

Schuham, Aaron (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C4B426DC641841C0B8FC53BCC4F4B5A2-SCHUHAM, AA <Aaron.Schuham@hhs.gov>

Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfcb5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>;

To: Savage, Tonya (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=89851cffbf1a4a0dad61715bf585ada4-Savage, Ton <Tonya.Savage@hhs.gov>

Belcher, DebbieAnne (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cdfa752330054f1597a249ae34da1093-Belcher, De <Debbie-Anne.Belcher@HHS.GOV>;

CC: Gant, Nigel (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usera64a5143 <Nigel.Gant@HHS.GOV>; Dixon, Megan (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=322da27d81844c6db73aaa33db7de257-Dixon, Mega <Megan.Dixon@hhs.gov>

Subject: RE: (b)(5)

Date: 2023/06/07 13:50:33

Priority: Normal

Type: Note

Thanks very much.

Aaron D. Schuham
Associate General Counsel
Civil Rights Division
DHHS/Office of the General Counsel

(b)(6) (c)

From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Sent: Wednesday, June 7, 2023 12:57 PM
To: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Dixon, Megan (HHS/OGC) <Megan.Dixon@hhs.gov>
Subject: RE: (b)(5)

Hi folks, and ditto on the thank you, Tonya! (b)(5)

(b)(5)

Stephanie

From: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>
Sent: Wednesday, June 7, 2023 12:48 PM
To: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>; Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Dixon, Megan (HHS/OGC) <Megan.Dixon@hhs.gov>
Subject: RE: (b)(5)

Tonya, thanks. (b)(5)

Aaron D. Schuham
Associate General Counsel
Civil Rights Division
DHHS/Office of the General Counsel

(b)(6) (c)

From: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Sent: Wednesday, June 7, 2023 12:38 PM
To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Dixon, Megan (HHS/OGC) <Megan.Dixon@hhs.gov>
Subject: RE: (b)(5)

Good afternoon,

(b)(5)

Thank you,

Tonya

<< OLE Object: Picture (Device Independent Bitmap) >>
“The DOD defends our country, but HHS defines it.”

From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Sent: Monday, June 5, 2023 12:05 PM
To: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) <Christopher.Maxwell@HHS.GOV>; Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Dixon, Megan (HHS/OGC) <Megan.Dixon@hhs.gov>
Subject: RE: (b)(5)

Thank you for the follow up information, Tonya! I'm moving Andre' to bcc and adding Aaron and Megan for awareness. I will also forward the invite in case they are available.

Aaron/Megan, this is super last minute so no worries if you're unable to attend. (b)(5)

(b)(5)

Talk soon!

Stephanie

From: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Sent: Monday, June 5, 2023 12:54 PM
To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) <Christopher.Maxwell@HHS.GOV>; Jones, Andre (HHS/OGC) (CTR) <Andre.Jones@hhs.gov>
Subject: RE: (b)(5)

Good afternoon,

Please accept my apology for the delayed response.

(b)(5)

(b)(5)

(b)(5)

We are looking forward to the discussion. Thank you.

Tonya

<< OLE Object: Picture (Device Independent Bitmap) >>
“The DOD defends our country, but HHS defines it.”

From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Sent: Sunday, June 4, 2023 6:27 AM
To: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) <Christopher.Maxwell@HHS.GOV>; Jones, Andre (HHS/OGC) (CTR) <Andre.Jones@hhs.gov>
Subject: RE: (b)(5)

Good morning Tonya,

Thank you for putting this on my radar. I'd be happy to meet tomorrow. Copying Andre', who can find time for us. A few initial questions:

(b)(5)

I look forward to hearing more tomorrow. Hope you enjoy the rest of the weekend!

Stephanie

From: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Sent: Friday, June 2, 2023 8:16 PM
To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC)

<Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) <Christopher.Maxwell@HHS.GOV>; Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>

Subject: (b)(5)

Greetings, Stephanie.

(b)(5)

<< File: (b)(5); (b)(7)(C) pdf >> << File: TX AG Request to Examine.pdf >>

Regards,

Tonya E. Savage
Acting Deputy Chief Counsel

U.S. Department of Health and Human Services
Office of the General Counsel, Region VI

“The DOD defends our country, but HHS defines it.”

<< OLE Object: Picture (Device Independent Bitmap) >>

1301 Young Street, Suite 1138, Dallas TX 75202

214-767-3822 | Mobile (b)(6) | tonya.savage@hhs.gov

Sender: Schuham, Aaron (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C4B426DC641841C0B8FC53BCC4F4B5A2-SCHUHAM, AA <Aaron.Schuham@hhs.gov>

Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>;

Savage, Tonya (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=89851cfff1a4a0dad61715bf585ada4-Savage, Ton <Tonya.Savage@hhs.gov>;

Recipient: Belcher, DebbieAnne (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cdfa752330054f1597a249ae34da1093-Belcher, De <Debbie-Anne.Belcher@HHS.GOV>;

Gant, Nigel (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usera64a5143 <Nigel.Gant@HHS.GOV>;

Dixon, Megan (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=322da27d81844c6db73aaa33db7de257-Dixon, Mega <Megan.Dixon@hhs.gov>

Sent Date: 2023/06/07 13:50:31

Delivered Date: 2023/06/07 13:50:33

From: Dixon, Megan (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=322DA27D81844C6DB73AAA33DB7DE257-DIXON, MEGA <Megan.Dixon@hhs.gov>

To: Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>

Subject: FW: Texas AG seeks transgender records in Georgia as part of his wider probe

Date: 2024/01/29 15:29:05

Priority: Normal

Type: Note

More on Paxton trying to get GAC medical records from Georgia:

<https://www.washingtonpost.com/nation/2024/01/29/texas-ag-transgender-records-georgia/>

Texas Attorney General Ken Paxton has requested medical records from a Georgia telehealth clinic that provides gender-affirming care, a newly discovered move that shows the Republican official is looking in multiple states for information about transgender youths.

