plaintiffs Against AHCA)

266. Plaintiffs reallege and incorporate by reference paragraphs 1 to 250 of this Complaint as though fully set forth herein.

267. Section 1557 of the ACA, 42 U.S.C. § 18116, provides, in relevant part that, "an individual shall not, on the ground prohibited under … title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681, et seq.)"—which prohibits discrimination "on the basis of sex"—"be excluded from participation in, be denied

the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance."

268. Discrimination on the basis of nonconformity with sex stereotypes, transgender status, gender, gender identity, gender transition, and sex characteristics are all forms of discrimination encompassed by the prohibition of discrimination on the basis of sex under Section 1557.

269. Defendant AHCA receives federal financial assistance such that it is a "covered entity" for purposes of Section 1557 of the ACA. The Centers for Medicare & Medicaid Services ("CMS"), operating within HHS, provide federal financial assistance to AHCA for the state's participation in the Medicaid program. Indeed, Defendant AHCA has a published Notice of Nondiscrimination Policy on its website, stating that the "This Notice is provided as required by … Section 1557 of the Affordable Care Act and implementing regulations."

270. A covered entity, such as Defendant AHCA, cannot provide or administer health care coverage which contains a categorical exclusion of coverage for gender-affirming health care, or otherwise impose limitations or restrictions on coverage for specific health services related to gender transition if such limitation or restriction results in discrimination on the basis of sex.

271. Plaintiffs have a right under Section 1557 to receive Medicaid coverage through AHCA free from discrimination on the basis of sex, sex characteristics, gender, nonconformity with sex stereotypes, transgender status, or gender transition.

272. By categorically excluding "services for the treatment of *gender* dysphoria," including "*[s]ex* reassignment surgeries" and any "procedures that alter primary or secondary *sexual* characteristics," Defendant AHCA has discriminated against Plaintiffs on the basis of sex in violation of Section 1557 and has thereby denied Plaintiffs the full and equal participation in, benefits of, and right to be free from discrimination in a health program or activity.

273. As a result of the Challenged Exclusion, Plaintiffs have and will continue to suffer harm. By knowingly and intentionally offering coverage to Plaintiffs that discriminates on the basis of sex, Defendant AHCA has intentionally violated the ACA, for which Plaintiffs are entitled to injunctive relief, compensatory and consequential damages, and other relief.

274. Without injunctive relief from Defendants' discriminatory Challenged Exclusion of coverage for gender-affirming care, Plaintiffs will continue to suffer irreparable harm in the future.

COUNT III
Violation of the Medicaid Act's EPSDT Requirements,
42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43)(C), 1396d(a)(4)(B), and 1396d(r)(5)
(Plaintiffs Brit Rothstein, Susan Doe, and K.F. Against Defendant Marstiller)

275. Plaintiffs reallege and incorporate by reference paragraphs 1 to 250 of this Complaint as though fully set forth herein.

276. The Medicaid Act mandates that states provide Early and Periodic Screening, Diagnostic and Treatment ("EPSDT") services, which include all services necessary to "correct or ameliorate" a physical or mental health condition, to Medicaid beneficiaries under age 21. 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43)(C), 1396d(a)(4)(B), 1396d(r)(5).

277. The Challenged Exclusion, and Defendants' refusal, based on the Challenged Exclusion, to provide coverage for services for the treatment of gender dysphoria to Plaintiffs Brit Rothstein, Susan Doe, and K.F., and transgender Medicaid beneficiaries under age 21, violates the Medicaid Act's EPSDT requirements, 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43)(C), 1396d(a)(4)(B), and 1396d(r)(5), which are enforceable by Plaintiffs under 42 U.S.C. § 1983.

COUNT IV
Violation of the Medicaid Act's Comparability Requirements,
42 U.S.C. § 1396a(a)(10)(B)(i)

(All Plaintiffs Against Defendant Marstiller)

278. Plaintiffs reallege and incorporate by reference paragraphs 1 to 250 of this Complaint as though fully set forth herein.

279. The Medicaid Act's Comparability Requirements, 42 U.S.C. § 1396a(a)(10)(B)(i), require that the "medical assistance made available to [eligible individuals] shall not be less in amount, duration, or scope than the medical assistance made available to" other eligible individuals.

280. The Challenged Exclusion, and Defendants' refusal, based on the Challenged Exclusion, to provide coverage for services for the treatment of gender dysphoria to Plaintiffs and other transgender Medicaid beneficiaries, while covering the same services for other Florida Medicaid beneficiaries with different diagnoses, violate the Medicaid Act's Comparability Requirements, 42 U.S.C. § 1396a(a)(10)(B)(i), which is enforceable by Plaintiffs under 42 U.S.C. § 1983.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs respectfully request that this Court enter judgment in their favor and against Defendants on all claims, as follows:

A. Issue preliminary and permanent injunctions prohibiting Defendants from any further enforcement or application of the Challenged Exclusion and directing Defendants and their agents to provide Medicaid coverage for the medically necessary care for the treatment of gender dysphoria without regard to the Challenged Exclusion;

B. Enter a declaratory judgment that the Challenged Exclusion, which categorically excludes coverage for medically necessary care for the treatment of gender dysphoria, both on its face and as applied to Plaintiffs:

i. Violates the Equal Protection Clause of the Fourteenth Amendment to the U.S. Constitution by discriminating against Plaintiffs and all similarly situated individuals on the basis of sex, including transgender status, nonconformity with sex stereotypes, sex characteristics, gender, gender identity, sex assigned at birth, and gender transition;

ii. Violates Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116, by discriminating against Plaintiffs and all similarly situated individuals on the basis of sex (including transgender status, nonconformity with sex stereotypes, sex characteristics, gender, gender identity, sex assigned at birth, and gender transition);

iii. Violates the Medicaid Act's EPSDT Requirements, 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43)(C), 1396d(a)(4)(B), and 1396d(r)(5); and

iv. Violates the Medicaid Act's Comparability Requirements, 42 U.S.C. § 1396a(a)(10)(B)(i);

C. Waive the requirement for the posting of a bond of security for the entry of temporary and preliminary relief;

D. Award the declaratory and injunctive relief requested in this action against Defendants' officers, agents, servants, employees, and attorneys, as well as any other persons who are in active concert or participation with them;

E. Award compensatory and consequential damages to Plaintiffs in an amount that would fully compensate each of them for: (1) the harms to their short- and long-term health and well-being from being denied access to medically necessary health care as a result of the Challenged Exclusion and its application to them; (2) their economic losses; and (3) all other injuries that have been caused by Defendants' acts and omissions alleged in this Complaint;

F. Award Plaintiffs their reasonable attorneys' fees, costs, and expenses under 42 U.S.C. § 1988 or other applicable statutes; and

G. Award such other and further relief as the Court may deem just and proper.

* * * * *

Respectfully submitted this 7th day of September 2022.

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* *Application for admission pro hac vice forthcoming.*
** *Application for admission to the Northern District Court forthcoming.*

JS 44 (Rev. 04/21)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

August Dekker, legally known as Kori Dekker; Brit Rothstein; Susan Doe, a minor by and through her parents and next friends, Jane Doe and John Doe; and K.F., a minor, by and through his parent and next friend, Jade Ladue

(b) County of Residence of First Listed Plaintiff Hernando County
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*

Simone Chriss and Chelsea Dunn, Southern Legal Counsel, 1229 NW 12th Ave. Gainesville, FL 32601, (325) 271-8890; Katy DeBriere, Florida Health Justice Project, 3900 Richmond St., Jacksonville, FL 32205, (352) 278-6059; Jennifer Altman, Shani Rivaux, Pillsbury Winthrop Shaw Pittman, LLP ("Pillsbury"), 600 Brickell Ave., Ste. 3100, Miami, FL 33131, (786) 913-4900; William C. Miller, Gary J. Shaw, Pillsbury, 1200 17th St. N.W., Washington, D.C., 20036, (202) 664-8000; Joe Little, Pillsbury, 500 Capitol Mall, Ste. 1800, (916) 329-4700; Abigail Coursolle, National Health Law Program ("NHeLP"), 3701 Wilshire Blvd., Ste. 315, Los Angeles, CA, 90010, (310) 736-1652; Catherine McKee (NHeLP), 1512 E. Franklin St., Chapel Hill, N.C., (919) 968-6308; Omar Gonzalez-Pagan, Lambda Legal Defense and Education Fund, Inc. ("Lambda Legal"), 120 Wall St., 19th Floor, New York, NY 10005, (212) 809-8585, Carl S. Charles, Lambda Legal, West Court Square, Ste. 105, Decatur, GA 30030, (404) 897-1880

DEFENDANTS

Simone Marstiller, in her official capacity as Secretary of the Florida Agency for Health Care Administration; and Florida Agency for Health Care Administrration

County of Residence of First Listed Defendant Leon County
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys *(If Known)*

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☑ 3 Federal Question *(U.S. Government Not a Party)*
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*

(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
☐ 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	☐ 625 Drug Related Seizure of Property 21 USC 881	☐ 422 Appeal 28 USC 158	☐ 375 False Claims Act
☐ 120 Marine	☐ 310 Airplane	☐ 365 Personal Injury - Product Liability	☐ 690 Other	☐ 423 Withdrawal 28 USC 157	☐ 376 Qui Tam (31 USC 3729(a))
☐ 130 Miller Act	☐ 315 Airplane Product Liability	☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability		INTELLECTUAL PROPERTY RIGHTS	☐ 400 State Reapportionment
☐ 140 Negotiable Instrument	☐ 320 Assault, Libel & Slander	☐ 368 Asbestos Personal Injury Product Liability		☐ 820 Copyrights	☐ 410 Antitrust
☐ 150 Recovery of Overpayment & Enforcement of Judgment	☐ 330 Federal Employers' Liability	PERSONAL PROPERTY	LABOR	☐ 830 Patent	☐ 430 Banks and Banking
☐ 151 Medicare Act	☐ 340 Marine	☐ 370 Other Fraud	☐ 710 Fair Labor Standards Act	☐ 835 Patent - Abbreviated New Drug Application	☐ 450 Commerce
☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)	☐ 345 Marine Product Liability	☐ 371 Truth in Lending	☐ 720 Labor/Management Relations	☐ 840 Trademark	☐ 460 Deportation
☐ 153 Recovery of Overpayment of Veteran's Benefits	☐ 350 Motor Vehicle	☐ 380 Other Personal Property Damage	☐ 740 Railway Labor Act	☐ 880 Defend Trade Secrets Act of 2016	☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 160 Stockholders' Suits	☐ 355 Motor Vehicle Product Liability	☐ 385 Property Damage Product Liability	☐ 751 Family and Medical Leave Act	SOCIAL SECURITY	☐ 480 Consumer Credit (15 USC 1681 or 1692)
☐ 190 Other Contract	☐ 360 Other Personal Injury		☐ 790 Other Labor Litigation	☐ 861 HIA (1395ff)	☐ 485 Telephone Consumer Protection Act
☐ 195 Contract Product Liability	☐ 362 Personal Injury - Medical Malpractice		☐ 791 Employee Retirement Income Security Act	☐ 862 Black Lung (923)	☐ 490 Cable/Sat TV
☐ 196 Franchise				☐ 863 DIWC/DIWW (405(g))	☐ 850 Securities/Commodities/ Exchange
				☐ 864 SSID Title XVI	☐ 890 Other Statutory Actions
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	IMMIGRATION	☐ 865 RSI (405(g))	☐ 891 Agricultural Acts
☐ 210 Land Condemnation	☑ 440 Other Civil Rights	Habeas Corpus:	☐ 462 Naturalization Application	FEDERAL TAX SUITS	☐ 893 Environmental Matters
☐ 220 Foreclosure	☐ 441 Voting	☐ 463 Alien Detainee	☐ 465 Other Immigration Actions	☐ 870 Taxes (U.S. Plaintiff or Defendant)	☐ 895 Freedom of Information Act
☐ 230 Rent Lease & Ejectment	☐ 442 Employment	☐ 510 Motions to Vacate Sentence		☐ 871 IRS—Third Party 26 USC 7609	☐ 896 Arbitration
☐ 240 Torts to Land	☐ 443 Housing/ Accommodations	☐ 530 General			☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
☐ 245 Tort Product Liability	☐ 445 Amer. w/Disabilities - Employment	☐ 535 Death Penalty			☐ 950 Constitutionality of State Statutes
☐ 290 All Other Real Property	☐ 446 Amer. w/Disabilities - Other	Other: ☐ 540 Mandamus & Other ☐ 550 Civil Rights ☐ 555 Prison Condition ☐ 560 Civil Detainee - Conditions of Confinement			
	☐ 448 Education				

V. ORIGIN *(Place an "X" in One Box Only)*

☑ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District *(specify)* ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing ***(Do not cite jurisdictional statutes unless diversity)***:
42 U.S.C. 1983; 42 U.S.C. 18116

Brief description of cause:
Challenging Defendant's exclusion of Medicaid coverage for gender affirming care

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A **CLASS ACTION** UNDER RULE 23, F.R.Cv.P.

DEMAND $

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☑ No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE Honorable Mark E. Walker DOCKET NUMBER 4:20-cv-00020

DATE 9/7/2022

SIGNATURE OF ATTORNEY OF RECORD /s/ Jennifer Altman

FOR OFFICE USE ONLY

RECEIPT # AMOUNT APPLYING IFP JUDGE MAG. JUDGE

Doc. 11

THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division

AUGUST DEKKER, et al.,

Plaintiffs,

v.

SIMONE MARSTILLER, et al.,

Defendants.

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

PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION
AND INCORPORATED MEMORANDUM OF LAW

Pursuant to Federal Rule of Civil Procedure 65, Plaintiffs hereby move for an order preliminarily enjoining the enforcement of Fla. Admin. Code R. 59G-1.050(7), Fla. Admin. Code.

1. On August 21, 2022, Defendant Florida Agency for Healthcare Administration ("AHCA") adopted Fla. Admin. Code R. 59G-1.050(7) (the "Challenged Exclusion") prohibiting Medicaid coverage for medically necessary treatments for gender dysphoria. Defendants continue to cover those same services to treat other conditions.

2. Plaintiffs are transgender Medicaid beneficiaries diagnosed with gender dysphoria who have received medically necessary treatment for their gender dysphoria diagnoses for years, which Medicaid has covered. Because of the

Challenged Exclusion, however, Medicaid coverage for this treatment is no longer available to them, resulting in the denial of access to necessary medical care, grave threats to their health and wellbeing, and other dire consequences.

3. Plaintiffs are likely to succeed on the merits. The Challenged Exclusion targets only transgender persons and violates the Equal Protection Clause (ECF 1, at 74-77) and Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116 (ECF 1, at 77-79), by discriminating against transgender Medicaid beneficiaries on the basis of sex, gender identity, nonconformity with sex stereotypes, and transgender status.[1]

4. Without the requested preliminary injunctive relief, Plaintiffs and other transgender Medicaid beneficiaries will be subjected to immediate and irreparable harms, including the further loss of access to medically necessary care.

5. Plaintiffs have already suffered and will continue to face irreparable harm, and have no adequate remedy at law.

6. The balance of equities and the public interest favor Plaintiffs because Plaintiffs' irreparable injuries far outweigh any burden on Defendants that might result from non-enforcement of the Challenged Exclusion during the pendency of this case. Governmental entities have no legitimate interest in enforcing unconstitutional policies.

[1] Although Plaintiffs' Complaint includes claims under the federal Medicaid Act, Plaintiffs do not seek preliminary injunctive relief under those claims.

7. A preliminary injunction will maintain the status quo and preserve transgender beneficiaries' longstanding access to Medicaid coverage for the treatment of their gender dysphoria, including Plaintiffs, until a decision on the merits is rendered.

8. Plaintiffs request that the Court waive the requirement of bond in Fed. R. Civ. P. 65(c). *See BellSouth Tellecomm., Inc. v. MCIMetro Access Transmission Srvcs., LLC,* 425 F.3d 964, 971 (11th Cir. 2005). Public interest litigation is a recognized exception to the bond requirement, especially where, as here, the bond would injure the civil and constitutional rights of Plaintiffs and the relief sought would not pose a hardship to Defendants. *See Univ. Books & Videos, Inc. v. Metro. Dade Cnty.*, 33 F.Supp.2d 1364, 1374 (S.D. Fla. 1999).

WHEREFORE, Plaintiffs respectfully request an order preliminarily enjoining Defendants from enforcing Fla. Admin. Code R. 59G-1.050(7).

REQUEST FOR ORAL ARGUMENT

Pursuant to Local Rule 7.1(K), Plaintiffs respectfully request oral argument on this motion, estimating up to three hours for a non-evidentiary hearing.

MEMORANDUM OF LAW IN SUPPORT OF MOTION

I. INTRODUCTION

Defendants target transgender Medicaid beneficiaries, including Plaintiffs August Dekker, Brit Rothstein, Susan Doe,[2] and K.F., by excluding from Medicaid coverage the medically necessary treatments for their gender dysphoria. On August 21, 2022, after covering such care for years, Defendant the Florida Agency for Health Care Administration ("AHCA") adopted Fla. Admin. Code R. 59G-1.050(7) (the "Challenged Exclusion"), prohibiting Medicaid coverage of services necessary for the treatment of gender dysphoria. Defendants continue to cover the same services to treat other conditions.

Simply stated, the Challenged Exclusion targets only transgender persons and, accordingly, it violates the Fourteenth Amendment's Equal Protection Clause and Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116.

There is nothing experimental about the medical treatment (known as gender-affirming care) for gender dysphoria. To the contrary, gender-affirming care is supported by scientific evidence and recognized as safe, effective, and medically necessary.

Defendants' abrupt deviation from the status quo has caused and will continue

[2] By separate motion, Plaintiff Susan Doe, a minor, and her parents and next friends John Doe and Jane Doe, are requesting to proceed under pseudonyms.

to cause irreparable harm to Plaintiffs, who will no longer be able to access medically necessary care, endangering their health and wellbeing.

There is no rational basis, let alone the exceedingly persuasive justification or compelling interest, necessary for the implementation of the Challenged Exclusion. Plaintiffs seek to preserve the status quo wherein transgender Medicaid beneficiaries receive coverage for medically necessary treatments for their gender dysphoria, and respectfully request this Court grant Plaintiffs' Motion for a Preliminary Injunction.

II. STATEMENT OF FACTS

A. The Medically Necessary Treatment of Gender Dysphoria

Gender identity is a person's internal sense of their sex. (*See* Decl. of J. Olson-Kennedy, M.D., M.S., ¶18 ("Olson-Kennedy"); Decl. of D. Karasic, M.D., ¶22 ("Karasic").) Gender identity is innate, immutable, has significant biological underpinnings, and it cannot be altered. (Olson-Kennedy, ¶¶18, 23, 25, 33; Karasic, ¶22.) Every person has a gender identity, and it does not always align with their sex assigned at birth. (Olson-Kennedy, ¶18; Karasic, ¶22.)

A person's sex assigned at birth is generally based on a visual assessment of external genitalia. (Olson-Kennedy, ¶21; Karasic, ¶21.) People who have a gender identity that aligns with their sex assigned at birth are cisgender, while people who have a gender identity that does not align with their sex assigned at birth are transgender. (Olson-Kennedy, ¶20; Decl. of L. Schechter, M.D. ¶21 ("Schechter").)

A transgender boy or man was assigned a female sex at birth but has a male gender identity. A transgender girl or woman was assigned a male sex at birth but has a female gender identity. The incongruence between a transgender person's gender identity and their sex assigned at birth can result in clinically significant distress, referred to as gender dysphoria. (Karasic, ¶23; Schechter, ¶22.)

Gender dysphoria is a serious medical condition, the diagnosis of which is codified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* ("DSM-5"). (Olson-Kennedy, ¶26; Karasic, ¶23; Schechter, ¶22.) It is also recognized as "gender incongruence" in the *International Classification of Diseases* (World Health Org., 11th rev.). (Olson-Kennedy, ¶27; Schechter, ¶22.)

Gender dysphoria, if left untreated, may result in debilitating anxiety, severe depression, self-harm, and even suicidality. (Olson-Kennedy, ¶96; Karasic, ¶25; Schechter, ¶22.) The longer a person goes without appropriate treatment for gender dysphoria, the greater the risk of severe harm to their health and wellbeing. (Olson-Kennedy, ¶113; Karasic, ¶89.)

Treatment for gender dysphoria is provided pursuant to well-established guidelines, developed through decades of research and clinical practice. (Olson-Kennedy, ¶¶29-30; Decl. of A. Antommaria, M.D., Ph.D. ¶40 ("Antommaria").) Like all medical care, treatment for gender dysphoria is individualized and based on

patient needs. (Olson-Kennedy, ¶38; Schechter, ¶73.) For more than four decades, medical organizations have studied and created evidence-based standards for the treatment of gender dysphoria. The World Professional Association for Transgender Health ("WPATH") and the Endocrine Society have published guidelines for treating gender dysphoria.[3] (Olson-Kennedy, ¶¶29-30, 70; Schechter, ¶¶25-28; Karasic, ¶¶26-31, 36.) Major medical organizations have endorsed these guidelines. (Olson-Kennedy, ¶¶29, 112; Karasic, ¶¶31, 59, 86.)

Treatment seeks to eliminate the distress of gender dysphoria by aligning a patient's body and presentation with their gender identity. (Schechter, ¶26; Karasic, ¶¶33, 58.) Gender-affirming care may include counseling, hormone therapy, surgery, and other medically necessary treatments. (Olson-Kennedy, ¶38; Karasic, ¶¶26, 38-42; Schechter, ¶26.) The precise treatments are determined by the health care team in collaboration with the patient, and, if the patient is an adolescent, with the patient's parents or guardians. (Olson-Kennedy, ¶38.)

The guidelines differ depending on whether the patient is an adolescent who has started puberty or an adult. (Olson-Kennedy, ¶38.) Neither WPATH nor the

[3] Endocrine Society, *Endocrine Treatment of Gender Dysphoric/ Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline* (September 2017), *available at* https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence; World Prof'l Ass'n for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (7th ver. 2012), https://www.wpath.org/publications/soc.

Endocrine Society recommend any medical, pharmaceutical, or surgical interventions before puberty. (*Id.*; Antommaria, ¶48.)

For adolescents with gender dysphoria who experience severe distress with the onset of puberty, puberty-delaying medication may be indicated. (Olson-Kennedy, ¶¶38-39; Karasic, ¶39.) Medical treatments for adolescents are provided in consultation with qualified mental health professionals. (Olson-Kennedy, ¶38; Karasic, ¶39.) Puberty-delaying medications pause endogenous puberty, limiting the influence of endogenous hormones on the body. (Olson-Kennedy, ¶40.) Such interventions afford the adolescent time to better understand their gender identity while delaying the development of secondary sex characteristics. (*Id.*)

Treatment with puberty-delaying medications is reversible, meaning that if an adolescent discontinues the treatment, puberty will resume. (*Id.*, ¶¶40-41, 102; Karasic, ¶39.) Treatment with puberty-delaying medication can drastically minimize gender dysphoria during adolescence and later in adulthood, and in some cases may eliminate the need for future surgery. (Olson-Kennedy, ¶40.)

For some adolescents with gender dysphoria, initiating puberty consistent with their gender identity through hormone therapy may be medically necessary. (Olson-Kennedy, ¶¶38, 43; Antommaria, ¶40; Karasic, ¶40.) For adults, hormone therapy may also be medically necessary. (Olson-Kennedy, ¶¶38, 43; Antommaria, ¶40; Karasic, ¶40.) Hormone therapy is provided only when medically indicated.

(Olson-Kennedy, ¶43; Karasic, ¶40.) As with all medical care, no treatment is provided without discussing the risks and benefits of the treatment and informed consent. (Olson-Kennedy, ¶43; Antommaria ¶¶46-48.)

Gender-affirming surgeries are means for transgender adult individuals to align their body with their gender identity. (Olson-Kennedy, ¶¶44-45; Karasic, ¶41; Schechter, ¶26.) Though not all transgender people require gender-affirming surgery, such care is necessary when medically indicated. (Schechter, ¶26.)

Every major medical association in the country agrees that gender-affirming care is safe, effective, and medically necessary treatment for gender dysphoria that improves the health and wellbeing of transgender people. (Olson-Kennedy, ¶112; Schechter, ¶28.) The consequences of untreated gender dysphoria are serious, including irreversible and harmful physical changes and irreparable mental harm, and can lead to higher levels of stigmatization, discrimination, and victimization. (Olson-Kennedy, ¶¶73, 96; Karasic, ¶58.)

B. The Lead Up to the Challenged Exclusion

Florida participates in the federal Medicaid program. Defendant AHCA is the "single state agency" responsible for implementing the program. § 409.963, Fla. Stat. It oversees the promulgation of all Medicaid coverage policies, including the Challenged Exclusion. § 409.919, Fla. Stat.

On April 20, 2022, Florida's Department of Health ("FDOH"), issued a set

of guidelines titled "Treatment of Gender Dysphoria for Children and Adults" (hereinafter "FDOH Guidelines").[4] The FDOH Guidelines indicated that children should not be permitted to undergo a social transition, no one under 18 should be prescribed puberty-delaying medication or hormone therapy, and gender-affirming surgery should not be a treatment option for children or adolescents. The FDOH Guidelines directly contradicted guidance from the U.S. Department of Health and Human Services noting that access to "gender affirming care is crucial to overall health and well-being,"[5] as well as established experts in the treatment of gender dysphoria.

More than 300 Florida health care professionals who care for transgender youth published a letter denouncing the FDOH Guidelines for citing "a selective and non-representative sample of small studies and reviews, editorials, opinion pieces and commentary" which contradict existing guidelines for treating gender dysphoria.[6]

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[4] *See* Fla. Dep't Health, *Treatment of Gender Dysphoria for Children and Adults* (April 20, 2022), Altman Ex. A.

Unless otherwise noted, all Exhibits cited herein are attached to the Declaration of Jennifer Altman filed concurrently.

[5] *See Gender-Affirming Care and Young People*, U.S. Dep't of Health & Human Servs. (March 2022), Altman Ex. B.

[6] Brittany S. Bruggeman, *We 300 Florida health care professionals say the state gets transgender guidance wrong*, TAMPA BAY TIMES (Apr. 27, 2022), Altman Ex. C, at 3.

Still, Secretary Marstiller requested that AHCA determine if the treatments addressed in the FDOH Guidelines "are consistent with generally accepted professional medical standards and not experimental or investigational."[7]

On June 2, 2022, Defendants published their report, "Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria"[8] (hereinafter "GAPMS Memo"),[9] which was rife with errors and misrepresentations. The GAPMS Memo wrongly concluded that gender-affirming medical treatments "do not conform to [generally accepted professional medical standards] and are experimental and investigational."[10] The GAPMS Memo cited to, and relied upon, five non-peer-reviewed, unpublished "assessments" that Defendants commissioned solely to support their conclusion.

According to a report from a team of medical and legal experts, the GAPMS Memo was "so thoroughly flawed and biased that it deserves no scientific weight."[11]

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[7] Letter from Secretary Marstiller to Deputy Secretary Wallace (April 20, 2022), Altman Ex. D.

[8] The GAPMS process purports to be an independent determination based on "reliable scientific evidence published in peer-reviewed scientific literature generally recognized by the relevant medical community or practitioner specialty associations' recommendations." Fla. Admin. Code R. 59G-1.035.

[9] *See* Altman Ex. E.

[10] *See* Altman Ex. E, at 3.

[11] *A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria* (July 8, 2022), Altman Ex. F, at 2.

Some of those flaws are worth mentioning. *First*, the GAPMS Memo relies solely on unpublished papers that have not been peer-reviewed or scrutinized as is standard in the scientific community. *Second*, the GAPMS Memo does not identify these so-called "expert" authors' qualifications, the process through which they were selected, or why their outlier opinions are more credible than well-established guidelines and the opinions of major medical associations. *Third*, the GAPMS Memo relies on unscientific evidence, *e.g.*, blogs and articles. *Fourth*, no author of the "assessments" provided statements regarding their funding and conflicts of interest, violating a strong norm in scientific writing. *Fifth*, the GAPMS Memo ignored the standard of care for gender dysphoria supported by major professional medical associations and societies. And finally, each author of the commissioned "assessments" has been shown to have indicia of unreliability or bias:

- A Texas court barred Dr. Quentin Van Meter from providing expert testimony regarding medical treatment for gender dysphoria;[12]
- Dr. James Cantor's opinion regarding gender-affirming care was given little weight by a federal judge due to his lack of experience in this field;[13]

[12] *See* Stephen Caruso, *A Texas Judge Ruled That This Doctor Was Not an Expert*, PENNSYLVANIA CAPITAL-STAR (Sept. 15, 2020) (reporting on the now-sealed case), Altman Ex. G.

[13] *Eknes-Tucker v. Marshall*, Case No. 2:22-CV-184, 2022 WL 1521889, at *5 (M.D. Ala. May 13, 2022).

- Dr. Romina Brignardello-Petersen conducts research for a group that opposes gender-affirming care, although she indicated in her assessment that she had no research interests in medical care for transgender youth;[14]
- A federal judge disqualified Dr. Patrick Lappert from testifying regarding aspects of gender-affirming care, citing the lack of scientific support for his opinions and "evidence that calls Dr. Lappert's bias and reliability into serious question."[15]

With the GAPMS Memo as foundation, on June 17, 2022, Defendants published a Notice of Proposed Rule seeking to amend Florida Administrative Code 59G-1.050 to prohibit Medicaid from covering "services for the treatment of gender dysphoria."[16] The Proposed Rule went beyond the FDOH Guidelines by seeking to prohibit Medicaid coverage for all transgender beneficiaries. AHCA accepted written comments from the public about the Proposed Rule, and on July 8, 2022, held a public hearing.

Thousands of written comments were submitted in opposition to the Proposed

[14] Alison Clayton et al., *The Signal and the Noise – Questioning the Benefits of Puberty Blockers for Youth with Gender Dysphoria – A Commentary on Rew et al. (2021), Child and Adolescent Mental Health* (Dec. 22, 2021), Altman Ex. H.

[15] *Kadel v. Folwell*, Case No. 1:19-CV-272, 2022 WL 3226731, *9 (M.D.N.C. Aug. 10, 2022).

[16] AHCA, Notice of Proposed Rule (June 17, 2022), Altman Ex. I.

Rule, including comments from the Endocrine Society,[17] the American Academy of Pediatrics,[18] and a team of legal and medical experts from various academic institutions.[19] Together, these comments made it clear that: (1) the Proposed Rule would cause unnecessary harm and suffering; (2) the GAPMS Memo was significantly flawed and contrary to established standards of care; and (3) the Proposed Rule was illegal.

Notwithstanding these comments, Defendants filed to adopt the Proposed Rule a mere three weeks after the close of the comment period. The final version was identical to the Proposed Rule, and went into effect on August 21, 2022.

The timing of the GAPMS Memo and adoption of the Challenged Exclusion underscores its biased nature, as it came amidst a wave of actions by Florida's government clawing back the rights of transgender persons. (*See* ECF 1, at 40-42.)

C. The Challenged Exclusion

The Challenged Exclusion impermissibly targets solely those Florida Medicaid beneficiaries diagnosed with gender dysphoria, *i.e.*, those who are transgender, for unequal health care coverage. The Challenged Exclusion

[17] *Letter from the Endocrine Society to the AHCA* (July 8, 2022), Altman Ex. J.

[18] *Letter from the American Academy of Pediatrics et al. to AHCA Deputy Secretary Tom Wallace* (July 7, 2022), Altman Ex. K.

[19] *Letter from Anne L. Alstott et al. to AHCA Secretary Marstiller* (July 8, 2022), Altman Ex. L.

categorically excludes Medicaid coverage of treatment for gender dysphoria, specifically: (i) "puberty blockers;"[20] (ii) "hormones and hormone antagonists;" (iii) "sex reassignment surgeries;" and (iv) "[a]ny other procedures that alter primary or secondary sexual characteristics." Rule 59G-1.050(7), Fla. Admin. Code. The Challenged Exclusion provides that these services "do not meet the definition of medical necessity in accordance with Rule 59G-1.010, F.A.C." *Id.*

Defendants continue to cover these services when used to treat other medical conditions.

D. Plaintiffs' Need for Medical Care

1. Plaintiff August Dekker

Plaintiff August Dekker is a 28-year-old transgender man with rheumatoid arthritis who qualifies for Florida Medicaid coverage. (Decl. of A. Dekker, ¶¶3-5 ("Dekker").)

As early as age 5, August began experiencing symptoms of gender dysphoria, which continued into adulthood. (*Id.*, ¶8.) In 2017, August received a formal diagnosis of gender dysphoria. (*Id.*, ¶12.) August then began hormone therapy at the recommendation of his medical providers, which he continues to receive today. (*Id.*, ¶¶13, 15.) He received masculinizing chest surgery in April 2022. (*Id.*, ¶16.) All of August's gender-affirming care to date has been covered by Medicaid as

[20] We will refer to these medications as "puberty-delaying medication."

medically necessary. (*Id.*, ¶17.)

August continues to need hormone therapy to treat his gender dysphoria. (*Id.*, ¶26.) The gender-affirming care August has received allows him to live without the symptoms of gender dysphoria in his day-to-day life. (*Id.*, ¶¶18-19.) Under the Challenged Exclusion, Medicaid will no longer cover this care, and because August cannot afford to pay out-of-pocket for it, he will lose access to hormone therapy, which will cause him to undergo physical changes that will cause him psychological distress and increase his risk of discrimination and violence. (*Id.*, ¶¶23, 26-27.)

2. Plaintiff Brit Rothstein

Plaintiff Brit Rothstein is a 20-year-old transgender man attending college. Brit has been enrolled in Medicaid since he was a child. (Decl. of B. Rothstein, ¶4 ("Rothstein").) Brit has been aware of his gender identity since the third grade. (*Id.* ¶¶7, 8.) Brit's gender dysphoria intensified over time, and he sought therapy for his dysphoria in seventh grade. (*Id.* ¶9.)

At age 14 in July 2016, Brit received a formal diagnosis of gender dysphoria. (*Id.*, ¶11.) At age 17, Brit began receiving medically necessary hormone therapy. (*Id.*, ¶12.) And, in May 2022, after many years of debilitating dysphoria, a surgeon recommended that Brit undergo masculinizing chest surgery to align Brit's appearance with his gender identity. (*Id.*, ¶¶15-17.)

Brit receives health insurance coverage through Medicaid, which has covered

all his gender-affirming care. (*Id.*, ¶¶4, 12.) Moreover, Brit has received Medicaid approval for his chest surgery, which is scheduled for December 2022. (*Id.*, ¶¶17-18.)

Because of the Challenged Exclusion, Brit will not be able to have this medically-necessary procedure, despite Medicaid already approving it. (*Id.*, ¶17.) Now, Brit is without the ability to pay for his medications or his upcoming surgery. (*Id.*, ¶¶19-20.) The Challenged Exclusion will cause Brit to continue to suffer intense gender dysphoria related to his chest, and subject him to increased risk of discrimination, harassment, and violence. (*Id.*, ¶21.)