Paxton requested transgender youths' medical records from QueerMed — which is based in Decatur, Ga. — late last year, the health provider's founder Izzy Lowell told The Washington Post on Sunday.

“This request from the Texas Attorney general is a clear attempt to intimidate providers of gender-affirming care and parents and families that seek that care outside of Texas and other states with bans,” Lowell said in a statement.

Lowell, a family physician, said the clinic stopped providing services to minors in Texas after that state banned gender-affirming care for minors in September. Paxton's Nov. 17 request, however, was for information about patients dating back to Jan. 1, 2022.

“Let me be clear: QueerMed will never, ever turn over HIPAA-protected patient information,” said Lowell's statement. “We are not breaking any laws and we will continue to legally provide care in states that have not made the callous decision to put politics ahead of patient health.”

HIPAA, or the Health Insurance Portability and Accountability Act, is a federal law that regulates how health information is used and exchanged among hospitals and doctors' offices. Lowell did not specify what questions Paxton asked of her clinic. Texas's law restricting gender-affirming care for youths does not bar families from seeking care elsewhere.

Georgia is at least the second state where Paxton has sought the medical records of Texas youths, showing that his office is ramping up efforts to curb access to gender-affirming care. Seattle Children's Hospital received a similar letter in November. In

response, the hospital requested a Texas judge to nullify, or at least rein in, Paxton's demands, saying Paxton does not have jurisdiction over the hospital.

In its legal filing, the hospital also argued that the information Paxton requested was for private medical records and health information covered under HIPAA and Washington state privacy laws, and that Paxton's queries, purported as an investigation by his consumer protection division, were "sham requests."

Paxton had asked the Seattle hospital to confirm all medications prescribed by the hospital to Texas children, the number of Texas children treated by the hospital for gender dysphoria, the number of "gender reassignment" surgeries performed, diagnoses for every medication provided by the hospital to Texas children, and the names of labs in Texas that performed tests for the hospital before prescribing medications.

Lowell, of QueerMed, said Paxton's request for her business's records was similar to the one Paxton made of the Seattle hospital. It was not clear how many clinics across the country Paxton had requested records, though Lowell said she had seen letters sent to colleagues in other states.

Paxton's office did not reply to The Post's request for comment and a copy of the request sent to QueerMed on Saturday and Sunday.

In November, The Post filed a public records request for all requests filed for medical records of Texas youths who received gender-affirming care out of state. The office responded Jan. 11 by sharing the request to the Seattle hospital. It did not share the QueerMed request.

The Post appealed to the Travis County district attorney after the attorney general refused to supply the QueerMed request.

Paxton has led similar initiatives in Texas. His office investigated clinics in Austin, Dallas and Houston for providing gender-affirming care last year, leading the clinics to close or stop providing services, The Post reported at the time. Paxton's office also requested records from the Texas Department of Public Safety for those who had changed their sex on their driver's licenses.

Other state attorneys general have requested similar records, but they have focused their requests on hospitals within their own states. Vanderbilt University Medical Center in Nashville is facing patient lawsuits and a civil rights investigation by the U.S. Department of Health and Human Services after the hospital confirmed in June that it had turned over the medical records of transgender patients as part of a probe by the Tennessee attorney general's office.

This year, several Republican-led legislatures have put forward bills restricting medical care for transgender youths — and in some cases, adults. At least 22 states have banned gender-affirming care for children, most having done so in the past year, according to the AP.

Those supporting the bans say they have concerns about the treatments and want to protect children.

The American Medical Association, the American Psychological Association, the Endocrine Society and other major medical organizations oppose restrictions on gender-affirming care. The American Academy of Pediatrics has described such care as “medically necessary and appropriate” for some minors.

QueerMed received the Nov. 17 letter on Dec. 7, a delay Lowell attributed to a fire that burned down the care facility’s Decatur office last year. The fire was set intentionally, the Decatur Fire Department said. The perpetrators are still unknown, and the city is collaborating with federal and state agencies to investigate.

In her statement about Paxton’s investigation, Lowell said she is “deeply saddened by the pain and suffering this is causing all transgender and nonbinary patients and families across the South.”

Lowell founded the clinic in 2017 because at the time transgender and nonbinary people in Georgia, didn’t have good access to health care, she said.

Patients were having to travel great distances for care, she said, so most of the clinic’s patients were using its telehealth services.

“I thought naively that I will provide this care for four to five years and then as access to such care will improve, I will move on to something else,” she said. “I couldn’t have been more wrong.”

Sender: Dixon, Megan (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=322DA27D81844C6DB73AAA33DB7DE257-DIXON, MEGA <Megan.Dixon@hhs.gov>

Recipient: Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>

Sent Date: 2024/01/29 15:29:03

Delivered Date: 2024/01/29 15:29:05

Withheld pursuant to exemption

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of the Freedom of Information Act

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of the Freedom of Information Act

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of the Freedom of Information Act

From: (b)(6) (b)(6) (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0BDEC12AD0974EACABAE032F2B37C91 (b)(6)
(b)(6)

Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>;

Smith, Marisa (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user200ad5a8 <Marisa.Smith@HHS.GOV>;

To: Wiggins, Audrey (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ba0233584cf046d892c27f25674ff982-Wiggins, Au <Audrey.Wiggins@hhs.gov>;

Nwigwe, Vaniecy (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e86afaa08e5841708e59ff1cbd452fd2-Nwigwe, Van <Vaniecy.Nwigwe@hhs.gov>

Pino, Lisa (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90674352c007441b96f0f199cdd550c2-Pino, Lisa <Lisa.Pino@hhs.gov>;