3. Plaintiff Susan Doe

Plaintiff Susan Doe is 12-year-old transgender adolescent girl. Jane and John Doe are Susan's parents. (Decl. of J. Doe ("Doe"), ¶¶2-3.) They adopted Susan out of medical foster care when she was two years old, which entitles her to Medicaid coverage until age 18. (*Id.*, ¶9.)

Susan first realized she was a girl at age 3. (*Id.*, ¶10.) The summer before starting second grade, Susan told her parents clearly: "I need to be a girl." (Id., ¶13.) Thereafter, her therapist diagnosed her with gender dysphoria. (*Id.*, 13.)

In July 2020, after Susan began puberty, her endocrinologist prescribed her puberty-delaying medication (Lupron) as medically necessary treatment for her gender dysphoria. (*Id.*, ¶19.) Florida Medicaid covered this medication that

prevents Susan from developing secondary sex characteristics consistent with her sex-assigned birth. (*Id.*) Susan's endocrinologist expects that she will be ready to start cross-sex hormone therapy in a year or two. (*Id.*, ¶21.)

Susan is due to have her next Lupron injection on October 3, 2022. (*Id.*, ¶24.) Because of the Challenged Exclusion, Medicaid will no longer cover it; her parents will have no choice but to try to pay for the treatment out-of-pocket. Based on their research, the retail price for a single Lupron injection is roughly $11,000, a prohibitively high cost for a family of four living on a single income. (*Id.*, ¶29.)

Should Susan have to stop taking Lupron and go through endogenous puberty, she would be devastated. She has been living as a girl in every aspect of her life since 2017. (*Id.*, ¶26.) Without Lupron, Susan's mental health will suffer as endogenous puberty would be torture for her. (*Id.*) It will also be devastating for her parents to watch her suffer. (*Id.*)

4. Plaintiff K.F.

Plaintiff K.F. is a 12-year-old transgender boy who receives Medicaid coverage due to his family's income. (Decl. of J. Ladue, ¶8 ("Ladue").) From a very young age, K.F. knew that his sex assigned at birth did not match his gender identity. (*Id.*, ¶¶9-10.) When K.F. came out, his parents arranged for him to see mental health professionals and later pediatric endocrinologists. (*Id.*, ¶¶13, 16.)

In August 2020, before K.F.'s move to Florida, he received puberty-delaying medication, covered by Massachusetts' Medicaid program. (*Id.*, ¶6.) Upon moving to Florida, K.F. established care with Florida-based specialists, and he received his second puberty-delaying implant in April 2022, which Florida Medicaid covered. (*Id.*, ¶¶19-20.)

Presently, K.F.'s bloodwork demonstrates that K.F. may need to switch to a medication that is more effective at suppressing his puberty. (*Id.* ¶21.) The alternative medication would cost $3,000-3,600 every three months. (*Id.* ¶23.) Moreover, K.F.'s treating specialists have indicated that within the next year K.F. will need to begin hormone therapy. (*Id.* ¶24.) Whatever course K.F.'s treatment takes, his family will be unable to afford it because of the Challenged Exclusion. (*Id.* ¶30.)

Gender-affirming care created a "night and day" change in K.F. His persistent anxiety and issues functioning at school significantly improved, and he is now "thriving." (*Id.*, ¶25.) Without access to this care through Medicaid, K.F.'s mental health will suffer tremendously. (*Id.*, ¶28.)

III. ARGUMENT

The purpose of a preliminary injunction is to preserve the status quo and thus prevent irreparable harm until the respective rights of the parties can be ascertained during a trial on the merits. *Powers v. Sec., Fla. Dep't of Corrections*, 691

Fed.App'x 581, 583 (11th Cir. 2017). To prevail, a plaintiff must demonstrate: (1) a substantial likelihood of success on the merits; (2) irreparable injury; (3) the harms will likely outweigh any harm that defendant will suffer as a result of an injunction; and (4) that preliminary relief will not disserve the public interest. *Scott v. Roberts*, 612 F.3d 1279, 1290 (11th Cir. 2010). "[A]ll of the well-pleaded allegations of [the] complaint and uncontroverted affidavits filed in support of the motion for a preliminary injunction are taken as true." *Elrod v. Burns*, 427 U.S. 347, 350 n.1 (1976).

A. Plaintiffs Are Likely to Succeed on the Merits.

Plaintiffs are likely to succeed on the merits of their claims that the Challenged Exclusion violates the Equal Protection Clause and Section 1557 of the Affordable Care Act.

1. Plaintiffs Are Likely to Succeed On the Merits of their Equal Protection Claim.

The Equal Protection Clause provides that no state may "deny to any person within its jurisdiction the equal protection of the laws." U.S. Const. amend. XIV, § 1. Accordingly, Defendants Marstiller and AHCA must "treat all persons similarly situated alike or, conversely, [must] avoid all classifications that are 'arbitrary or irrational' and that reflect a 'bare desire to harm a politically unpopular group.'" *Glenn v. Brumby*, 663 F.3d 1312, 1315 (11th Cir. 2011) (quoting *City of Cleburne v. Cleburne Living Ctr., Inc.*, 473 U.S. 432, 446-47 (1985)).

Discrimination based on sex is subject to heightened scrutiny. *See United States v. Virginia*, 518 U.S. 515, 533 (1996) ("*VMI*"); *Glenn*, 663 F.3d at 1319. And, both the Supreme Court and the Eleventh Circuit have made clear that discrimination because a person is transgender is discrimination based on sex. *See Bostock v. Clayton Cnty.*, 140 S. Ct. 1731, 1741 (2020); *Glenn*, 663 F.3d at 1317.

On its face, the Challenged Exclusion – which explicitly precludes Medicaid coverage for "services for the treatment of *gender* dysphoria," including "*[s]ex* reassignment surgeries" and any "procedures that alter primary or secondary *sexual* characteristics" – constitutes sex-based discrimination. Courts considering similar categorical coverage exclusions have held as much. *See Kadel*, 2022 WL 3226731, at *19; *Fain v. Crouch*, 2022 WL 3051015, at *8 (S.D.W. Va. Aug. 2, 2022); *Fletcher v. Alaska*, 443 F.Supp.3d 1024, 1027, 1030 (D. Alaska 2020); *Flack v. Wisconsin Dep't of Health Servs.*, 395 F.Supp.3d 1001, 1019-22 (W.D. Wis. 2019); *Boyden v. Conlin*, 341 F.Supp.3d 979, 1002-03 (W.D. Wis. 2018). *Cf. Brandt by & through Brandt v. Rutledge*, 2022 WL 3652745, at *2 (8th Cir. Aug. 25, 2022) (finding a state law banning gender-affirming care for minors discriminates on the basis of sex).

The Challenged Exclusion cannot withstand heightened scrutiny.

i. Because the Challenged Exclusion Discriminates Based on Sex, Including Transgender Status, It Triggers Heightened Scrutiny.

"[I]t is impossible to discriminate against a person for being . . . transgender without discriminating against that individual based on sex." *Bostock*, 140 S. Ct. at 1741. Taking adverse action against "a transgender person who was identified as a male at birth but who now identifies as a female," while not taking such action against "an otherwise identical [person] who was identified as female at birth," "intentionally penalizes" the transgender person. *Id*. at 1741-42; *see also Glenn*, 663 F.3d at 1317 (holding "discrimination against a transgender person because of her gender-nonconformity is sex discrimination, whether it's being described as being on the basis of sex or gender").

That is precisely what the Challenged Exclusion does. For example, "[a] minor born as a male may be prescribed testosterone … but a minor born as a female is not permitted to seek the same medical treatment." *Brandt*, 2022 WL 3652745, at *2; *see also Kadel*, 2022 WL 3226731, at *19 ("The Plan expressly limits members to coverage for treatments that align their physiology with their biological sex and prohibits coverage for treatments that 'change or modify' physiology to conflict with assigned sex."); *Fletcher*, 443 F.Supp.3d at 1030. In other words, "sex plays an unmistakable and impermissible role" in the Challenged Exclusion, which "intentionally penalizes a person … for traits or actions that it tolerates" in another

individual simply because of sex assigned at birth. *See Bostock*, 140 S. Ct. at 1741–42; *see also Boyden*, 341 F.Supp.3d at 995 (discrimination in coverage based on one's birth-assigned sex is a "straightforward" case of sex discrimination).

As *Boyden* explained, excluding coverage for gender-affirming care "entrenches" the sex-stereotyped "belief that transgender individuals must preserve the genitalia and other physical attributes of their [sex assigned at birth] sex over not just personal preference, but specific medical and psychological recommendations to the contrary." 341 F.Supp.3d at 997; *see also Flack*, 328 F.Supp.3d at 951. "This is textbook sex discrimination." *Kadel*, 2022 WL 3226731, at *19. And courts throughout the country have found similar discrimination against transgender people to be rooted in impermissible sex stereotyping. *See*, *e.g.*, *Kadel v. Folwell*, 446 F.Supp.3d 1, 14 (M.D.N.C. 2020) (exclusion "tethers Plaintiffs to sex stereotypes which, as a matter of medical necessity, they seek to reject"); *Toomey v. Arizona*, 2019 WL 7172144, at *6 (D. Ariz. Dec. 23, 2019).

Furthermore, discrimination "on the basis that an individual was going to, had, or was in the process of changing their sex … is still discrimination based on sex." *Flack.*, 328 F.Supp.3d at 949 (emphasis added). The same is true here because the Challenged Exclusion expressly prohibits coverage for "the treatment of *gender* dysphoria," including "[*s*]*ex reassignment* surgeries" and any "procedures that *alter* primary or secondary *sexual* characteristics[.]" Fla. Admin. Code R. 59G-1.050(7).

In addition to sex-based discrimination, discrimination based on transgender status is separately entitled to, at least, heightened scrutiny. *See Grimm v. Gloucester Cnty. Sch. Bd.*, 972 F.3d 586, 607 (4th Cir. 2020), as amended (Aug. 28, 2020); *see also Karnoski v. Trump*, 926 F.3d 1180, 1200 (9th Cir. 2019). In identifying whether a classification is suspect or quasi-suspect, courts consider whether: (a) the class has historically been "subjected to discrimination," *Bowen v. Gilliard*, 483 U.S. 587, 602 (1987); (b) the class's defining characteristic "bears [any] relation to ability to perform or contribute to society," *City of Cleburne,* 473 U.S. at 440-41; (c) the class exhibits "obvious, immutable, or distinguishing characteristics that define them as a discrete group," *Gilliard*, 483 U.S. at 602; and (d) the class is "a minority or politically powerless." *Id*.

All indicia are present for transgender people. "[T]ransgender people as a class have historically been subject to discrimination or differentiation; … they have a defining characteristic that frequently bears no relation to an ability to perform or contribute to society; … as a class they exhibit immutable or distinguishing characteristics that define them as a discrete group; and … as a class, they are a minority with relatively little political power." *Evancho v. Pine-Richland Sch. Dist.*, 237 F.Supp.3d 267, 288 (W.D. Pa. 2017). Numerous courts have reached the same conclusion. *See, e.g.*, *Grimm*, 972 F.3d at 607; *Karnoski*, 926 F.3d at 1200; *Flack*, 328 F.Supp.3d at 951–53; *M.A.B. v. Bd. of Educ. of Talbot Cnty.*, 286 F.Supp.3d

704, 718–22 (D. Md. 2018); *Norsworthy v. Beard*, 87 F.Supp.3d, 1104, 1119 (N.D. Cal. 2015).

ii. The Challenged Exclusion Cannot Survive Heightened Scrutiny.

Defendants' discriminatory rule targeting Plaintiffs and other transgender Medicaid beneficiaries demands meaningful review. Arguably, it is subject to the onerous strict scrutiny standard, wherein Defendants must show that the Challenged Exclusion is narrowly tailored to advance a compelling state interest. *Adarand Constructors, Inc. v. Peña*, 515 U.S. 200, 227 (1995). Even under the heightened scrutiny required for all sex-based classifications, Defendants carry the heavy burden of showing that the Challenged Exclusion is substantially related to an important government interest, and that they had an "exceedingly persuasive" justification for it. *Glenn*, 663 F.3d at 1321; *see also, e.g.*, *VMI*, 518 U.S. at 533. Under both standards, the "burden of justification is demanding and [] rests entirely on the State," and constitutionality is judged based on the "the actual state purposes, not rationalizations for actions in fact differently grounded." *VMI*, 518 U.S. at 533, 535-36.

Here, the Challenged Exclusion cannot meet either standard. To the extent that Defendants contend the Challenged Exclusion is justified because gender-affirming care is allegedly "experimental" and "investigational," that conclusion is contradicted by the evidence. (Antommaria, ¶52; Schechter, ¶¶48-50; Karasic,

¶¶67-72.) The Court cannot simply accept the assertions of the GAPMS memo that gender-affirming medical treatments are "experimental" and "investigational" [21] because "[t]he Court retains an independent constitutional duty to review factual findings where constitutional rights are at stake." *Gonzales* v. *Carhart*, 550 U.S. 124, 165 (2007).

AHCA cannot carry its burden to justify the Challenged Exclusion based on purported concerns about the quality of the evidence concerning treatment. AHCA's purported concern directly conflicts with the views of the mainstream medical community. (Antommaria, ¶¶22-24, 29, 52; Olson-Kennedy, ¶¶88, 112; Schechter, ¶74.) While the GAPMS Memo baldly asserts that this well-established treatment is "experimental,"[22] the medical and scientific landscape shows the opposite. Thus, AHCA cannot carry its burden to show a substantial relationship between the Challenged Exclusion and a purported interest in excluding coverage for experimental or investigational treatments.

The GAPMS Memo relies on a claimed absence of long-term longitudinal studies and randomized clinical trials assessing safety and efficacy of gender-affirming care.[23] These kinds of studies are not the only type of studies upon which

[21] Altman Ex. E, at 3.

[22] Altman Ex. E, at 3.

[23] Altman Ex. E, at 15.

the medical profession relies on to determine the safety and efficacy of treatments. (Antommaria, ¶¶29-44; Olson-Kennedy, ¶¶75-81.) In the context of pediatric medicine, the body of research is less likely to use randomized trials than is clinical research for adults, and, at times, it is unethical to conduct such randomized trials.[24] (Antommaria, ¶¶35-37; Olson-Kennedy, ¶¶73-74.) For similar reasons, researchers rarely use randomized clinical trials for surgical treatments. (Schechter, ¶55.) Thus, if AHCA were to exclude from Medicaid coverage all treatment unsupported by randomized clinical trials, it would have to exclude much of pediatric medicine and many surgical procedures.

If limiting Medicaid coverage to treatments supported by certain kinds of medical research, such as randomized clinical trials, somehow advanced a government interest in individual patients' well-being, then AHCA would have to require that standard to be met for all treatments, but it does not. *See Eisenstadt*, 405 U.S. at 452. AHCA cannot provide any rational explanation—much less an "exceedingly persuasive" one—to justify subjecting only gender-affirming care to this unique burden. *VMI*, 518 U.S. at 533.

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[24] Requiring use of randomized trials to justify a medical intervention would be unethical because it would require doctors to disregard substantial evidence demonstrating the safety and efficacy of medical treatments and deny patients treatments that are known to provide relief for their medical conditions. Moreover, even if this demand were legitimate, an exclusion of coverage for treatment would prohibit any additional research, thereby undermining any purported desire for further study.

The only purportedly scientific or medical bases Defendants relied upon in promulgating the Challenged Exclusion were five non-peer reviewed, unpublished "assessments" that Defendants themselves commissioned to support their predetermined outcome. (*see* Section II.B, *supra)*. The "assessments" authors have either been barred from testifying in court as to the treatment of gender dysphoria, have had their credibility called into "serious question" by a federal court, and otherwise lack any expertise in the treatment of gender dysphoria. (*see* Section II.B, *supra)*. Defendants cannot establish any reputable scientific or medical support for the Challenged Exclusion, let alone an "exceedingly persuasive" justification, *VMI*, 518 U.S. at 531, or one "narrowly tailored to a compelling state interest." *Adarand*, 515 U.S. at 235.

The Challenged Exclusion cannot even withstand deferential "rational basis" review. Under rational basis, the classification must be rationally related to a legitimate state interest. *City of Cleburne*, 473 U.S. at 440. States must "avoid all classifications that are arbitrary or irrational and those that reflect a bare … desire to harm a politically unpopular group." *Glenn*, 663 F.3d at 1315 (cleaned up). Here, Defendants have chosen to exclusively single out transgender Medicaid beneficiaries for exclusion of coverage. The Challenged Exclusion targets only transgender beneficiaries and their medical care alone for unequal treatment. *See Kadel*, 2022 WL 3226731, at *20 ("Discrimination against individuals suffering

from gender dysphoria is also discrimination based on sex and transgender status."); *Toomey*, 2019 WL 7172144, at *6 (noting exclusion "singles out transgender individuals for different treatment" because "transgender individuals are the only people who would ever seek gender reassignment surgery").[25]

Defendants' reliance on discredited, biased, and unreliable "experts" in promulgating the Challenged Exclusion demonstrates Defendants' true intent was to

[25] This is not a situation where Defendants are able to rely on *Geduldig v. Aiello*, 417 U.S. 484 (1974). *First*, the Challenged Exclusion explicitly classifies based on sex as it prohibits coverage for "services to treat *gender* dysphoria," ," including "*[s]ex* reassignment surgeries" and any "procedures that alter primary or secondary *sexual* characteristics." *See Fletcher*, 443 F.Supp.3d at 1027, 1030; *see also Whitaker v. Kenosha Unified Sch. Dist. No.1 Bd. of Educ.*, 858 F.3d 1034, 1051 (7th Cir. 2017). Every person to whom the Challenged Exclusion applies is therefore discriminated against because of sex. "[O]ne cannot explain gender dysphoria 'without referencing sex' or a synonym." *Kadel*, 2022 WL 3226731, at *20. *Second*, *Geduldig* only held that an exclusion of pregnancy from a disability benefits program with no showing of "pretext" is not per se "discrimination against the members of one sex." 417 U.S. at 496 n.20. But "[s]ome activities may be such an irrational object of disfavor that, if they are targeted, and if they also happen to be engaged in exclusively or predominantly by a particular class of people, an intent to disfavor that class can readily be presumed." *Bray v. Alexandria Women's Health Clinic*, 506 U.S. 263, 270 (1993). Here, the Exclusion was designed to categorically exclude gender-affirming care from coverage —care "which is only sought by transgender individuals." *Brandt v. Rutledge*, 2021 WL 3292057, at *2 (E.D. Ark. Aug. 2, 2021). That is precisely what *Geduldig* and *Bray* prohibit: a pretextual classification designed to effectuate discrimination. *Third*, the centrality of gender transition to transgender identity distinguishes this case from *Geduldig*. Unlike the pregnancy exclusion in *Geduldig*, the Exclusion here is based on a characteristic that defines membership in the excluded group. Pregnancy is not the defining characteristic of a woman. Living in accord with one's gender identity rather than birth-assigned sex is the defining characteristic of a transgender person. *See*, *e.g.*, *Glenn*, 663 F.3d at 1316.

harm transgender people, not further any legitimate state interest. (Antommaria, ¶¶49-52.) As such, the Challenged Exclusion violates the Equal Protection Clause.

2. The Challenged Exclusion Violates the ACA's Section 1557.

Section 1557 of the Affordable Care Act provides that:

> [A]n individual shall not ... be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, ...

42 U.S.C. § 18116(a). An "important component of the ACA's effort to ensure the prompt and effective provision of health care to all individuals . . . is the statute's express anti-discrimination mandate" in Section 1557. *Whitman-Walker Clinic, Inc. v. U.S. Dep't of Health & Hum. Servs.*, 485 F.Supp.3d 1, 11 (D.D.C. 2020), *appeal dismissed*, No. 20-5331, 2021 WL 5537747 (D.C. Cir. Nov. 19, 2021). "To state a claim under this provision, a plaintiff is required to show that he or she (1) was a member of a protected class, (2) qualified for the benefit or program at issue, (3) suffered an adverse action, and (4) the adverse action gave rise to an inference of discrimination." *Griffin v. Gen. Elec. Co.*, 752 F. App'x 947, 949 (11th Cir. 2019).

Here, Section 1557 unquestionably applies to AHCA. Indeed, courts have routinely applied Section 1557 to state-administered Medicaid programs. *See, e.g.*, *Fain*, 2022 WL 3051015 at *8; *Flack*, 328 F.Supp.3d at 949; *Cruz v. Zucker*, 195 F.Supp.3d 554, 571 (S.D.N.Y. 2016).

Plaintiffs clearly satisfy the second and third elements of a Section 1557

claim. *See Griffin*, 752 Fed.App'x at 949. Each plaintiff is enrolled in Medicaid and received coverage for medically necessary gender-affirming services. Due to the Challenged Exclusion, however, Plaintiffs suffered an "adverse action."

As to the first element, Section 1557 incorporates Title IX to prohibit discrimination based on sex in healthcare. *See Kadel,* 2022 WL 3226731, at *29. And for the reasons explained above, *see* Section III.A.1, *supra*, Plaintiffs and other transgender Medicaid beneficiaries have been subjected to discrimination in the provision of health services based on sex. *See*, *e.g.*, *Fain*, 2022 WL 3051015, at *11.[26]

Finally, as to the fourth element, Defendants promulgated the Challenged Exclusion with discriminatory intent to achieve a discriminatory effect. The Challenged Exclusion bans coverage of medically necessary care for the treatment of gender dysphoria, which only transgender persons experience. (Olson-Kennedy, ¶24.) *See also Kadel*, 2022 WL 3226731, at *20. Defendants lack any legitimate justification for the Challenged Exclusion, which was premised solely on prejudice towards transgender persons.

The Challenged Exclusion therefore constitutes impermissible sex

[26] Courts often construe the anti-discrimination provisions in Title IX in the same manner as in Title VII. *See, e.g.*, *Franklin v. Gwinnett Cnty. Pub. Sch.*, 503 U.S. 60 (1992). The Supreme Court discrimination has held that discrimination based on transgender status constitutes sex under Title VII. *Bostock*, 140 S. Ct. at 1743.

discrimination under Section 1557.

B. The Challenged Exclusion Will Cause Immediate Irreparable Harm to Plaintiffs.

The denial of medically necessary care, including coverage thereof, constitutes irreparable harm for which there is no other adequate legal remedy. *See Brandt*, 2022 WL 3652745, at *4 (affirming conclusion that "Plaintiffs will suffer irreparable harm" by being "denied access to hormone treatment"); *Planned Parenthood S. Atl. v. Baker*, 941 F.3d 687, 707 (4th Cir. 2019); *Eknes-Tucker v. Marshall,* 2022 WL 1521889, at *12 (concluding "Plaintiffs will suffer irreparable harm absent injunctive relief" because "without transitioning medications, [] Plaintiffs will suffer severe medical harm, including anxiety, depression, eating disorders, substance abuse, self-harm, and suicidality"); *Flack*, 328 F.Supp.3d at 942-46 (finding likelihood of irreparable harm to transgender Medicaid beneficiaries denied coverage for gender dysphoria treatments); *Edmunds v. Levine*, 417 F.Supp.2d 1323, 1342 (S.D. Fla. 2006) ("The denial of medical benefits, and resultant loss of essential medical services, constitutes an irreparable harm to these individuals."); *Karnoski*, WL 6311305, at *9 ("[M]onetary damages proposed by Defendants will not … cure the medical harms caused by the denial of timely health care.").[27]

[27] *See also Mitson v. Coler*, 670 F.Supp. 1568, 1577 (S.D. Fla.1987); *Newton–Nations v. Rogers*, 316 F.Supp.2d 883, 888 (D. Ariz. 2004); *cf. Washington v.*

Without access to gender-affirming care, transgender Medicaid beneficiaries, like Plaintiffs, will suffer severe harms to their health and wellbeing, including anxiety, depression, and suicidality, on top of the aggravation of their gender dysphoria. (Olson-Kennedy, ¶113 ("The denial of gender-affirming care, on the other hand, is harmful to transgender people. It exacerbates their dysphoria and may cause anxiety, depression, and suicidality, among other harms."); Karasic, ¶58 ("The denial of medically indicated care to transgender people not only results in the prolonging of their gender dysphoria, but causes additional distress and poses other health risks, such as depression, posttraumatic stress disorder, and suicidality."); Schechter, ¶22.) Plaintiffs have noted their distress and fear over these certain consequences. (Dekker, ¶¶25-28; Rothstein, ¶¶15-16, 18-19, 21; Doe, ¶¶25-26; Ladue, ¶¶25, 28.)

In addition, without access to the medically necessary treatments for their gender dysphoria, transgender Medicaid beneficiaries will be forced to undergo physical changes that will cause them great distress and aggravate their gender dysphoria. (*E.g.*, Dekker, ¶26.) For some, like Plaintiffs Susan Doe and K.F., they will be forced to "undergo endogenous puberty—a process that cannot be reversed." *Brandt*, 2022 WL 3652745, at *4. (Doe, ¶¶25-26; Ladue, ¶28.)

DeBeaugrine, 658 F.Supp.2d 1332, 1339 (N.D. Fla. 2009) ("Withholding benefits essential to a disabled person's ability to remain in the community rather than in an institution rather obviously would constitute irreparable harm.").

The Challenged Exclusion also sends to transgender people a discriminatory message: That they are not worthy of protection and their health care needs may be disregarded. This governmental message on its own has and will continue to result in significant distress, hopelessness, anxiety, and stigma for transgender people like Plaintiffs. (*E.g.*, Dekker, ¶27; Rothstein, ¶22; Doe, ¶33; Ladue, ¶35.) Structural forms of stigma like the Challenged Exclusion harm the health of transgender people and are associated with minority stress. (Karasic, ¶58.)

The Challenged Exclusion imposes a combination of psychological and physical hardships. These hardships make it impossible for Plaintiffs to live and be accurately perceived, increasing the risk that Plaintiffs face discrimination, harassment, and violence. A preliminary injunction is the only way to prevent these irreparable harms from continuing.

C. Injuries to Plaintiffs Sharply Outweigh Any Damage to the State.

When the state is a party, the "balance of harms" and "public interest" factors of the preliminary injunction test merge such that the harm caused to the state in the "balance of harms" prong is the same as the public interest. *Swain v. Junior*, 958 F.3d 1081, 1091 (11th Cir. 2020); *Eknes-Tucker*, 2022 WL 1521889, at *13. However, "neither the government nor the public has any legitimate interest in enforcing an unconstitutional" policy. *Otto v. City of Boca Raton*, 981 F.3d 854, 870 (11th Cir. 2020); *see also Austin v. Univ. of Fla. Bd. of Trustees*, 2022 WL 195612,

at *26 (N.D. Fla. Jan. 21, 2022) ("[T]he public and the State have no interest in enforcing a likely unconstitutional policy.").

As a threshold matter, the Challenged Exclusion violates the Equal Protection Clause. *See* Section III.A.1, *supra*. Issuing a preliminary injunction in this case will unquestionably serve the public interest by preserving Plaintiffs' constitutional rights.

By the same token, a preliminary injunction will enforce the Affordable Care Act's sex-discrimination prohibition. *See Schmitt v. Kaiser Found. Health Plan of Wash.*, 965 F.3d 945, 955 (9th Cir. 2020) ("Section 1557 is an affirmative obligation not to discriminate in the provision of health care."). Defendants promulgated the Challenged Exclusion with the intent of discriminating against transgender beneficiaries, in clear violation of Section 1557. *See* Section III.A.2, *supra*. Such discrimination should not be enforceable while this case is pending.

In light of the harm caused to Plaintiffs, as well as the benefits to the public interest, the Court should grant the preliminary injunction. *See Eknes-Tucker*, 2022 WL 1521889, at *13 (finding that the imminent threat of harm caused by restrictions on transgender care, including "severe physical and/or psychological harm," outweighs any harm the State will suffer from the injunction); *Flack*, 328 F.Supp.3d at 954-55 (finding that harm caused by the state Medicaid policy denying coverage for transgender surgeries is outweighed by any harm to the State).

D. An Injunction Will Preserve the Status Quo.

"The purpose of a preliminary injunction is merely to preserve the relative positions of the parties until a trial on the merits can be held." *Univ. of Tex. v. Camenisch*, 451 U.S. 390, 395 (1981). "Preservation of the status quo enables the court to render a meaningful decision on the merits." *United States v. Lambert*, 695 F.2d 536, 540 (11th Cir. 1983). Injunctions meant to prohibit enforcement of a new law or policy preserve the status quo. *See Hecox v. Little*, 479 F.Supp.3d 930, 972 (D. Id. 2020); *see also Austin*, 2022 WL 195612, at *26 ("Plaintiffs seek to restore the status quo that existed before Defendants implemented the subject policy. Thus, as the policy causes Plaintiffs irreparable injury, Plaintiffs move for a return to the last uncontested status quo between the parties.") (cleaned up).

For years before the Challenged Exclusion, the Florida Medicaid program covered transgender Medicaid beneficiaries' treatments for gender dysphoria. Plaintiff Susan Doe and K.F. have been receiving coverage for over two years. (Doe, ¶19; Ladue, ¶17.) Plaintiff Brit Rothstein has been receiving coverage for 3 years. (Rothstein, ¶12.) Finally, Plaintiff August Dekker has been receiving coverage for over four years. (Dekker, ¶13.) Only now have Defendants altered coverage for Plaintiffs and other transgender beneficiaries. The only parties altering the status quo are the Defendants. This Motion thus fulfills the purpose of all preliminary injunctions and preserves Plaintiffs' longstanding access to coverage until a decision

on the merits is rendered. *See Brandt v. Rutledge*, 4:21-cv-00450, Dkt. No. 59, at 68 (E.D. Ark. July 26, 2021) (emphasizing that the "status quo for a very long time has been that there's been no ban"), *subsequent written order affirmed by Brandt*, 2022 WL 3652745.

E. Request for Relief from Requirement to Post Bond.

Plaintiffs request an exemption from the requirements of Fed. R. Civ. P. 65(c). "[T]he amount of security required by [Rule 65(c)] is a matter within the discretion of the trial court…[and] the court may elect to require no security at all." *BellSouth Tellecomm., Inc. v. MCIMetro Access Transmission Srvcs., LLC,* 425 F.3d 964, 971 (11th Cir. 2005). Waiving the bond requirement is particularly appropriate in public interest litigation, where plaintiffs are primarily low-income and allege the infringement of a civil and constitutional rights. *See id*; *Washington v. DeBeaugrine*, 658 F. Supp. 2d 1332, 1339 (N.D. Fla. 2009). Courts that have ordered a preliminary injunction of a state Medicaid regulation have consistently ruled that the plaintiffs need not post a bond. *Flack*, 328 F.Supp.3d at 955; *cf. Eknes-Tucker*, 2022 WL 1521889, at *13.

IV. CONCLUSION

For the reasons stated above, Plaintiffs respectfully request that this Court preliminarily enjoin the enforcement of the Challenged Exclusion.

Respectfully submitted this 12th day of September 2022.

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CERTIFICATE OF WORD COUNT

According to Microsoft Word, the word-processing system used to prepare this Motion and Memorandum, there are 487 total words contained within the Motion, and there are 7,617 words contained within the Memorandum of Law.

/s/ Jennifer Altman
Jennifer Altman

CERTIFICATE OF SATISFACTION OF ATTORNEY-CONFERENCE REQUIREMENT

Pursuant to Local Rule 7.1(B), counsel for the Plaintiffs conferred with counsel for the Defendants on September 7 and September 9, 2022. Counsel for Defendants indicated that Defendants oppose the relief sought.

CERTIFICATE OF SERVICE

I hereby certify that, on September 12, 2022, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system. Counsel for Defendants had indicated that Defendants would accept service of this motion via email. I certify that I served by email the foregoing on the following non-CM/ECF participant:

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c/o Andrew T. Sheeran
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/s/ Jennifer Altman
Jennifer Altman

THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division

AUGUST DEKKER, et al., *Plaintiffs*, v. SIMONE MARSTILLER, et al., *Defendants*.	Case No. 4:22-cv-00325-RH-MAF

DECLARATION OF ATTORNEY JENNIFER ALTMAN IN SUPPORT OF PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

I, Jennifer Altman, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am over the age of eighteen and make this declaration from my own personal knowledge. If called as a witness, I could and would testify competently to the matters stated herein.

2. I am an attorney with Pillsbury Winthrop Shaw Pittman in Miami, Florida, and I have been retained by Plaintiffs as co-counsel in the above-captioned matter.

3. I make this Declaration in support of Plaintiffs' Motion for Preliminary Injunction

4. Attached as **Exhibit A** is a true and correct copy of *Treatment of Gender*

Dysphoria for Children and Adults, issued by the Florida Department of Health on April 20, 2022, *available at* https://tinyurl.com/3xkhvk96.

5. Attached as **Exhibit B** is a true and correct copy of *Gender-Affirming Care and Young People*, published by the U.S. Dep't of Health & Human Servs. in March 2022, *available at* https://tinyurl.com/2yck4yxt.

6. Attached as **Exhibit C** is a true and correct copy of Brittany S. Bruggeman, et al., *Opinion: We 300 Florida health care professionals say the state gets transgender guidance wrong | Open letter*, TAMPA BAY TIMES (Apr. 27, 2022), *available at* https://tinyurl.com/bdhskwyj.

7. Attached as **Exhibit D** is a true and correct copy of AHCA Secretary Marstiller's Letter to Deputy Secretary Tom Wallace dated April 20, 2022, *available at* https://tinyurl.com/2k6xext8.

8. Attached as **Exhibit E** is a true and correct copy of the report titled *Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria* ("GAPMS Memo"), published by the Florida Agency for Health Care Administration ("AHCA") on June 2, 2022, *available at* https://tinyurl.com/3z385js4.

9. Attached as **Exhibit F** is a true and correct copy of *A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria* (July 8, 2022), *available at* https://tinyurl.com/4dwtzk3u.

10. Attached as **Exhibit G** is a true and correct copy of Stephen Caruso, *A Texas Judge Ruled That This Doctor Was Not an Expert*, PENNSYLVANIA CAPITAL-STAR (Sept. 15, 2020), *available at* https://tinyurl.com/5n7pwspb.

11. Attached as **Exhibit H** is a true and correct copy of Alison Clayton et al., *The Signal and the Noise – Questioning the Benefits of Puberty Blockers for Youth with Gender Dysphoria – A Commentary on Rew et al. (2021), Child and Adolescent Mental Health* (Dec. 22, 2021), *available at* https://tinyurl.com/2dxv9ce7.

12. Attached as **Exhibit I** is a true and correct copy of the AHCA's Notice of Proposed Rule dated June 17, 2022, *available at* https://tinyurl.com/2v9aawwd.

13. Attached as **Exhibit J** is a true and correct copy of *Letter from the Endocrine Society to the AHCA* (July 8, 2022), *available at* https://tinyurl.com/dehkktxb.