Akpa, Stephanie (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c984ba53af54d46b78d185808aee48c-Akpa, Steph <Stephanie.Akpa@hhs.gov>;

CC: Carter, Carla (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user71ef86df <Carla.Carter@HHS.GOV>;

Novy, Steve (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=caf595a22bcb42b5b1dbc055a1a52b65-Novy, Steve <Steve.Novy@hhs.gov>;

Gant, Nigel (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usera64a5143 <Nigel.Gant@HHS.GOV>

Subject: RE: TX - hospitals recap

Date: 2022/03/06 10:33:50

Priority: Normal

Type: Note

(Removing Dan Barry)

(b)(5)

Thanks,

(b)(6)

(b)(6) (b)(6) (b) (b)(6) Esq., MSW (she/her)

Phone: (b)(6) (b)(6)

Email: (b)(6)

From: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>

Sent: Sunday, March 6, 2022 9:40 AM

To: Smith, Marisa (HHS/OCR) <Marisa.Smith@HHS.GOV>; (b)(6) (b)(6) (b)(6) (HHS/OCR)

(b)(6) Wiggins, Audrey (HHS/OGC) <Audrey.Wiggins@hhs.gov>; Nwigwe, Vaniecy (OS/OCR) <Vaniecy.Nwigwe@hhs.gov>

Cc: Pino, Lisa (HHS/OCR) <Lisa.Pino@hhs.gov>; Akpa, Stephanie (HHS/OCR) <Stephanie.Akpa@hhs.gov>; Carter, Carla (HHS/OCR) <Carla.Carter@HHS.GOV>; Novy, Steve (OS/OCR) <Steve.Novy@hhs.gov>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>

Subject: RE: TX - hospitals recap

(b)(5)

From: Smith, Marisa (HHS/OCR) <Marisa.Smith@HHS.GOV>

Sent: Saturday, March 5, 2022 6:55 PM

To: (b)(6) (b)(6) (b)(6) (HHS/OCR) (b)(6) Schuham, Aaron (HHS/OGC)

<Aaron.Schuham@hhs.gov>; Wiggins, Audrey (HHS/OGC) <Audrey.Wiggins@hhs.gov>; Nwigwe, Vaniecy (OS/OCR) <Vaniecy.Nwigwe@hhs.gov>

Cc: Pino, Lisa (HHS/OCR) <Lisa.Pino@hhs.gov>; Akpa, Stephanie (HHS/OCR) <Stephanie.Akpa@hhs.gov>; Carter, Carla (HHS/OCR) <Carla.Carter@HHS.GOV>; Novy, Steve (OS/OCR) <Steve.Novy@hhs.gov>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>

Subject: RE: TX - hospitals recap

Thank you for this update.

(b)(5)

(b)(5)

My initial thoughts.

From: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Sent: Saturday, March 5, 2022 2:54 PM

To: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Wiggins, Audrey (HHS/OGC) <Audrey.Wiggins@hhs.gov>; Smith, Marisa (HHS/OCR) <Marisa.Smith@HHS.GOV>; Nwigwe, Vaniecy (OS/OCR) <Vaniecy.Nwigwe@hhs.gov>

Cc: Pino, Lisa (HHS/OCR) <Lisa.Pino@hhs.gov>; Akpa, Stephanie (HHS/OCR) <Stephanie.Akpa@hhs.gov>; Carter, Carla (HHS/OCR) <Carla.Carter@HHS.GOV>

Subject: TX - hospitals recap

Hi everyone,

(b)(5)

Best,

(b)(6)

(b)(6) (b)(6) (b)(6) Esq., MSW (she/her) | Section Chief

Office for Civil Rights

U.S. Department of Health & Human Services

200 Independence Ave. S.W.

Washington, D.C. 20201

Phone: (b)(6) (b)(6)

Email: (b)(6)

Sender: (b)(6) (b)(6) (b)(6) (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0BDEC12AD0974EACABAE032F2B37C91 (b)(6) (b)(6)

Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>;

Smith, Marisa (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user200ad5a8 <Marisa.Smith@HHS.GOV>;

Wiggins, Audrey (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ba0233584cf046d892c27f25674ff982-Wiggins, Au <Audrey.Wiggins@hhs.gov>;

Nwigwe, Vaniecy (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e86afaa08e5841708e59ff1cbd452fd2-Nwigwe, Van <Vaniecy.Nwigwe@hhs.gov>;

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Akpa, Stephanie (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c984ba53af54d46b78d185808aee48c-Akpa, Steph <Stephanie.Akpa@hhs.gov>;

Carter, Carla (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user71ef86df <Carla.Carter@HHS.GOV>;

Novy, Steve (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=caf595a22bcb42b5b1dbc055a1a52b65-Novy, Steve <Steve.Novy@hhs.gov>;

Gant, Nigel (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usera64a5143 <Nigel.Gant@HHS.GOV>

Sent Date: 2022/03/06 10:33:49

Delivered Date: 2022/03/06 10:33:50

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From: Dixon, Megan (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=322DA27D81844C6DB73AAA33DB7DE257-DIXON, MEGA <Megan.Dixon@hhs.gov>

To: Bagenstos, Samuel (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=afa71ea876614421a32eee5049c60e45-Bagenstos, <Samuel.Bagenstos@hhs.gov>; Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>

Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>; Dixon, Megan (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=322da27d81844c6db73aaa33db7de257-Dixon, Mega <Megan.Dixon@hhs.gov>; Allen, Marc (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cc610a88e103410889da97b4a20e69b8-Allen, Marc <Marc.Allen@hhs.gov>

Subject: FW: Texas AG's pursuit of transgender medical records stirs privacy concerns

Date: 2024/02/02 17:42:45

Priority: Normal

Type: Note

(b)(5)

<https://www.washingtonpost.com/nation/2024/02/02/paxton-texas-attorney-general-transgender/>

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Texas Attorney General Ken Paxton is using an exception in federal medical-privacy law to demand records from health-care providers far beyond his state's borders — any hospitals, clinics and practices that may have treated transgender youth from Texas. The aggressive attack on the LGBTQ community is one that legal experts say could pose a threat to medical privacy for all.