14. Attached as **Exhibit K** is a true and correct copy of *Letter from the American Academy of Pediatrics et al. to AHCA Deputy Secretary Tom Wallace* (July 7, 2022), *available at* https://tinyurl.com/yhfte8df.

15. Attached as **Exhibit L** is a true and correct copy of *Letter from Anne L. Alstott et al. to AHCA Secretary Marstiller* (July 8, 2022), *available at* https://tinyurl.com/3ryrkb22.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 12, 2022

By: */s/ Jennifer Altman*

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EXHIBIT A

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Treatment of Gender Dysphoria for Children and Adolescents

April 20, 2022

The Florida Department of Health wants to clarify evidence recently cited on a fact sheet released by the US Department of Health and Human Services and provide guidance on treating gender dysphoria for children and adolescents.

Systematic reviews on hormonal treatment for young people show a trend of low-quality evidence, small sample sizes, and medium to high risk of bias. A paper published in the International Review of Psychiatry states that 80% of those seeking clinical care will lose their desire to identify with the non-birth sex. One review concludes that "hormonal treatments for transgender adolescents can achieve their intended physical effects, but **evidence regarding their psychosocial and cognitive impact is generally lacking**."

According to the Merck Manual, “gender dysphoria is characterized by a strong, persistent cross-gender identification associated with anxiety, depression, irritability, and often a wish to live as a gender different from the one associated with the sex assigned at birth.”

Due to the lack of conclusive evidence, and the potential for long-term, irreversible effects, the Department's guidelines are as follows:

- Social gender transition should not be a treatment option for children or adolescents.
- Anyone under 18 should not be prescribed puberty blockers or hormone therapy.
- Gender reassignment surgery should not be a treatment option for children or adolescents.
    - Based on the currently available evidence, "encouraging mastectomy, ovariectomy, uterine extirpation, penile disablement, tracheal shave, the prescription of hormones which are out of line with the genetic make-up of the child, or puberty blockers, are all clinical practices which run an **unacceptably high risk of doing harm**."
- Children and adolescents should be provided social support by peers and family and seek counseling from a licensed provider.

These guidelines do not apply to procedures or treatments for children or adolescents born with a genetically or biochemically verifiable disorder of sex development (DSD). These disorders include, but are not limited to, 46, XX DSD; 46, XY DSD; sex chromosome DSDs; XX or XY sex reversal; and ovotesticular disorder.

The Department’s guidelines are consistent with the federal Centers for Medicare and Medicaid Services age requirement for surgical and non-surgical treatment. These guidelines are also in line with the guidance, reviews, and recommendations from Sweden, Finland, the United Kingdom, and France.

Parents are encouraged to reach out to their child’s health care provider for more information.

EXHIBIT B

OASH | Office of Population Affairs

Gender-Affirming Care and Young People

What is gender-affirming care?

Gender-affirming care is a supportive form of healthcare. It consists of an array of services that may include medical, surgical, mental health, and non-medical services for transgender and nonbinary people.

For transgender and nonbinary children and adolescents, early gender-affirming care is crucial to overall health and well-being as it allows the child or adolescent to focus on social transitions and can increase their confidence while navigating the healthcare system.

Common Terms:
(in alphabetical order)

Cisgender: Describes a person whose gender identity aligns with their sex assigned at birth.

Gender diverse or expansive: An umbrella term for a person with a gender identity and/or expression broader than the male or female binary. Gender minority is also used interchangeably with this term.

Gender dysphoria: Clinically significant distress that a person may feel when sex or gender assigned at birth is not the same as their identity.

Gender identity: One's internal sense of self as man, woman, both or neither.

Nonbinary: Describes a person who does not identify with the man or woman gender binary.

Transgender: Describes a person whose gender identity and or expression is different from their sex assigned at birth, and societal and cultural expectations around sex.

Why does it matter?

Research demonstrates that gender-affirming care improves the mental health and overall well-being of gender diverse children and adolescents.[1] Because gender-affirming care encompasses many facets of healthcare needs and support, it has been shown to increase positive outcomes for transgender and nonbinary children and adolescents. Gender-affirming care is patient-centered and treats individuals holistically, aligning their outward, physical traits with their gender identity.

Gender diverse adolescents, in particular, face significant health disparities compared to their cisgender peers. Transgender and gender nonbinary adolescents are at increased risk for mental health issues, substance use, and suicide.[2],[3] The Trevor Project's 2021 *National Survey on LGBTQ Youth Mental Health* found that 52 percent of LGBTQ youth seriously considered attempting suicide in the past year.[4]

A safe and affirming healthcare environment is critical in fostering better outcomes for transgender, nonbinary, and other gender expansive children and adolescents. Medical and psychosocial gender affirming healthcare practices have been demonstrated to yield lower rates of adverse mental health outcomes, build self-esteem, and improve overall quality of life for transgender and gender diverse youth.[5,6] Familial and peer support is also crucial in fostering similarly positive outcomes for these populations. Presence of affirming support networks is critical for facilitating and arranging gender affirming care for children and adolescents. Lack of such support can result in rejection, depression and suicide, homelessness, and other negative outcomes.[7,8,9]

Additional Information

- Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline
- Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents | American Academy of Pediatrics
- Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People | World Professional Association for Transgender Health

HHS Office of Population Affairs
Web: opa.hhs.gov | Email: opa@hhs.gov
Twitter: @HHSPopAffairs | YouTube: HHSOfficeofPopulationAffairs

Gender-Affirming Care and Young People

Affirming Care	What is it?	When is it used?	Reversible or not
Social Affirmation	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities	At any age or stage	Reversible
Puberty Blockers	Using certain types of hormones to pause pubertal development	During puberty	Reversible
Hormone Therapy	Testosterone hormones for those who were assigned female at birth Estrogen hormones for those who were assigned male at birth	Early adolescence onward	Partially reversible
Gender-Affirming Surgeries	"Top" surgery – to create male-typical chest shape or enhance breasts "Bottom" surgery – surgery on genitals or reproductive organs Facial feminization or other procedures	Typically used in adulthood or case-by-case in adolescence	Not reversible

Resources

- Discrimination on the Basis of Sex | HHS Office of Civil Rights
- Lesbian, Gay, Bisexual, and Transgender Health | Healthy People 2030
- Lesbian, Gay, Bisexual, and Transgender Health: Health Services | Centers for Disease Control and Prevention
- National Institutes of Health Sexual & Gender Minority Research Office
- Family Support: Resources for Families of Transgender & Gender Diverse Children | Movement Advancement Project
- Five Things to Know About Gender-Affirming Health Care | ACLU
- Gender-Affirming Care is Trauma-Informed Care | The National Child Traumatic Stress Network
- Gender-Affirming Care Saves Lives | Columbia University
- Gender Identity | The Trevor Project
- Genderspectrum.org
- Glossary of Terms | Human Rights Campaign
- Health Care for Transgender and Gender Diverse Individuals | ACOG
- Transgender and Gender Diverse Children and Adolescents | Endocrine Society

[1] Green, A. E., DeChants, J. P., Price, M. N., & Davis, C. K. (2021). Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth. *Journal of Adolescent Health*, 70(4). https://doi.org/https://doi.org/10.1016/j.jadohealth.2021.10.036

[2] Rimes, K., Goodship N., Ussher, G., Baker, D. and West, E. (2019). Non-binary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use and victimization experiences. *International Journal of Transgenderism*, 20 (2-3); 230-240.

[3] Price-Feeney, M., Green, A. E., & Dorison, S. (2020). Understanding the mental health of transgender and nonbinary youth. *Journal of Adolescent Health, 66*(6), 684–690. https://doi.org/10.1016/j.jadohealth.2019.11.314

[4] Trevor Project. (2021). *National Survey on LGBTQ Youth Mental Health 2021*. Trevor Project. https://www.thetrevorproject.org/survey-2021/.

[5] Wagner J, Sackett-Taylor AC, Hodax JK, Forcier M, Rafferty J. (2019). Psychosocial Overview of Gender-Affirmative Care. *Journal of pediatric and adolescent gynecology,* (6):567-573. doi: 10.1016/j.jpag.2019.05.004. Epub 2019 May 17. PMID: 31103711.

[6] Hughto JMW, Gunn HA, Rood BA, Pantalone DW. (2020). Social and Medical Gender Affirmation Experiences Are Inversely Associated with Mental Health Problems in a U.S. Non-Probability Sample of Transgender Adults. *Archives of sexual behavior*, 49(7):2635-2647. doi: 10.1007/s10508-020-01655-5. Epub 2020 Mar 25. PMID: 32215775; PMCID: PMC7494544.

[7] Brown, C., Porta, C. M., Eisenberg, M. E., McMorris, B. J., & Sieving, R. E. (2020). Family relationships and the health and well-being of transgender and gender-diverse youth: A critical review. *LGBT Health*, *7*, 407-419. https://doi.org/10.1089/lgbt.2019.0200

[8] Seibel BL, de Brito Silva B, Fontanari AMV, Catelan RF, Bercht AM, Stucky JL, DeSousa DA, Cerqueira-Santos E, Nardi HC, Koller SH, Costa AB. (2018). The Impact of the Parental Support on Risk Factors in the Process of Gender Affirmation of Transgender and Gender Diverse People. *Front Psychol*, 27;9:399. doi: 10.3389/fpsyg.2018.00399. Erratum in: Front Psychol. 2018 Oct 12;9:1969. PMID: 29651262; PMCID: PMC5885980.

[9] Sievert ED, Schweizer K, Barkmann C, Fahrenkrug S, Becker-Hebly I. (2021). Not social transition status, but peer relations and family functioning predict psychological functioning in a German clinical sample of children with Gender Dysphoria. *Clin Child Psychol Psychiatry*, 26(1):79-95. doi: 10.1177/1359104520964530. Epub 2020 Oct 20. PMID: 33081539.

EXHIBIT C

OPINION

We 300 Florida health care professionals say the state gets transgender guidance wrong | Open letter

The state cherry-picks and misreads the studies to come to the wrong conclusions and endanger transgender youth.

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the Healthiest State in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Treatment of Gender Dysphoria for Children and Adolescents
April 20, 2022

The Florida Department of Health wants to clarify evidence recently cited on a fact sheet released by the US Department of Health and Human Services and provide guidance on treating gender dysphoria for children and adolescents.

Systematic reviews on hormonal treatment for young people show a trend of low-quality evidence, small sample sizes, and medium to high risk of bias. A paper published in the International Review of Psychiatry states that 80% of those seeking clinical care will lose their desire to identify with the non-birth sex. One review concludes that "hormonal treatments for transgender adolescents can achieve their intended physical effects, but **evidence regarding their psychosocial and cognitive impact is generally lacking**."

According to the Merck Manual, "gender dysphoria is characterized by a strong, persistent cross-gender identification associated with anxiety, depression, irritability, and often a wish to live as a gender different from the one associated with the sex assigned at birth."

Due to the lack of conclusive evidence, and the potential for long-term, irreversible effects, the Department's guidelines are as follows:

nt option for children or adolescents.

on "Treatment of Gender Dysphoria for Children and
is guidance, saying it "misrepresents the weight of the

Tampa Bay Times

Published Apr. 27 | Updated Apr. 27

We write as a group of more than 300 Florida health care professionals who care for transgender and gender diverse youth. We have one common goal: to provide the best quality, evidence-based, individualized and compassionate care for our patients. Ultimately, we strive to empower each patient to achieve their optimal physical, mental, emotional and social health, and we want each person to feel that they are accepted and valued for who they are.

The recent statement issued by the Florida Department of Health entitled "Treatment of Gender Dysphoria for Children and Adolescents" misrepresents the weight of the evidence, does not allow for personalized patient and family-centered care, and would, if followed, lead to higher rates of youth depression and suicidality.

The Florida Department of Health guidance categorically recommends against social and medical gender transition for any patient under the age of 18. This directly contradicts existing guidelines from the American Academy of Pediatrics, the Endocrine Society, the American Academy of Child and Adolescent Psychiatry and the World Professional Association for Transgender Health. These national and international guidelines are the result of careful deliberation and examination ricians, endocrinologists, psychologists

evidence," their statement fails to follow their own recommendations. Specifically, the Florida Department of Health cites a selective and non-representative sample of small studies and reviews, editorials, opinion pieces and commentary to support several of their substantial claims. When citing high-quality studies, they make conclusions that are not supported by the authors of the articles. And while they state that their guidance is consistent with recommendations from Sweden, Finland, the United Kingdom and France, in fact, none of these countries recommends against social gender transition, and all provide a path forward for patients in need of medical intervention. This stands in marked contrast to the categorical ban recommended by the Florida Department of Health.

Current national guidelines recommend developmentally appropriate, patient- and family-centered, and nuanced care that promotes children and adolescents' self-worth. Evaluation and treatment includes thorough assessment by

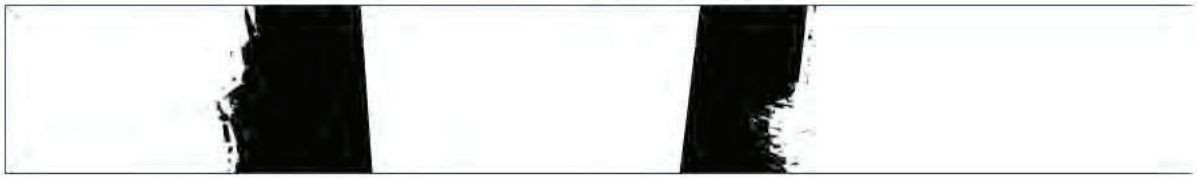
multidisciplinary teams including mental health professionals and medical providers and may include social or medical transition if indicated and desired by the patient and family.

that are 5 to 7 times higher and rates of
an that of the cisgender population.

supporting a child or adolescent to express themselves fully and honestly.

Professional guidelines do not recommend initiation of puberty blocking medications prior to the onset of puberty, and their use has been linked to reduced rates of depression and suicidality. Similarly, guidelines recommend initiation of gender-affirming hormonal treatment only after multidisciplinary teams have [illegible] a and the desire of the patient and

so as to provide informed consent alongside their guardians, which is present in most by age 16. Treatment is linked to improved body satisfaction and rates of depression. Genital surgeries are not recommended for patients under 18, and masculinizing chest surgeries only after patients meet strict criteria and can give truly informed consent alongside their guardians. In all cases, these decisions are made with great thoughtfulness and cannot be dealt with in a one-size-fits-all approach.



While we need research to further improve care for transgender and gender diverse youth, taking away social support and medical care is not the answer. We urge the professionals at the Florida Department of Health to reconsider its guidance in favor of a more individualized, patient- and family-centered, and compassionate approach.

Sincerely,

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UP NEXT: Elon Musk and Sean Hannity made it a bad Monday for freedom | Column

MORE FOR YOU

Some doctors stopping treatment for transgender youth in Florida

EXHIBIT D

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

April 20, 2022

Tom Wallace
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308

Dear Deputy Secretary Wallace:

On April 20, 2022, the Florida Department of Health released guidance on the treatment of gender dysphoria for children and adolescents.[1] The Florida Medicaid program does not have a policy on whether to cover such treatments for Medicaid recipients diagnosed with gender dysphoria. Please determine, under the process described in Florida Administrative Code Rule 59G-1035, whether such treatments are consistent with generally accepted professional medical standards and not experimental or investigational. Pursuant to Rule 59G-1035(5), I look forward to receiving your final determination.

Sincerely,

Simone Marstiller
Secretary

[1] *See* https://www.floridahealth.gov/newsroom/2022/04/20220420-gender-dysphoria-press-release.pr.html (last visited Apr. 20, 2022).

EXHIBIT E

Florida Medicaid

Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria

June 2022

Ron DeSantis, Governor
Simone Marstiller, Secretary

Contents

Contents 1

Introductory Remarks and Abstract 2

Health Service Summary 4

Literature Review: Introduction 9

Literature Review: Etiology of Gender Dysphoria 10

Literature Review: Desistance of Gender Dysphoria and Puberty Suppression 14

Literature Review: Cross-Sex Hormones as a Treatment for Gender Dysphoria 17

Literature Review: Sex Reassignment Surgery 23

Literature Review: Quality of Available Evidence and Bioethical Questions 27

Coverage Policies of the U.S. and Western Europe 31

Generally Accepted Professional Medical Standards Recommendation 37

Works Cited 39

Attachments 45

Introductory Remarks and Abstract

Generally Accepted Professional Medical Standards

The Secretary of the Florida Agency for Health Care Administration requested that the Division of Florida Medicaid review the treatment of gender dysphoria for a coverage determination pursuant to Rule 59G-1.035, Florida Administrative Code (F.A.C.) (See Attachment A for the Secretary's Letter to Deputy Secretary Tom Wallace). The treatment reviewed within this report included "sex reassignment treatment," which refers to medical services used to obtain the primary and/or secondary physical sexual characteristics of a male or female. As a condition of coverage, sex reassignment treatment must be "consistent with generally accepted professional medical standards (GAPMS) and not experimental or investigational" (Rule 59G-1.035, F.A.C., see Attachment B for the complete rule text).

The determination process requires that "the Deputy Secretary for Medicaid will make the final determination as to whether the health service is consistent with GAPMS and not experimental or investigational" (Rule 59G-1.035, F.A.C.). In making that determination, Rule 59G-1.035, F.A.C., identifies several factors for consideration. Among other things, the rule contemplates the consideration of "recommendations or assessments by clinical or technical experts on the subject or field" (Rule 59G-1.035(4)(f), F.A.C.). Accordingly, this report attaches five assessments from subject-matter experts:

- **Attachment C:** Romina Brignardello-Petersen, DDS, MSc, PhD and Wojtek Wiercioch, MSc, PhD: *Effects of Gender Affirming Therapies in People with Gender Dysphoria: Evaluation of the Best Available Evidence*. 16 May 2022.
- **Attachment D:** James Cantor, PhD: *Science of Gender Dysphoria and Transsexualism*. 17 May 2022.
- **Attachment E:** Quentin Van Meter, MD: *Concerns about Affirmation of an Incongruent Gender in a Child or Adolescent*. 17 May 2022.
- **Attachment F:** Patrick Lappert, MD: *Surgical Procedures and Gender Dysphoria*. 17 May 2022.
- **Attachment G:** G. Kevin Donovan, MD: *Medical Experimentation without Informed Consent: An Ethicist's View of Transgender Treatment for Children*. 16 May 2022.