Critics accuse Paxton, a hard-right Republican and longtime ally of Donald Trump, of overreach in his latest effort. But language in the federal Health Insurance Portability and Accountability Act (HIPAA), permitting disclosure for law enforcement investigations, may allow him to obtain the records sought, as the Tennessee attorney general did last year for transgender patients treated at a hospital in his state.

"Chances are, [Paxton] will be able to access those records," said Carmel Shachar of Harvard Law School's Center for Health Law and Policy Innovation, noting that specific HIPAA exception.

He is seeking records just for Texas youth, though the state's own law restricting gender-affirming care for minors only applies to in-state providers and does not bar families from seeking care elsewhere. Opponents are suing to challenge the ban's legality and argued their case Tuesday before the Texas Supreme Court.

Paxton's broader investigation was revealed last month when Seattle Children's Hospital sued in Texas to block release of the records it said Paxton had requested in November, including the number of patients from Texas it had treated for gender dysphoria, diagnoses for every prescription provided them and other specifics. The hospital called his queries "sham requests" and noted that Washington state's attorney general backed the facility and secured an order from a Washington judge barring the release of those medical records under state law. A ruling in the Texas case is pending.

Last week, the founder of a telehealth clinic in Decatur, Ga., said it also had received a request for records but had refused to comply.

Shachar said Paxton's strategy is not surprising. Since surviving impeachment by the Texas House last year on public corruption charges, he has emerged as a newly emboldened conservative legal activist, particularly against abortion and LGBTQ rights. "Medicine is just too portable for one state to outlaw something and live and let live with other states allowing it," she added.

The attorney general's office has refused to say how many more requests have been sent to out-of-state providers or why. The demand sent to Seattle Children's said the records were wanted for "an investigation of actual or possible violations" of the Texas Deceptive Trade Practices-Consumer Protection Act related to "misrepresentations regarding gender transitioning and reassignment treatments and procedures."

The office's response this week to a public records request by The Washington Post explained that its pursuit of the records is part of a Medicaid fraud probe and cited Texas deceptive trade, antitrust and human trafficking laws. Paxton previously investigated pharmaceutical companies that produce puberty blockers for alleged deceptive trade practices. He also has demanded records showing which drivers changed their gender on their Texas licenses and joined multistate coalitions opposing laws protecting gender-affirming care.

Karen Loewy, senior counsel at Lambda Legal, is challenging the Texas ban on gender-affirming care for minors. She said Thursday that she knows of several providers whom Paxton's office targeted in Georgia, Washington state and at least one additional state, though she is not aware of any turning over patient records.

Loewy condemned Paxton's effort as "political theater that is designed to scare Texas families" who leave the state to get the care in question.

"What he's doing is raising the specter that if families travel, that somehow their privacy is going to be breached," she said. "There's no jurisdiction to go after these out-of-state entities or to infringe on the rights of these families who are being forced to travel."

In Tennessee, Republican Attorney General Jonathan Skrmetti claimed to be investigating medical billing when he asked Vanderbilt University Medical Center for medical records on its transgender patients. The hospital — a regional hub for transgender health care — turned over files for 86 individuals, including names and other identifying information.

The civil rights office of U.S. Health and Human Services is looking into the release. Three Vanderbilt patients have filed a class-action lawsuit against the medical center. A hearing is scheduled Friday, with the hospital's attorneys insisting they followed the law in disclosing the records and asking that the lawsuit be dismissed.

"What is at stake here is whether patient medical privacy still exists in the United States," said Tricia Herzfeld, a Nashville attorney representing those patients. "When doctors have to choose between protecting your private medical records and giving in to politically motivated AGs, doctors must protect their patients. If that doesn't happen, patient privacy as we know it is over. ... AGs could use this to go after any number of things — abortion, covid vaccines, birth control, you name it."

Release of those medical records has traumatized her clients, she said. "They are afraid to get medical care, they fear that the AG will publicly name them, and they are worried for their physical safety."

A Vanderbilt spokesman said the hospital had not received a records request from the Texas attorney general.

In 2022, Skrmetti joined Paxton and other red-state attorneys general in sending letters to the federal government opposing protections against transgender discrimination and threats on providers of transgender health care. That same year, Paxton issued a legal opinion for Texas that allowed the state child-welfare agency to investigate parents of transgender children for child abuse and intervened in a lawsuit involving a Dallas clinic that was treating transgender youth. He subsequently investigated clinics providing gender-affirming care in Austin and Houston, claiming in a statement that "'gender transitioning' procedures that hurt our children constitute child abuse."

In 2023, lawmakers cited Paxton's legal opinion in passing the law that prohibits gender-affirming care for minors.

Ian Pittman, an Austin-based lawyer representing Texas parents of transgender youth, said Paxton now appears to be fishing for records he could use to issue another legal opinion and spur state lawmakers to pass laws extending the ban on gender-affirming care.

"Legislators might use [the records] to say we need to keep parents from taking kids out of state to get treatment," Pittman said. "They need numbers to back it up, otherwise why would you prohibit something? It's the executive branch trying to give information to the legislative branch so they can pass a law."

Pittman has advised his clients to ask out-of-state providers if they had been contacted by Paxton's office and, if so, how they responded. So far, none said their providers received a letter. Yet one mother still fears for her daughter's privacy.

"I have never been so scared for our family and never knew that I would ever feel this way since we live in America," she said, speaking on the condition of anonymity given the sensitivity of the issue. "This is just terrifying and really taking a toll on our lives."

A clinic director in Washington state licensed to practice in multiple other states told The Post that they got a records request from Paxton's office and refused to comply after their attorneys said he had no jurisdiction. "I'm not going to be an agent of the state," the director said, speaking on the condition of anonymity because of death threats. They worry about the potential impact of Paxton's "chilling"

inquiry on medical privacy and human rights. "This does not stop with trans kids. Anyone who's going to abuse human rights is going to abuse them all," they said. "It doesn't stop with the first group that's attacked. Do you want our government to be able to have that information and put it on a public record?"

Shield laws protecting transgender health-care access have been passed by 14 states, including Washington, and the District of Columbia, according to the nonprofit think tank Movement Advancement Project. But many states, including Georgia, have no shield laws, and there is no federal shield law. While the Biden administration has touted a federal rule expanding HIPAA protections last year to protect the medical privacy of those seeking abortions in states where it's still legal, Health and Human Services has not issued a similar rule protecting those seeking transgender health care out of state. An agency spokeswoman declined to comment Thursday on whether it is considering such a rule. "They are both issues of patient medical determination over their bodies," said Shachar, who is an assistant clinical professor of law at Harvard and supports privacy protections for gender-affirming care. "You have a lot of states that are legislating against what the medical profession is saying is the standard, and that's where you're getting these conflicts of law and privacy."

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Subject: HHS Issues Guidance To Help Protect Transgender Youth | Health Affairs

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Katie Keith's latest, highlighting our Guidance and (b)(5)

HHS Issues Guidance To Help Protect Transgender Youth

Katie Keith

March 7, 2022 10.1377/forefront.20220307.303712

<https://www.healthaffairs.org/doi/10.1377/forefront.20220307.303712/>

On March 2, 2022, the Office for Civil Rights (OCR) within the Department of Health and Human Services (HHS) issued new guidance on civil rights protections for transgender youth, their families, and providers that offer gender-affirming health care services. The guidance explains how attempts to restrict access to gender-affirming care, or disclose patient information about this care, could violate federal nondiscrimination protections such as Section 1557 of the Affordable Care Act (ACA) and the Health Insurance Portability and Accountability Act (HIPAA), among others. OCR strongly encourages patients and providers who have faced discrimination to file a complaint here.

OCR was not alone in taking action: other HHS divisions also issued guidance or resources on protecting and supporting transgender young people and their families. For instance, the HHS Administration for Children and Families issued a separate memorandum to agencies that serve LGBTQ young people in the child welfare system. HHS's announcements were highlighted in a statement from President Biden focused on responding to attacks on transgender youth and their families by leaders in Texas.

What Is Happening In Texas?

The OCR guidance itself does not name Texas, but statements from President Biden and Secretary Becerra do. Why the emphasis on Texas? On February 22, Governor Abbott directed the Texas Department of Family and Protective Services (DFPS), the state's child welfare agency, to investigate parents and providers in instances where a child receives gender-affirming care as "child abuse." Governor Abbott's directive is based on an advisory opinion from Attorney General Paxton that identifies medical procedures and treatments that he asserts qualify as "child abuse" under Texas law.

Under the directive, certain licensed professionals (e.g., doctors, nurses, teachers, etc.) and members of the general public are asked report any known instance of this "abuse"—or face penalties for the failure to do so. DFPS and other state agencies were also directed to follow the Attorney General's opinion. (Parts of the directive are reminiscent of Texas' law restricting abortion access, known as S.B. 8, where people are asked to report their neighbors and friends to the authorities for seeking highly personal health care services.)

Attorney General Paxton's advisory opinion grossly misstates the evidence base for gender-affirming care and repeatedly misrepresents this type of care as elective. As discussed below, every major medical association has affirmed that gender-affirming care is medically necessary to treat gender dysphoria. The advisory opinion also distastefully compares gender-affirming care (the provision of which is highly individualized and done in conjunction with a child's medical team) to our nation's horrific legacy of forced sterilization.

Investigations And Lawsuits

Gov. Abbott's directive has already sparked investigations by state officials into the parents of transgender young people and providers. One family was visited by DFPS on February 25 for interviews, only days after the directive was issued, and asked for access to their child's medical records.

On March 1, this family, along with a clinical psychologist, sued Governor Abbott and DFPS in state court. The plaintiffs are represented by the ACLU and Lambda Legal. In their complaint, the plaintiffs noted that the directive has caused "terror and anxiety ... and singled out transgender youth and their families for discrimination and harassment." They went to great lengths to describe the medical standards in place for transgender youth by heavily citing clinical guidelines from the Endocrine Society and the World Professional Association for Transgender Health (WPATH). They also explained that puberty-delaying treatment is reversible and does not cause infertility (contrary to assertions in the advisory opinion) and underscored the benefits and strong evidence base for gender-affirming care.

On March 2, a Texas judge blocked DFPS from investigating the plaintiffs by issuing a temporary restraining order against the agency. This protects these parents and provider, but the court's order is limited only to those plaintiffs already under investigation. The court did not set aside Governor Abbott's entire directive, at least not yet—the court scheduled a hearing for March 11 to assess whether to block the directive more broadly.

A Note On Gender-Affirming Care

It is the overwhelming consensus among medical experts that gender-affirming care is medically necessary, effective, and safe when clinically indicated to alleviate a medical condition known as gender dysphoria (formerly known as gender identity disorder). According to the American Medical Association, untreated gender dysphoria “can result in clinically significant psychological distress, dysfunction, debilitating depression and, for some people without access to appropriate medical care and treatment, suicidality and death.” Contrary to Attorney General Paxton’s views, numerous studies and meta-analyses—including a comprehensive literature review on the issue—have demonstrated the significant benefits of gender-affirming care. This data and evidence base is cited in the lawsuit noted above.