Abstract

Available medical literature provides insufficient evidence that sex reassignment through medical intervention is a 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.

Five clinical and technical expert assessments attached to this report recommend against the use of such interventions to treat what is categorized as a mental health disorder (See attachments):

- **Health Care Research:** Brignardello-Petersen and Wiercioch performed a systematic review that graded a multitude of studies. They conclude

that evidence supporting sex reassignment treatments is low or very low quality.

- **Clinical Psychology:** 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.
- **Plastic Surgery:** 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.
- **Pediatric Endocrinology:** Van Meter explains 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.
- **Bioethics:** Donovan provides additional insight on the bioethics of administering these treatments, asserting that children and adolescents cannot provide truly informed consent.

Following a review of available literature, clinical guidelines, and coverage by other insurers and nations, Florida Medicaid has determined that the research supporting sex reassignment treatment is insufficient to demonstrate efficacy and safety. In addition, numerous studies, including the reports provided by the clinical and technical experts listed above, identify poor methods and the certainty of irreversible physical changes. Considering the weak evidence supporting the use of puberty suppression, cross-sex hormones, and surgical procedures when compared to the stronger research demonstrating the permanent effects they cause, these treatments do not conform to GAPMS and are experimental and investigational.

Health Service Summary

Gender Dysphoria

Frequently used to describe individuals whose gender identity conflicts with their natural-born sex, the term gender dysphoria has a history of evolving definitions during the past decades (Note: This report uses the term "gender" in reference to the construct of male and female identities and the term "sex" when regarding biological characteristics). Prior to the publication of the *Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), the American Psychiatric Association (APA) used the diagnosis of gender identity disorder (GID) to describe individuals who sought to transition to the opposite gender. However, behavioral health clinicians sought a revision after determining that using GID created stigma for those who received the diagnosis. This is despite the APA having adopted GID to replace the previous diagnosis of transsexualism for the exact same reason (APA, 2017).[1]

When crafting its new definition and terminology, the APA sought to remove the stigma of classifying as a disorder the questioning of one's gender identity by focusing instead on the psychological distress that such questioning can evoke. This approach argues that individuals seeking behavioral health and transition services are doing so due to experiencing distress and that gender non-conformity by itself is not a mental health issue. This led to the adoption of gender dysphoria in 2013 when the APA released the DSM-V. In addition to using a new term, the APA also differentiated the diagnosis between children and adolescents and adults, listing different characteristics for the two age groups (APA, 2017).

According to the DSM-V, gender dysphoria is defined as "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender." As for the criteria to receive the diagnosis, the APA issued stricter criteria for children than adolescents and adults. For the former, the APA states that a child must meet six out of eight behavioral characteristics such as having "a strong desire to be of the other gender or an insistence that one is the other gender" or "a strong preference for cross-gender roles in make-believe or fantasy play." The criteria for adults and adolescents are less stringent with individuals only having to meet two out of six characteristics that include "a strong desire to be the other gender" or "a strong desire to be rid of one's primary and/or secondary sexual characteristics." The APA further notes that these criteria can also apply to young adolescents (DSM-V, 2013).

In 2021, the Merck Manual released a slightly different definition for gender dysphoria, citing that the condition "is characterized by a strong, persistent cross-gender identification associated with anxiety, depression, irritability, and often a wish to live as a gender different from the one associated with the

[1] The concept of gender being part of identity and disconnected from biological sex originated during the mid-twentieth century and was publicized by psychologist John W. Money. His research asserted that gender was a complete social construct and separate from biology, meaning that parents and/or caregivers could imprint on a young child (under three years) the identity of a boy or girl. In 1967, Money's theories led to a failed experiment on twin boys where physicians surgically transitioned one to appear as a girl. The twin that underwent sex reassignment never fully identified as a female. However, Money never publicly acknowledged this and reported the experiment as a success. Furthermore, he promoted his conclusions across the scientific community, concealing what actually unfolded. As a result, Money's ideas on gender fluidity served as a basis for performing procedures on children with hermaphroditic features or genital abnormalities. The case reveals how the understanding of a concept (e.g., gender) at any given time can lead to incorrect medical decisions with irreversible consequences (Gaetano, 2015).

sex assigned at birth." Additionally, the Merck Manual further states that "gender dysphoria is a diagnosis requiring specific criteria but is sometimes used more loosely for people in whom symptoms do not reach a clinical threshold" (Merck Manual, 2021). This definition is largely consistent with the DSM-V but does not emphasize the distress component to the same extent.[2]

Like other behavioral health diagnoses classified in the DSM-V, gender dysphoria has the following subtypes:

- **Early-Onset Gender Dysphoria:** This subtype begins during childhood and persists through adolescence into adulthood. It can be interrupted by periods where the individual does not experience gender dysphoria signs and may classify as homosexual (DSM-V, 2013).
- **Late-Onset Gender Dysphoria:** Occurring after puberty or during adulthood, this subtype does not begin until late adolescence and can emerge following no previous signs of gender dysphoria. The APA attributes this partially to individuals who did not want to verbalize their desires to transition (DSM-V, 2013).

Further studies have identified additional subtypes of gender dysphoria. In 2018, Lisa Littman introduced the concept of a rapid-onset subtype. Classified as rapid-onset gender dysphoria (ROGD), it features characteristics such as sudden beginnings during or following puberty. However, it differs from the DSM-V definitions because ROGD is associated with other causes such as social influences (e.g., peer groups, authority figures, and media). In other words, adolescents who had no history of displaying typical gender dysphoria characteristics go through a sudden change in identity following intense exposure to peers and/or media that heavily promotes transgender lifestyles (Littman, 2018). While more long-term studies are needed to confirm whether ROGD is a temporary or long-term condition, Littman's study has initiated discussions regarding potential causes of gender dysphoria as well as introduced a potential subtype.

Additionally, the frequent use of gender dysphoria in clinical and lay discourse has led to a fracturing of the definition. Studies on the topic frequently do not apply the DSM-V's criteria for the diagnosis and overlook certain key features such as distress. In a 2018 review by Zowie Davy and Michael Toze, the authors evaluated 387 articles that examine gender dysphoria and noted stark departures from the APA's definition. They further asserted that the APA intended to "reduce pathologization" by establishing a new definition for gender dysphoria in the DSM-V. This in turn would reduce diagnoses, although as Davy and Toze note, the tendency for the literature to diverge from the APA's definition may result in increased numbers of individuals classified as having gender dysphoria when they do not meet the DSM-V's criteria (Davy and Toze, 2018). This further raises the question of whether individuals are receiving potentially irreversible treatments for the condition when they might not actually have it.

The current usage of gender dysphoria is the result of discussions spanning across decades as demonstrated in the past editions of the DSM. Until 2013, the APA considered having gender identity issues a mental disorder by itself regardless of the presence of psychological distress. That perspective has since shifted to only consider the adverse psychological effects of questioning one's gender as a disorder. In addition, the APA considers gender as part of one's identity, which is not subject to a diagnosis. Whether the APA has shifted its terminology and criteria for gender identity issues due to

[2] Following the release of the Florida Department of Health's guidelines for treating gender dysphoria, Merck removed its definition for "gender dysphoria" from the Merck Manual (Fox News, 2022).

emerging clinical data or cultural changes is another question. In 1994, the APA replaced transsexualism with gender identity disorder as part of the "effort to reduce stigma" (APA, 2017). This raises questions about what influences decisions to revise definitions and criteria; is it social trends or medical evidence?

Behavioral Health Issues Co-Occurring with Gender Dysphoria

Because gender dysphoria pertains directly to the distress experienced by an individual who desires to change gender identities, secondary behavioral health issues can co-occur such as depression and anxiety. If left untreated, these conditions can lead to the inability to function in daily activities, social isolation, and even suicidal ideation. Studies do confirm that adolescents and adults with gender dysphoria report higher levels of anxiety, depression, and poor peer relationships than the general population (Kuper et al, 2019). Other associated conditions include substance abuse, eating disorders, and compulsivity. A significant proportion of individuals with gender dysphoria also have autism spectrum disorder (ASD) (Saleem and Rizvi, 2017). Although the number reporting secondary issues is increased, individuals diagnosed with gender dysphoria do not necessarily constitute the entire population that is gender non-conforming (i.e., does not identify with natal sex), and no information is available breaking down the percentage of those who are non-conforming with gender dysphoria and those who are non-conforming with no distress. Additionally, available research raises questions as to whether the distress is secondary to pre-existing behavioral health disorders and not gender dysphoria. This is evident in the number of adolescents who reported anxiety and depression diagnoses prior to transitioning (Saleem and Rizvi, 2017).

Furthermore, conventional treatments for secondary behavioral health issues are available. These include cognitive behavioral therapy, medication, and inpatient services. The APA reports that treatments for these are highly effective with 80% to 90% of individuals diagnosed with depression responding positively (APA, 2020). In addition, a high percentage of adolescents diagnosed with gender dysphoria had received psychiatric treatment for a prior or co-occurring mental health issue. A 2015 study from Finland by Kaltiala-Heino et al noted that 75% of children seeking sex reassignment services had been treated by a behavioral health professional (Kaltiala-Heino et al, 2015).

Diagnosing Gender Dysphoria

Prior to the publication of the DSM-V, diagnosing individuals experiencing gender identity issues followed a different process. Behavioral health clinicians could assign the diagnosis based on gender non-conformance alone. That has changed since 2013. Today, non-conforming to one's gender is part of personal identity and not a disorder requiring treatment. This change has led professional associations to shift the diagnostic criteria for gender dysphoria to focus on the distress caused by shifting identities (DSM-V, 2013).

For adolescents, the APA identifies "a marked incongruence between one's experienced/expressed gender and natal sex, of at least 6 months' duration" as the core component of gender dysphoria (DSM-V, 2013). What the APA does not elucidate is the threshold for "marked." This raises questions as to whether practitioners exercise uniformity when applying the diagnostic criteria or if they do so subjectively. For example, the WPATH's *Standards of Care for the Health of Transsexual, Transgender, and Gender Non-Conforming People* provides guidance on the processes mental health practitioners should use when assessing for gender dysphoria but offers no benchmarks for meeting diagnostic criteria (WPATH, 2012).

Such processes include evaluating for gender non-conforming behaviors and other co-existing mental disorders like anxiety or depression. This involves not only interviewing the adolescent but also the family in addition to reviewing medical histories. WPATH also asserts that gender dysphoria assessments need to account for peer relationships, academic performance, and provide information of potential treatments. This last component is necessary because it might affect an individual's choices regarding transitioning, particularly if the information does not correspond to the desired outcome (WPATH, 2012).

The diagnosis of gender dysphoria is a relatively recent concept in mental health, being the product of decades of discussion and building upon previous definitions. Instead of treating gender non-conformity as a disorder, behavioral health professionals acknowledge it as part of one's identity and focus on addressing the associated distress. Considering the new criteria, this changes the dynamics of the population who would have qualified for a diagnosis before 2013 and those who would today. Given that desiring to transition into a gender different from natal sex no longer qualifies as a disorder, behavioral health professionals are treating distress and referring adolescents and adults to therapies that are used off-label and pose irreversible effects.

Current Available Treatments for Gender Dysphoria

At present, proposed treatment for gender dysphoria occurs in four stages, beginning with psychological services and ending with sex reassignment surgery. As an individual progresses through each stage, the treatments gradually become more irreversible with surgical changes being permanent. Because of the increasing effects, individuals must have attempted treatment at the previous stage before pursuing the next one (Note: late adolescents and adults have already completed puberty and do not require puberty blockers). Listed in order, the four stages are as follows:

- **Behavioral Health Services:** Psychologists and other mental health professionals are likely the first practitioners individuals with gender dysphoria will encounter. In accordance with clinical guidelines established by the World Professional Association for Transgender Health (WPATH)[3], behavioral health professionals are supposed to "find ways to maximize a person's overall psychological well-being, quality of life, and self-fulfillment." WPATH further discourages services for attempting to change someone's gender identity. Instead, it instructs practitioners to assess for the condition and readiness for puberty blockers or cross-sex hormones while offering guidance to function in a chosen gender. WPATH does assert that the clinicians do need to treat any other underlying mental health issues secondary or co-occurring with gender dysphoria (WPATH, 2012). However, the organization provides conflicting guidance because it also advises practitioners to prescribe cross-sex hormones on demand (Levine, 2018).
- **Puberty Suppression:** Used only on individuals in the earliest stages of puberty (Tanner stage 2), preventing pubertal onset provides additional time to explore gender identities before the physical characteristics of biological sex develop. This treatment is intended to reduce distress and anxiety related to the appearance of adult sexual physical features. To suppress puberty, pediatric endocrinologists inject gonadotropin releasing hormone (Gn-RH) at specific intervals (e.g., 4 weeks or 12 weeks). The Gn-RH suppresses gonadotropin receptors that allow for the

[3] The World Professional Association for Transgender Health asserts that it is a professional organization. However, it functions like an advocacy group by allowing open membership to non-clinicians (WPATH, 2022).

development of primary and secondary adult sexual characteristics. Prior to receiving puberty suppression therapy, individuals must have received a diagnosis of gender dysphoria and have undergone a mental health evaluation (Kyriakou et al, 2020).

- **Cross-Sex Hormones:** For adults and late adolescents (16 years or older), the next treatment phase recommended is taking cross-sex hormones (e.g., testosterone or estrogen) to create secondary sex characteristics. In men transitioning into women, these include breast development and widening around the pelvis. Women who transition into men experience deeper voices, redistribution of fat deposits, and growing facial hair. According to the Endocrine Society, late adolescents who qualify for cross-sex hormones must have a confirmed diagnosis of gender dysphoria from a mental health practitioner with experience treating that population. Some physical changes induced by these hormones are irreversible (Endocrine Society, 2017).
- **Sex Reassignment Surgery:** Sometimes referred to as "gender affirming" surgery, this treatment does not consist of just one procedure but several, depending on the desires of the transitioning individual. Primarily, sex reassignment procedures alter the primary and secondary sexual characteristics. Men transitioning into women (trans-females) undergo a penectomy (removal of the penis), orchiectomy (removal of the testes), and vulvoplasty (creation of female genitals). Other procedures trans-females may undergo include breast augmentation and facial feminization. For women that transition into men (trans-males), procedures include mastectomy (removal of the breasts), hysterectomy (removal of the uterus), oophorectomy (removal of the ovaries), and phalloplasty (creation of male genitals). Because of the complexities involved in phalloplasty, many trans-males do not opt for this procedure and limit themselves to mastectomies. Additionally, the effects of sex reassignment surgery, such as infertility, are permanent (WPATH, 2012).

While some clinical organizations assert that they are the standard of care for gender dysphoria, the U.S. Food and Drug Administration (FDA) currently has not approved any medication as clinically indicated for this condition (Unger, 2018). Although puberty blockers and cross-sex hormones are FDA approved, the FDA did not approve them for treating gender dysphoria, meaning that their use for anything other than the clinical indications listed is off-label (American Academy of Pediatrics, 2014). As for surgical procedures, the FDA does not evaluate or approve them, but it does review all surgical devices (FDA, 2021). In addition, the Endocrine Society concedes that its practice guidelines for sex reassignment treatment does *not* constitute a "standard of care" and that its grades for available services are low or very low (Endocrine Society, 2017).[4]

[4] Disagreement over how to treat gender dysphoria, gender identity disorder, and transsexualism has persisted since sex reassignment surgery first became available in the 1960s. In a 2006 counterargument, Paul McHugh highlights how individuals seeking surgery had other reasons that extended beyond gender identity, including sexual arousal and guilt over homosexuality. In addition, he asserts that undergoing sex reassignment procedures did not improve a patient's overall behavioral health and that providing a "surgical alteration to the body of these unfortunate people was to collaborate with a mental disorder rather than to treat it" (McHugh, 2006).

Literature Review: Introduction

Currently, an abundance of literature and studies on gender dysphoria is available through academic journals, clinical guidelines, and news articles. Similar to other mental health issues, the material addresses a broad range of topics consisting of available treatments, etiology (i.e., causes), risks, benefits, and side effects. Although most stories reported by the media indicate that treatments such as cross-sex hormones and sex reassignment surgery are the most effective, research reveals that numerous questions still exist. These include what are the long-term health effects of taking cross-sex hormones, what are the real causes of gender dysphoria, and how many individuals that transition will eventually want to revert to their natal sex. Additionally, much of the available research is inconclusive regarding the effectiveness of sex reassignment treatments with multiple studies lacking adequate sample sizes and relying on subjective questionnaires. While much of the scientific literature leans in favor of cross-sex hormones and surgery as options for improving the mental health of individuals with gender dysphoria, it does not conclusively demonstrate that the benefits outweigh the risks involved, either short or long-term. What studies do reveal with certainty is that sex reassignment surgery and cross-sex hormones pose permanent effects that can result in infertility, cardiovascular disease, and disfigurement. All of this indicates that further research is necessary to validate available treatments for gender dysphoria. Thus, physicians, who recommend sex reassignment treatment, are not adhering to an evidence-based medicine approach and are following an eminence-based model.

The following literature review addresses the multiple facets of this condition and presents areas of ongoing debate and persisting questions. Beginning with the condition's etiology and continuing with evaluations of puberty blockers, cross-sex hormones, and surgery, the review explains each area separately and in context of gender dysphoria at large. Additionally, the review provides an analysis on available research on mental health outcomes as well as the condition's persistence into adulthood. Taken as a whole, the available studies demonstrate that existing gender dysphoria research is inconclusive and that current treatments are used to achieve cosmetic benefits while posing risky side effects as well as irreversible changes.

Literature Review: Etiology of Gender Dysphoria

What causes gender dysphoria is an ongoing debate among experts in the scientific and behavioral health fields. Currently, the research indicates that diagnosed individuals have higher proportions of autism spectrum disorder (ASD), history of trauma or abuse, fetal hormone imbalances, and co-existing mental illnesses. Also, experts acknowledge that genetics may factor into gender dysphoria. Another potential cause is social factors such as peer and online media influence. At the moment, none of the studies provides a definite cause and offer only correlations and weakly supported hypotheses. In addition, evidence favoring a biological explanation is highly speculative. However, the research does raise questions about whether treatments with permanent effects are warranted in a population with disproportionately high percentages of ASD, behavioral health problems, and trauma.

In a 2017 literature review by Fatima Saleem and Syed Rizvi, the authors examine gender dysphoria's numerous potential causes and the remaining questions requiring further research. In conclusion, the pair indicate that associations exist between the condition and ASD, schizophrenia, childhood abuse, genetics, and endocrine disruption chemicals but that more research is needed to improve understanding of how these underlying issues factor into a diagnosis. Throughout the review, Saleem and Rizvi identify the following as potential contributing elements to the etiology of gender dysphoria:

- **Neuroanatomical Etiology:** During fetal development, the genitals and brain develop during different periods of a pregnancy, the first and second trimesters respectively. Because the processes are separate, misaligned development is possible where the brain may have features belonging to the opposite sex. The authors identify one study where trans-females presented with a "female-like putamen" (structure at the base of the brain) when undergoing magnetic resonance imaging (MRI) scans.[5]
- **Psychiatric Associations:** Saleem and Rizvi identify multiple studies reporting that individuals with gender dysphoria have high rates of anxiety and depressive disorders with results ranging as high as 70% having a mental health diagnosis. In addition, the pair note that schizophrenia may also influence desires to transition. However, the review does not assess whether the mental health conditions are secondary to gender dysphoria.
- **Autism Spectrum Disorder:** Evidence suggests a significant percentage of individuals diagnosed with gender dysphoria also have ASD. The authors note that the available studies only establish a correlation and do not identify mechanisms for causation.
- **Childhood Abuse:** Like the above causes, Saleem and Rizvi note that those with gender dysphoria tended to experience higher rates of child abuse across all categories, including neglect, emotional, physical, and sexual.
- **Endocrine Disruptors:** Although this cause still requires substantial research, it is a valid hypothesis regarding how phthalates found in plastics can create an imbalance of testosterone in fetuses during gestation, which can potentially lead to gender dysphoria. The authors point to one study that makes this suggestion.

[5] Research on neuroanatomical etiology for gender dysphoria remains highly speculative due to limitations of brain imaging (Mayer and McHugh, 2016). In addition, neuroscience demonstrates that exposures to certain environments and stimuli as well as behaviors can affect brain changes (Gu, 2014). Furthermore, available research indicates that male and female brains have different physical characteristics but cannot be placed in separate categories due to extensive overlap of white/grey matter and neural connections (Joel et al, 2015).

Saleem and Rizvi's review reveal that gender dysphoria's etiology can have multiple factors, most of which require treatments and therapies not consisting of cross-sex hormones or surgery. (Saleem and Rizvi, 2017).

Out of the research on the condition's etiology, a large portion focuses on the correlation with ASD. One of the more substantial studies by Van der Miesen et al published in 2018 evaluates 573 adolescents and 807 adults diagnosed with ASD and compares them to 1016 adolescents and 846 adults from the general population. The authors' findings note that adolescents and adults with ASD were approximately 2.5 times more likely to indicate a desire of becoming the opposite sex. Although the methodology used to reach this conclusion consisted of surveys where respondents had a choice of answering "never," "sometimes," or "often," the results correspond with those of similar studies. Van der Miesen et al also indicate that most responses favoring a change in gender responded with "sometimes." Additionally, the authors do not state how many in their sample group actually had a gender dysphoria diagnosis. (Van der Miesen et al, 2018).

Another study by Shumer et al from 2016 utilizes a smaller sample size (39 adolescents) referred to an American hospital's gender clinic. Unlike Van der Miesen et al's research, Shumer et al evaluate subjects with a diagnosis of gender dysphoria for possible signs of ASD or Asperger's syndrome. Their findings revealed that 23% of patients presenting at the clinic would likely have one of the two conditions. Possible explanations for the high percentage are the methods used to gather the data. Shumer et al requested a clinical psychologist to administer the Asperger Syndrome Diagnostic Scale to the parents of the sample patients, four of whom already had an ASD diagnosis. The authors conclude that the evidence to support high incidence of gender dysphoria in individuals with ASD is growing and that further research is needed to determine the specific cause (Shumer et al, 2016).

Research indicating a strong correlation between ASD and gender dysphoria is not the only area where new studies are emerging. Discussions about the effects of prenatal testosterone levels are also becoming more prevalent. One such example is Sadr et al's 2020 study that looks at the lengths of the index and ring fingers (2D:4D) of both left and right hands of 203 individuals diagnosed with gender dysphoria. The authors used this method because prenatal testosterone levels can affect the length ratios of 2D:4D. By comparing the ratios of a group with gender dysphoria to a cohort from the general population, Sadr et al could assess for any significant difference. Their results indicated a difference in trans-females who presented with more feminized hands. For trans-males, the difference was less pronounced. The results for both groups were slight, and the meta-analysis that accompanies the study notes no statistically significant differences in multiple groups from across cultures. However, Sadr et al further assert that the evidence strongly suggests elevated prenatal testosterone levels in girls and reduced amounts in boys may contribute to gender dysphoria, requiring additional research (Sadr et al, 2020).

In addition to biological factors and correlations with ASD, researchers are exploring psychological and social factors to assess their role in gender dysphoria etiology. This literature examines a range of potential causative agents, including child abuse, trauma, and peer group influences. One such study by Kozlowska et al from 2021 explores patterns in children with high-risk attachment issues who also had gender dysphoria. The authors wanted to assess whether past incidents of abuse, loss, or trauma are associated with higher rates of persons desiring to transition. As a basis, Kozlowska et al cite John Bowlby's research on childhood brain development, noting that the process is not linear and depends

heavily on lived experiences. The study further acknowledges that biological factors combined with life events serve as the foundation for the next developmental phase and that early poor-quality attachment issues increase the risk for psychological disorders in adolescence and adulthood. Such disorders include mood and affective disorders, suicidal ideations, and self-harm. Kozlowska et al also cite other studies that indicate a high correlation between gender dysphoria and "adverse childhood events" and further assert that the condition "needs to be conceptualized in the context of the child's lived experience, and the many different ways in which lived experience is biologically embedded to shape the developing brain and to steer each child along their developmental pathway" (Kozlowska et al, 2021).

For their study, Kozlowska et al recruited 70 children diagnosed with gender dysphoria and completed family assessments going back three generations. This in-depth level was necessary to ascertain any and all events that could affect a child's developmental phases. Additionally, the researchers individually assessed the diagnosed children. To establish comparisons, Kozlowska et al performed assessments on a non-clinical group and a mixed-psychiatric group. Their results demonstrate that children with gender dysphoria have significantly higher rates of attachment issues as well as increased reports of "adverse childhood events" such as trauma (e.g., domestic violence and physical abuse). Furthermore, the authors indicate that a high proportion of families reported "instability, conflict, parental psychiatric disorder, financial stress, maltreatment events, and relational ruptures." These results led Kozlowska et al to conclude that gender dysphoria can be "associated with developmental pathways – reflected in at-risk patterns of attachment and high rates of unresolved loss and trauma – that are shaped by disruptions to family stability and cohesion." The study also cites that treatment requires "a comprehensive biopsychosocial assessment with the child and family, followed by therapeutic interventions that address, insofar as possible, the breadth of factors that are interconnected with each particular child's presentation" (Kozlowska et al, 2021).

This recent study raises questions regarding the medical necessity of gender dysphoria treatments such as puberty blockers and cross-sex hormones for adolescents. If high percentages of children diagnosed with gender dysphoria also have histories of trauma and attachment issues, should conventional behavioral health services be utilized without proposing treatments that pose irreversible effects? Would that approach not provide additional time to address underlying issues before introducing therapies that pose permanent effects (i.e., the watchful waiting approach)?

Aside from the notion that childhood abuse and adversity can potentially cause gender dysphoria, other possible explanations such as social factors (e.g., peer influences and media) may be contributing factors. Research on rapid onset gender dysphoria (ROGD) links this phenomenon to peer and social elements. In an analysis utilizing parent surveys, Lisa Littman asserts that the rapid rise of ROGD is not associated with the traditional patterns of gender dysphoria onset (i.e., evidence of an individual's gravitation to the opposite sex documented over multiple years) but rather exposure to "social and peer contagion." Littman uses this term in the context of definitions cited in academic literature, stating that "social contagion is the spread of affect or behaviors through a population" and that "peer contagion is the process where an individual and peer mutually influence each other in a way that promotes emotions and behaviors that can potentially undermine their own development or harm others." Examples of the latter's negative effects include depression, eating disorders, and substance abuse. What prompted this study is a sudden increase of parents reporting their daughters declaring themselves to be transgender without any previous signs of gender dysphoria. Littman also indicates

that these parents cite that their daughters became immersed in peer groups and social media that emphasized transgender lifestyles (Littman, 2018).

In addition to identifying characteristics of ROGD, the study examines social media content that provides information to adolescents regarding how to obtain cross-sex hormones through deception of physicians, parents, and behavioral health professionals. Such guidance includes coaching on how to fit a description to correspond to the DSM-V and pressures to implement treatment during youth to avoid a potential lifetime of unhappiness in an undesirable body. Littman further states that "online content may encourage vulnerable individuals to believe that non-specific symptoms and vague feelings should be interpreted as gender dysphoria." The study also notes that none of the individuals assessed using the parental surveys qualified for a formal diagnosis using the DSM-V criteria (Littman, 2018).

The survey responses revealed similar data to Kozlowska et al's study with 62.5% of the adolescents having a mental health or neurodevelopmental disorder. Furthermore, the responses indicate a rapid desire to bypass behavioral health options and pursue cross-sex hormones. 28.1% of parents surveyed stated that their adolescents did not want psychiatric treatments. One parent even reported that their daughter stopped taking prescribed anti-depressants and sought advice only from a gender therapist. Littman's research further reveals that 21.2% of parents responded that their adolescent received a prescription for puberty blockers or cross-sex hormones at their first visit (Littman, 2018). These responses indicate that practitioners do not uniformly follow clinical guidelines when making diagnoses or prescribing treatment.

In the discussion, Littman proposes two hypotheses for the appearance of ROGD. The first states that social and peer contagion is one of the primary causes, and the second asserts that ROGD is a "maladaptive coping mechanism" for adolescents dealing with emotional and social issues. While the surveyed parents did not report early signs of gender dysphoria, a majority noted that their daughters had difficulty in handling negative emotions. Littman concludes that ROGD is distinct from gender dysphoria as described in the DSM-V and that further research is needed to assess whether the condition is short or long-term (Littman, 2018). What the study does not explore, but raises the question, is what proportion of those being treated for gender dysphoria are adolescents with ROGD.

Littman's study along with the others reveal that the causes of gender dysphoria are still a mystery and could have multiple biological and social elements. Because of this ongoing uncertainty, treatments that pose irreversible effects should not be utilized to address what is still categorized as a mental health issue. That allows adequate opportunity for individuals to receive treatment for co-existing mental disorders, establish their gender dysphoria diagnoses, and understand how cross-sex hormones and surgery will alter the appearance of their bodies as well as long-term health.

Literature Review: Desistance of Gender Dysphoria and Puberty Suppression

The World Professional Association for Transgender Health (WPATH) and the Endocrine Society both endorse the use of gonadotropin releasing hormones (Gn-RH) to suppress puberty in young adolescents who have gender dysphoria. Both organizations state that the treatment is safe and fully reversible. In addition, they state that delaying pubertal onset can provide extra time for adolescents to explore the gender in which they choose to live. The associations further state that puberty suppression is necessary to prevent the development of primary and secondary sexual characteristics that can inhibit successful transitions into adulthood (WPATH, 2012; Endocrine Society, 2017). Of the two groups, WPATH offers clinical criteria an individual should meet to qualify for puberty suppression such as addressing psychological co-morbidities and assessing whether gender dysphoria has intensified (WPATH, 2012).

Neither organization explains that the majority of young adolescents who exhibit signs of gender dysphoria eventually desist and conform to their natal sex and that the puberty suppression can have side effects. Both organizations neglect to mention that using Gn-RH for gender dysphoria by altering the appearance is not an FDA-approved clinical indication. Furthermore, the research used to justify puberty suppression is low or very-low quality and little information is available on long-term effects (Hruz, 2019). Additionally, in his assessment, Quentin Van Meter explained that physical differences between central precocious puberty and natural onset puberty demonstrate that Gn-RH does not have permanent adverse effects for those treated for the former but can for the latter such as insufficient bone-mineral density and neural development (Van Meter, 2022). Also, as recently as May 17, 2022, during a U.S. Senate Committee on Appropriations hearing, Lawrence Tabak, acting director of the National Institutes of Health, responded to Senator Marco Rubio, acknowledging that no long-term studies are available evaluating the effects of puberty blockers when used for gender dysphoria (U.S. Senate Committee on Appropriations, 2022).

Currently, some studies provide weak support for this treatment but leave too many questions as to its effectiveness and medical necessity, especially considering how many children decide against transitioning. In addition, puberty blockers halt development of primary and secondary sexual characteristics and deny opportunities for adolescents to adapt and become comfortable with their natal sex. Instead, puberty blockers can serve as a potential “gateway drug” for cross-sex hormones by denying them the experience of physically maturing (Laidlaw et al, 2018).

A 2013 study by Steensma et al offers data on the percentage of children who opt not to transition after experiencing gender dysphoria. The authors follow 127 adolescents (mean age of 15 during the evaluation period) for four years who had been referred to a Dutch gender dysphoria clinic. Out of this cohort, 47 (37%; 23 boys and 24 girls) continued experiencing the condition and applied for sex reassignment treatment. The other 80 adolescents never returned to the clinic. Because this clinic was the only one that treated gender dysphoria in the Netherlands, Steensma et al assumed that those who did not return no longer desired transitioning. The study indicates one of the key predictors for persisting gender dysphoria was the age of first presentation. Older adolescents that started going to the clinic were more likely to persist, while younger adolescents tended not to follow through. Steensma et al provide further insight into other predicting factors, particularly on how each individual views his or her gender identity. The authors note that adolescents who “wished they were the other sex” were more likely to become desisters and that those who “believed that they were the other sex” persisted

and later sought sex reassignment treatment (Steensma et al, 2013). While the study focuses on factors that contribute to the condition's persistence or desistance, it raises the question as to whether puberty suppression is necessary when age plays such an important role regarding the decision to transition.

WPATH and the Endocrine Society state that the primary reason for initiating pubertal suppression is not to treat a physical condition but to improve the mental health of adolescents with gender dysphoria. However, available research does not yield definitive results that this method is effective at addressing a mental health issue. The "gold standard" for medical studies is the randomized-controlled trial (RCT). Because RCTs utilize large sample sizes, have blind testing groups (i.e, placebos), and use objective controls, they can offer concrete conclusions and shape the array of established treatments. In addition, RCTs require comparisons between cohort outcomes and ensure that participants are randomly assigned to each group. These measures further reduce the potential for bias and subjectivity (Hariton and Locascio, 2018).

Presently, no RCTs that evaluate puberty suppression as a method to treat gender dysphoria are available. Instead, the limited number of published studies on the topic utilize small sample sizes and subjective methods (Hruz, 2019). A 2015 article by Costa et al is one such example. The study asserts that "psychological support and puberty suppression were both associated with an improved global psychological functioning in gender dysphoric adolescents." To reach this conclusion, the authors selected 201 children diagnosed with the condition and divided them into two groups, one to receive psychological support only and the other to get puberty blockers in addition to psychological support. Costa et al did not create a third group that lacked a gender dysphoria diagnosis to serve as a control. To assess whether puberty suppression is an effective treatment, the authors administered two self-assessments (Utrect Gender Dysphoria Scale and Children's Global Assessment Scale)[6] to the groups at 6-month intervals during a 12-month period. Because the study relies heavily on self-assessments, the conclusions are likely biased and invalid. Another problem that is also present and common throughout articles supporting puberty suppression is the short-term period of the study. Costa et al's conclusions may not be the same if additional follow-ups occurred three or five years later (Costa et al, 2015). This further raises the question whether low-quality studies like Costa et al's should serve as the basis for clinical guidelines advising clinicians to prescribe drugs for off-label purposes.