WPATH has long maintained a set of evidence-based standards of care for transgender people. And experts on minor health like the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the Endocrine Society, the National Association of Social Workers, the Pediatric Endocrine Society, and the Society for Adolescent Health and Medicine have issued statements and guidelines in support of access to care for transgender people, including young people. There are a range of clinical care programs that provide age-appropriate gender-affirming care for young people across the country, without the devastating impacts that Texas officials claim.

Major payers also view gender-affirming care as medically necessary. In a recent letter to federal officials, AHIP emphasized its strong support for “ensuring that appropriate gender-affirming care is available and accessible to enrollees.” This is in addition to prior support for full nondiscrimination protections for LGBTQ people. Fortune 500 companies and state Medicaid programs have also adopted clear policies to require the coverage of gender-affirming care.

OCR’s Guidance

OCR’s guidance from March 2 underscores the importance of medically appropriate and necessary gender-affirming care for transgender young people and explains how efforts to restrict access to this type of care, like those announced by Texas, could violate federal civil rights laws and privacy protections. Care denials, restrictions on care, and reporting on those who access care could violate Section 1557 of the ACA, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and HIPAA. OCR urges families and providers who have faced discrimination to file a complaint with OCR.

Per OCR, attempts to restrict or characterize gender-affirming care as “abuse” are dangerous, can discourage providers from offering this life-saving care, and will negatively affect the health and well-being of transgender and gender nonconforming youth. Overall, the goal of the guidance is to help ensure that young people can access care without discrimination and to respond to fear from families and providers about attempts to portray gender-affirming care as “abuse.”

Section 1557

Section 1557 is the ACA’s primary nondiscrimination provision and applies to any program or activity that is administered by a federal agency or any entity established under Title I of the ACA. Under Section 1557, an individual cannot be excluded from participation in, denied the benefits of, or subjected to discrimination based on race, color, national origin, age, disability, or sex by any health program or

activity of which any part receives federal financial assistance. Per prior guidance from 2021, HHS interprets sex discrimination to include discrimination based on sexual orientation and gender identity.

What does sex discrimination mean in the context of actions like those in Texas? First, federally funded entities covered under Section 1557 cannot categorically refuse to treat someone based on their gender identity. Thus, someone cannot be turned away from care, including gender-affirming care, just because they are transgender. Second, covered entities cannot restrict a person's ability to receive medically necessary gender-affirming care solely because of their gender identity or sex assigned at birth. Efforts to restrict this type of care—by, say, preventing a doctor from providing or prescribing gender-affirming care—likely violate Section 1557.

As an example, a doctor or staff member that reports a parent or child to state authorities—after, say, the family comes in for a consultation for gender-affirming care—may violate Section 1557 if the doctor or facility receives federal financial assistance. Patients who have been denied care based on gender identity or providers who have been restricted from providing care based on a patient's gender identity can file a complaint with OCR.

Section 504

There may be further, independent protections for transgender young people under Section 504 of the Rehabilitation Act and Title II of the Americans with Disabilities Act. Section 504 prohibits discrimination based on disability in programs or activities that receive federal financial assistance, and Title II protects qualified individuals with disabilities from discrimination in state and local government programs. Gender dysphoria may qualify as a disability under these laws. Thus, restrictions that prevent individuals from accessing medically necessary care based on gender dysphoria, a gender dysphoria diagnosis, or perceived gender dysphoria may also violate Section 504 and Title II of the ADA.

HIPAA

HIPAA, among other provisions, requires health care providers and other entities to protect sensitive patient health information from being disclosed without a patient's consent or knowledge. Here, OCR cautions that disclosing protected health information—such as a patient's receipt of gender-affirming care—without a patient or guardian's consent may violate HIPAA. Said another way, HIPAA prohibits the disclosure of protected health information about gender-affirming care without consent except in limited circumstances.

One of these limited circumstances—where disclosure may be possible without a patient's consent—is when disclosure is required under another law. Here, OCR reminds covered entities that HIPAA permits, not requires, disclosure without consent. OCR also notes that the "required by law" exception is narrow, both in when it is required and the scope of the disclosure. Disclosure is permissible when "required by law" only in response to "a mandate contained in law that compels an entity to make a use or disclosure of PHI and that is enforceable in a court of law." Examples outlined in federal regulations include court orders, subpoenas or summons, grand jury requests, or lawsuits. The scope of the disclosure is also narrow and should be limited only to the relevant requirements of the law; disclosures that go beyond what is required may violate HIPAA.

OCR's guidance serves as a reminder that covered entities are merely permitted (not required) to disclose a patient's protected health information without their consent, including in response to Gov.

Abbott’s directive. The lawsuit noted above also argues that neither Gov. Abbott’s directive nor Attorney General Paxton’s advisory opinion are legally binding and that this new purported definition of “child abuse” is inconsistent with state law, was not adopted using proper procedures, and is unconstitutional. These arguments raise real questions about whether any disclosure of sensitive patient information about gender-affirming care is truly “required by law” for purposes of this narrow HIPAA exception (and in general), such that providers and others should feel compelled to comply with it.

Overall, OCR cautions covered entities against voluntarily reporting protected health information related to gender-affirming care to state authorities except in the narrowest of circumstances and only when truly compelled to comply with a legally enforceable requirement. Providers who are concerned about their reporting obligations should seek legal advice. As with the statutes noted above, OCR encourages families to file a complaint with OCR if there has been a violation of a patient’s health privacy rights.

Remedies

Complaints are important to enable OCR to investigate and enforce the laws noted above based on specific facts and circumstances. While the agency has other tools (such as compliance reviews), complaints will help OCR target its action, conduct thorough investigations, and maximally enforce federal laws. Complaints could also inform forthcoming rulemaking on Section 1557.

Specific complaints will also make clearer which federal laws apply to a given situation. While the laws cited above—Section 1557, Section 504, Title II, and HIPAA—are broad and powerful, they vary in scope, and each may not apply in every circumstance. In the context of Section 1557, questions about the scope of the law are exacerbated by dueling regulatory interpretations over who qualifies as a covered entity. There could, for instance, be questions about whether these laws theoretically apply to DFPS itself—whereas a specific complaint could underscore why these federal laws apply.

Setting aside these types of questions, OCR makes clear that federal protections apply to health care providers that receive federal funding. Medical facilities, for instance, should not direct doctors or staff to stop providing gender-affirming care or turn patients away. If OCR received a complaint about a situation like this, what might happen? The remedy would depend on the circumstances, but OCR would investigate and work to achieve voluntary compliance (through, say, a resolution agreement). Absent voluntary compliance, a violation of these laws would enable OCR to take enforcement actions such as levying financial penalties, terminating federal funding, or referring the entity to the Department of Justice for further legal action.

There is prior precedent for investigating state agencies in response to complaints about discrimination. A prominent recent example was a dispute between HHS OCR and California. In 2020, OCR issued a notice of violation to California, asserting that a state law requiring health insurance plans to cover abortion violated federal conscience protections. OCR later moved to disallow \$800 million annually in California Medicaid funds, an action that now-Secretary of HHS (then-Attorney General of California) Becerra defended against. You can see other examples of action against state agencies, albeit under different laws, in recent resolution agreements in Alabama, Pennsylvania, and Oregon.

The Biden administration may also have other options at its disposal to protect transgender youth, although it is not clear what would be the most effective. Among other options, the Administration for Children and Families could open a compliance review for DFPS. That could lead to an improvement plan and potentially financial penalties. The Department of Justice could try to sue Texas, as the agency

recently did over S.B. 8; alternatively, the department could at least file a “statement of interest” in the pending litigation, as it has done in other litigation on gender-affirming care for young people, such as the lawsuit over Arkansas’ legislative ban on gender-affirming care for minors.

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Thanks everyone. We'll find a time on the schedule.

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From: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Sent: Sunday, March 6, 2022 10:33:49 AM

To: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Smith, Marisa (HHS/OCR) <Marisa.Smith@HHS.GOV>; Wiggins, Audrey (HHS/OGC) <Audrey.Wiggins@hhs.gov>; Nwigwe, Vaniecy (OS/OCR) <Vaniecy.Nwigwe@hhs.gov>

Cc: Pino, Lisa (HHS/OCR) <Lisa.Pino@hhs.gov>; Akpa, Stephanie (HHS/OCR) <Stephanie.Akpa@hhs.gov>; Carter, Carla (HHS/OCR) <Carla.Carter@HHS.GOV>; Novy, Steve (OS/OCR) <Steve.Novy@hhs.gov>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>

Subject: RE: TX - hospitals recap

(Removing Dan Barry)

(b)(5)

(b)(5)

Thanks,

(b)(6)

(b)(6) (b)(6) (b)(6) Esq., MSW (she/her)

Phone: (b)(6) (b)(6)

Email: (b)(6)

From: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>

Sent: Sunday, March 6, 2022 9:40 AM

To: Smith, Marisa (HHS/OCR) <Marisa.Smith@HHS.GOV>; (b)(6) (b)(6) (b)(6) (HHS/OCR)

(b)(6) Wiggins, Audrey (HHS/OGC) <Audrey.Wiggins@hhs.gov>; Nwigwe, Vaniecy (OS/OCR) <Vaniecy.Nwigwe@hhs.gov>

Cc: Pino, Lisa (HHS/OCR) <Lisa.Pino@hhs.gov>; Akpa, Stephanie (HHS/OCR) <Stephanie.Akpa@hhs.gov>; Carter, Carla (HHS/OCR) <Carla.Carter@HHS.GOV>; Novy, Steve (OS/OCR) <Steve.Novy@hhs.gov>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Barry, Daniel J (HHS/OGC) <daniel.barry@hhs.gov>

Subject: RE: TX - hospitals recap

(b)(5)

From: Smith, Marisa (HHS/OCR) <Marisa.Smith@HHS.GOV>

Sent: Saturday, March 5, 2022 6:55 PM

To: (b)(6) (b)(6) (b)(6) (HHS/OCR) (b)(6) Schuham, Aaron (HHS/OGC)

<Aaron.Schuham@hhs.gov>; Wiggins, Audrey (HHS/OGC) <Audrey.Wiggins@hhs.gov>; Nwigwe, Vaniecy (OS/OCR) <Vaniecy.Nwigwe@hhs.gov>

Cc: Pino, Lisa (HHS/OCR) <Lisa.Pino@hhs.gov>; Akpa, Stephanie (HHS/OCR) <Stephanie.Akpa@hhs.gov>; Carter, Carla (HHS/OCR) <Carla.Carter@HHS.GOV>; Novy, Steve (OS/OCR) <Steve.Novy@hhs.gov>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>

Subject: RE: TX - hospitals recap

Thank you for this update.

(b)(5)

(b)(5)

My initial thoughts.

From: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Sent: Saturday, March 5, 2022 2:54 PM

To: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Wiggins, Audrey (HHS/OGC) <Audrey.Wiggins@hhs.gov>; Smith, Marisa (HHS/OCR) <Marisa.Smith@HHS.GOV>; Nwigwe, Vaniecy (OS/OCR) <Vaniecy.Nwigwe@hhs.gov>

Cc: Pino, Lisa (HHS/OCR) <Lisa.Pino@hhs.gov>; Akpa, Stephanie (HHS/OCR) <Stephanie.Akpa@hhs.gov>; Carter, Carla (HHS/OCR) <Carla.Carter@HHS.GOV>

Subject: TX - hospitals recap

Hi everyone,

(b)(5)

(b)(5)

If I left anything out, please feel free to chime in! Also, please let us know if you have and questions.