Aside from questionable research, information regarding the full physical effects of puberty suppression is incomplete. In a 2020 consensus parameter prepared by Chen et al, 44 experts in neurodevelopment, gender development, and puberty/adolescence reached a conclusion stating that "the effects of pubertal suppression warrant further study." The basis for this was that the "full consequences (both beneficial and adverse) of suppressing endogenous puberty are not yet understood." The participating experts emphasized that the treatment's impact on neurodevelopment in adolescents remains unknown. Chen et al explain that puberty-related hormones play a role in brain development as documented in animal studies and that stopping these hormones also prevents neurodevelopment in addition to sexual maturation. The authors further raise the question whether normal brain development resumes as if it had not been interrupted when puberty suppression ceases. Because this

[6] Behavioral health practitioners use the Children's Global Assessment Scale (CGAS) to measure child functioning during the evaluation process to determine diagnoses. Available evidence indicates that the CGAS is not effective for evaluating children who experienced trauma and presented with mental health symptoms (Blake et al, 2006).

question remains unanswered, it casts doubt on the veracity of organizations' assertions that puberty suppression is "fully reversible" (Chen et al, 2020).

In addition to the unanswered questions and low-quality research, puberty suppression causes side effects, some of which have the potential to be permanent. According to a 2019 literature review by De Sanctis et al, most side effects associated with Gn-RH are mild, consisting mostly of irritation around injection sites. However, clinicians have linked the drug to long-term conditions such as polycystic ovarian syndrome, obesity, hypertension, and reduced bone mineral density. While reports of these events are low and the authors indicate that Gn-RH is safe for treating central precocious puberty (Note: De Sanctis et al do not consider gender dysphoria in their analysis), the review raises questions about whether off-label use to treat a psychological condition is worth the risks (De Sanctis et al, 2019).

Furthermore, De Sanctis et al cite studies noting increased obesity rates in girls who take Gn-RH but that more research is needed to gauge the consistency. Additionally, the authors note that evidence is strong regarding reduced bone mineral density during puberty suppression but indicate that the literature suggests it is reversible following treatment (De Sanctis et al, 2019). While research leans toward the reversibility of effects on bone mineral density, the quantity of studies available on this subject are limited. Also, no long-term research has been completed on how puberty suppression affects bone growth. This is significant because puberty is when bone mass accumulates the most (Kyriakou et al, 2020). One example of a complication involving bone growth and Gn-RH is slipped capital femoral epiphysis. This condition occurs when the head of the femur (i.e., thighbone) can slip out of the pelvis, which can eventually lead to osteonecrosis (i.e., bone death) of the femoral head. Although the complication is rare, its link to puberty suppression indicates that the "lack of adequate sex hormone exposure" could be a cause (De Sanctis et al, 2019).

The current literature on puberty suppression indicates that using it to treat gender dysphoria is off-label, poses potentially permanent side effects, and has questionable mental health benefits. The limited research and lack of FDA approval for that clinical indication prompt questions about whether medications with physically altering effects should be used to treat a problem that most adolescents who experience it will later overcome by conforming to their natal sex. Additional evidence is required to establish puberty suppression as a standard treatment for gender dysphoria.

Literature Review: Cross-Sex Hormones as a Treatment for Gender Dysphoria

Currently, the debate surrounding the use of cross-sex hormones to treat gender dysphoria revolves around their ability to improve mental health without causing irreversible effects. It is not about whether taking cross-sex hormones can alter someone's appearance. The evidence demonstrating the effectiveness of cross-sex hormones in achieving the secondary sexual characteristics of the opposite sex is abundant. Also, the overall scientific consensus concludes that individuals who take cross-sex hormones will reduce the primary sexual function of his or her natal sex organs. What researchers continue evaluating are the short and long-term effects on mental health, impacts on overall physical health, and how the changes affect the ability to detransition. Of these, benefits to mental health overshadow the other discussions. Prescribers of cross-sex hormones focus so heavily on behavioral health outcomes that they de-emphasize that these drugs cause permanent physical changes and side effects that can lead to premature death (Hruz, 2020). Some clinical guidelines such as WPATH's do not even indicate that some of the changes are irreversible.

Like puberty suppression, the Endocrine Society and WPATH provide guidance on administering cross-sex hormones to individuals with gender dysphoria. Both organizations state that this treatment should not be administered without a confirmed diagnosis of gender dysphoria and only after a full psychosocial assessment. In addition, behavioral health practitioners must ensure that any mental comorbidities are not affecting the individual's desire to transition. WPATH and the Endocrine Society further state that clinicians should administer hormone replacements such as testosterone and Estradiol (estrogen) in gradual phases, where the dose increases over several months. For trans-females, the organizations state that progesterone (anti-androgen) is also necessary to block the effects of naturally produced testosterone (WPATH, 2012; Endocrine Society, 2017). When taking cross-sex hormones, trans-males need increased doses for the first six months. After that, the testosterone's effects are the same on lower doses. Once started, individuals cannot stop taking hormones unless they desire to detransition (Unger, 2016).

Although the two groups provide similar guidance, they vary on statements that can have significant impact on long-term outcomes, particularly regarding age. According to WPATH's standards, 16 years is the general age for initiating cross-sex hormones, but the organization acknowledges that the treatment can occur for younger individuals depending on circumstances (WPATH, 2012). This differs from the Endocrine Society, which states no specific age for appropriateness and explains the disagreements in assigning a number. The group highlights that most adolescents have attained sufficient competence by age 16 but may not have developed adequate abilities to assess risk (Endocrine Society, 2017). This raises the question whether adolescents can make sound decisions regarding their long-term health. Additionally, the varying guidance raises an issue with WPATH not only using age 16 as a standard but also indicating that younger adolescents are capable of making that choice.

WPATH's guidance also does not stress the irreversible nature of cross-sex hormones, citing the treatment as "partially reversible" and not indicating which changes are permanent. Furthermore, parts of WPATH's information are misleading and directly conflict with guidance issued by clinics and other sources. One such example consists of WPATH stating that "hormone therapy *may* (emphasis added) lead to irreversible changes." This statement is misleading in light of existing research, which indicates that multiple physical changes are permanent. In addition, WPATH claims that certain effects of cross-

sex hormones such as clitoral enlargement can last one to two years when it is actually irreversible (UCSF, 2020). WPATH also does not explain the risks to male fertility, noting that lowered sperm count or sterility is "variable." The University of California at San Francisco (UCSF) provides starkly different information by stating that trans-females should expect to become sterile within a few months of starting cross-sex hormones. UCSF also advises trans-females to consult a sperm bank if they may want to father children after transitioning (WPATH, 2012; UCSF, 2020). Below is a chart that outlines the effects of cross-sex hormones and identifies which ones are reversible or permanent.

Physical Changes Effectuated by Cross-Sex Hormones	
Physical Changes in Trans-Males (Female-to-Male Transitions)	
Physical Change	**Reversible or Irreversible**
Oily Skin or Acne	Reversible
Facial and Body Hair Growth	Irreversible
Male-Pattern Baldness	Irreversible
Increased Muscle Mass	Reversible
Body Fat Redistribution	Reversible
Ceasing of Menstruation	Reversible
Enlarged Clitoris	Irreversible
Vaginal Atrophy	Reversible
Deepening of Voice	Irreversible
Physical Changes in Trans-Females (Male-to-Female Transitions)	
Body Fat Redistribution	Reversible
Decreased Muscle Mass	Reversible
Skin Softening or Decrease in Oiliness	Reversible
Lower Libido	Reversible
Fewer Spontaneous Erections	Reversible
Male Sexual Dysfunction	Possibly Irreversible
Breast Growth	Irreversible
Decrease in Testicular Size	Reversible
Decrease in Sperm Production or Infertility	Likely Irreversible
Slower Facial and Body Hair Growth	Reversible

Sources: UCSF, 2020; WPATH, 2012; Endocrine Society, 2017[7]

The above chart demonstrates that trans-males and trans-females experience different effects from cross-sex hormones that can cause myriad issues in later life. For example, trans-males who opt to detransition may face challenges related to permanent disfigurement (e.g., facial hair and deepened voices). Trans-females, on the other hand, may not endure the same issues pertaining to visible physical changes but might become despondent over being unable to reproduce. This can occur regardless of whether the transitioning individual is satisfied with sex reassignment. Given that the clinical guidelines do not provide uniform information on the permanent effects of cross-sex hormones, clinicians are unable to make sound recommendations to patients. This treatment can supposedly alleviate symptoms

[7] This chart consists of conclusions regarding physical changes made by three different clinical organizations. If one organization determined that a physical change was irreversible, that was sufficient to meet the criteria to be listed as "irreversible" in the chart.

of distress. However, cross-sex hormones' permanent effects also have the potential to cause psychological issues.

Arguments favoring cross-sex hormones assert that the desired physical changes can alleviate mental health issues in individuals with gender dysphoria but do not consider that hormones used in this manner, like puberty blockers, are off-label. While the FDA has approved estrogen and testosterone for specific clinical indications (e.g., hypogonadism), it has not cleared these drugs for treating gender dysphoria. Additionally, these arguments do not acknowledge that the U.S. Drug Enforcement Administration (DEA) lists testosterone as a Schedule III controlled substance, meaning that it has a high probability of abuse (DEA, 2022). Furthermore, evidence of psychological benefit from cross-sex hormones is low-quality and relies heavily on self-assessments taken from small sample groups (Hruz, 2020).

A 2019 study by Kuper et al seeks to demonstrate that adolescents desiring cross-sex hormones have elevated rates of depression, anxiety, and challenges with peer relationships. To make their findings, the authors provided questionnaires to 149 adolescents who presented at a gender clinic in Dallas, Texas and concluded that half of the sample group experienced increased psychological issues. One problem with the study is that it relies on parent or self-assessments such as the Youth-Self Report, Body-Image Scale, and the Child Behavior Checklist. While these assessments have strong reliability, the sample is cross-sectional, consisting of gender dysphoric individuals who presented for an initial visit at the clinic. Also, Kuper et al do not directly link these psychological symptoms to gender dysphoria but rather insinuate a strong connection. Without an analysis of the longitudinal histories of the participants, the study cannot demonstrate whether gender dysphoria was a direct cause of the psychological issues, which could possibly result from trauma, abuse, or family dysfunction. Kuper et al's study only presents weak correlation between adolescents who report symptoms of distress and gender dysphoria. While the authors do not claim that the participants' psychological problems caused the condition, they fail to explicitly state that no demonstrable relationship exists and explain that their findings are "broadly consistent with the previous literature" (Kuper et al, 2019).

Additionally, a more comprehensive literature review from 2019 by Nguyen et al evaluates the effect of cross-sex hormones on mental health outcomes. Although the authors argue that the evidence supports the treatment, they do note that available studies use "uncontrolled observational methods" and "rely on self-report." The review also asserts that "future research should focus on applying more robust study designs with large sample sizes, such as controlled prospective cohort studies using clinician-administered ratings and longitudinal designs with appropriately matched control groups." All of these are characteristics of RCTs. While Nguyen et al highlight flaws in the studies in their conclusion, they do not emphasize them in their analysis, opting to focus primarily on results. Another problem with the studies selected for the review is the short-term periods for evaluation. Out of 11 studies Nguyen et al discuss, only one tracks its participants for 24 months. The others only follow their cohorts for 6 or 12 months (Nguyen et al, 2019). Without long-term data to support assertions that cross-sex hormones substantially improve the mental health of individuals with gender dysphoria, the review cannot make definitive conclusions on the treatment's benefits.

Basing their stances on this low-quality evidence, clinical associations such as the American Academy of Pediatrics (AAP) and the American Psychology Association endorse the use of cross-sex hormones as treatments for gender dysphoria. In particular, the AAP discourages use of the term "transition" and

asserts that medical treatments used to obtain secondary characteristics of the opposite sex are "gender affirming." This decision mirrors the DSM-V's interpretation of gender being part of identity. The AAP further states that taking cross-sex hormones is an "affirmation and acceptance of who they (i.e., patient) have always been" (AAP, 2018). The American Psychological Association also takes a similar stance in its *Resolution on Gender Identity Change Efforts* by asserting that medical treatments such as puberty suppression, cross-sex hormones, and surgery improve mental health and quality of life and reinforce the notion that transitioning and seeking sex reassignment therapies do not constitute a psychological disorder (American Psychological Association, 2021). Stances like these can substantially influence practitioners and their treatment recommendations. Given that low-quality evidence serves as the basis for supportive positions, this raises questions about whether clinicians can make informed decisions for their patients that will promote the best outcomes.

James Cantor published a critique in 2020 of the AAP's endorsement of "gender affirming" treatments, arguing that the organization did not base its recommendations on established medical evidence. He asserts that the AAP's position is based on research that does not support intervention but rather supports "watchful waiting" because most transgender youths desist and identify as their natal sex during puberty. Cantor further argues that the AAP not only disregards evidence but also cites "gender affirming" interventions as the only effective method. To conclude, he states the organization is "advocating for something far in excess of mainstream practice and medical consensus" (Cantor, 2020).

Given those evidentiary problems, those who rely on the AAP's endorsement as a basis for "gender affirming" treatments are practicing eminence-based medicine as opposed to evidence-based medicine. Eminence-based medicine refers to clinical decisions made by relying on the opinions of prominent health organizations rather than relying on critical appraisals of scientific evidence (Nhi Le, 2016). While it is true that the AAP has more knowledge than a lay person and a degree of credibility in the medical community, the opinions of such organizations are not valid unless they are based on quality evidence.

Research on sex reassignment also does not adequately address the reasons for and prevalence of detransitioning. Although no definite numbers are available regarding the percentage of transgender people who decide to detransition, research indicates that roughly 8% decide to return to their natal sex. The reasons range from treatment side effects to more self-exploration that provided insight on individuals' gender dysphoria. In a 2020 study by Lisa Littman, 101 people who had detransitioned provided their basis for doing so. Out of the sample group, 96% had taken cross-sex hormones and 33% had sex reassignment surgery. The average age for transitioning was 22 years, and the mean duration for the transition was 4 years. This indicates that even allowing additional time beyond the recommended age of 16 years can still lead to regrets. The study also raises the question as to whether individuals who transitioned at 16 or younger wanted to detransition in greater numbers. The author further offers reasons why these individuals sought cross-sex hormones and surgery, which include having endured trauma (mental or sexual), homophobia (challenged to accept oneself as a homosexual), peer and media influences, and misogyny (applicable only to trans-males). To obtain the results, the participants responded to a survey that asked about their backgrounds (e.g., reasons for transitioning, mental health comorbidities), and motivations for detransitioning. Littman noted that half of the women (former trans-males) had a mental health disorder and/or had experienced trauma within a year of deciding to transition. Men (former trans-females) reported much lower numbers of behavioral health issues and trauma after de-transitioning. Additionally, 77% of men surveyed identified as the opposite gender prior to transition, whereas just 58% of women had (Littman, 2020).

Of the reasons cited for detransitioning, the majority (60%) noted that they became more comfortable with their natal sex. Other reasons included concerns over complications from the treatments, primarily cross-sex hormones, and lack of improved mental health. Other less-cited explanations include concerns about workplace discrimination and worsening physical health. The study also notes that approximately 36% of participants experienced worse mental health symptoms. Based on the findings, Littman concludes that more research is needed in tracking the transgender population to obtain accurate percentages of those who decide to detransition and that men and women reported varying reasons for deciding to transition and later return to their natal sex. The author notes that higher rates of trauma and peer group influences might have contributed to women's decisions, which Littman attributes partially to rapid onset gender dysphoria (Littman, 2020). What the study also indicates is that cross-sex hormones are not a validated treatment for gender dysphoria. Nearly all of the participants had taken them and decided against maintaining the physical changes. Given that the majority of surveyed detransitioners cited that they were comfortable with their biological sex, the study indicates that gender dysphoria is not necessarily a lifelong issue. This necessarily raises doubts about whether cross-hormones, which cause permanent physical damage, is justified.

In addition to the psychological factors, cross-sex hormones pose significant long-term health risks to transitioning individuals. Currently, little information is available given that researchers have not had adequate time to study the effects in this population. However, use of hormones for other conditions has yielded data on how these drugs can affect the body and the cardiovascular system in particular. Because of the high dosages required to achieve physical change and the need to continuously take the drugs, cross-sex hormones can potentially harm quality of life and reduce life expectancy for transitioning individuals. According to Dutra et al, trans-females are three times more likely to die from a cardiovascular event than the general population. In their 2019 literature review, Dutra et al examined the results of over 50 studies evaluating the effects of cross-sex hormones on not only transgender individuals but those with menopause and other endocrine disorders, all of which indicate that use of estrogen or testosterone can increase risks for cardiovascular disease. Throughout their review, Dutra et al cite examples of trans-females having higher triglyceride levels after 24 months of cross-sex hormones and how researchers halted a study on estrogen due to an increase in heart attacks among participants. Another article the authors reference indicates a higher risk for thromboembolisms (i.e., blood clots) in trans-females. For trans-males, Dutra et al explain that research shows significant increased risk for hypertension, high cholesterol, obesity, and heart attacks. One study noted that trans-males have a four times greater risk of heart attack compared to women identifying as their natal sex. Dutra et al conclude that most transgender individuals are younger than 50 and that more studies are needed as this population ages. They do note that available studies indicate that cross-sex hormones pose dangers to long-term cardiovascular health (Dutra et al, 2019).

In sum, the literature reveals that the evidence for cross-sex hormones as a treatment for gender dysphoria is weak and insufficient. Between the permanent effects, off-label use, and consequences to long-term health, cross-sex hormones are a risky option that does not promise a cure but does guarantee irreversible changes to both male and female bodies. Additionally, the inadequate studies serving as the basis for recommendations by clinical associations can lead to providers making poorly informed decisions for their patients. Research asserting that taking cross-sex hormones improves mental health is subjective and short-term. More studies that utilize large sample sizes and appropriate

CERTIFICATE OF SERVICE

I certify that I e-filed this appendix on ECF, which will email everyone requiring notice.

Dated: October 13, 2023 /s/ Mohammad O. Jazil