Best,

(b)(6)

(b)(6) (b)(6) (b)(6) Esq., MSW (she/her) | Section Chief

Office for Civil Rights

U.S. Department of Health & Human Services

200 Independence Ave. S.W.

Washington, D.C. 20201

Phone: (b)(6) (b)(6)

Email: (b)(6)

Sender: Pino, Lisa (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=90674352C007441B96F0F199CDD550C2-PINO, LISA <Lisa.Pino@hhs.gov>

(b)(6) (b)(6) (b)(6) (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91 (b)(6)

Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>;

Smith, Marisa (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user200ad5a8 <Marisa.Smith@HHS.GOV>;

Wiggins, Audrey (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ba0233584cf046d892c27f25674ff982-Wiggins, Au <Audrey.Wiggins@hhs.gov>;

Recipient: Nwigwe, Vaniecy (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e86afaa08e5841708e59ff1cbd452fd2-Nwigwe, Van <Vaniecy.Nwigwe@hhs.gov>;

Akpa, Stephanie (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c984ba53af54d46b78d185808aee48c-Akpa, Steph <Stephanie.Akpa@hhs.gov>;

Carter, Carla (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user71ef86df <Carla.Carter@HHS.GOV>;

Novy, Steve (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=caf595a22bcb42b5b1dbc055a1a52b65-Novy, Steve <Steve.Novy@hhs.gov>;

Gant, Nigel (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usera64a5143 <Nigel.Gant@HHS.GOV>

Sent Date: 2022/03/06 10:51:13

Delivered Date: 2022/03/06 10:51:16

Allen, Marc (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CC610A88E103410889DA97B4A20E69B8-ALLEN, MARC <Marc.Allen@hhs.gov>

Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>;
To: Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>

Mars, Chayhann (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=752ca150aa9949cc842f533553763eec-Mars, Chayh <Chayhann.Mars@hhs.gov>

Subject: RE: ***NEW CASE*** 24-03515; (b)(6); (b)(7)(C) 23cv5925

Date: 2023/12/05 13:27:18

Priority: Normal

Type: Note

Hi Stephanie,

(b)(5)

Marc

From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Sent: Friday, December 1, 2023 10:15 AM

To: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>

Cc: Allen, Marc (HHS/OGC) <Marc.Allen@hhs.gov>

Subject: RE: ***NEW CASE*** 24-03515; (b)(6); (b)(7)(C) 23cv5925

Sounds good. Thank you for the heads up!

From: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>

Sent: Friday, December 1, 2023 9:34 AM

To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Cc: Allen, Marc (HHS/OGC) <Marc.Allen@hhs.gov>

Subject: FW: ***NEW CASE*** 24-03515; (b)(6); (b)(7)(C) 23cv5925

Stephanie,

(b)(5)

(b)(5)

Let me know if you have any questions.

Aaron

Aaron D. Schuham
Associate General Counsel
Civil Rights Division
DHHS/Office of the General Counsel

(b)(6) (c)

From: Lyons, Susan (HHS/OGC) <Susan.Lyons@HHS.GOV>
Sent: Monday, November 27, 2023 3:34 PM
To: Johnson, Femi M (HHS/OGC) <Femi.Johnson@HHS.GOV>; Lee, Paula R. (HHS/OGC) <paula.lee@hhs.gov>; Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>
Subject: RE: ***NEW CASE*** 24-03515 (b)(6); (b)(7)(C) 23cv5925

(b)(5)

Aaron, please see the attached complaint.

From: Johnson, Femi M (HHS/OGC) <Femi.Johnson@HHS.GOV>
Sent: Monday, November 27, 2023 3:27 PM
To: Lyons, Susan (HHS/OGC) <Susan.Lyons@HHS.GOV>; Lee, Paula R. (HHS/OGC) <paula.lee@hhs.gov>
Subject: RE: ***NEW CASE*** 24-03515 (b)(6); (b)(7)(C) 23cv5925

Hi Susan,

(b)(5)

Femi

Femi M. Johnson (she/her/hers)
Deputy Chief Counsel
U.S. Department of Health & Human Services
Office of the General Counsel
90 7th street, Suite 4-500
San Francisco, CA 94103-6705

Dir: (415) 437-8510

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Email: Femi.Johnson@hhs.gov

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From: Lyons, Susan (HHS/OGC) <Susan.Lyons@HHS.GOV>

Sent: Monday, November 27, 2023 11:55 AM

To: Lee, Paula R. (HHS/OGC) <paula.lee@hhs.gov>; Johnson, Femi M (HHS/OGC) <Femi.Johnson@HHS.GOV>

Subject: FW: ***NEW CASE*** 24-03515; (b)(6); (b)(7)(C) 23cv5925

Hi Paula and Femi. Is this one yours?

From: Ross, Rochelle (HHS/OGC) <Rochelle.Ross@hhs.gov>

Sent: Monday, November 27, 2023 2:15 PM

To: OS OGC-CMSD, ControlDesk (HHS/OS) <ControlDesk.OGC-CMSD@hhs.gov>; Fludd, Valarie (HHS/OGC) <Valarie.Fludd@hhs.gov>

Cc: OS OGC-IO ControlDesk (HHS/OS/OGC) <ControlDesk.OGCIO@hhs.gov>; Lyons, Susan (HHS/OGC) <Susan.Lyons@HHS.GOV>; Mullins, Tracey (HHS/OGC) <Tracey.Mullins@hhs.gov>; Caldwell, Tabitha (HHS/OGC) <Tabitha.Caldwell@hhs.gov>; Kirtz, Kamelia (HHS/OGC) <Kamelia.Kirtz@hhs.gov>; Ross, Rochelle (HHS/OGC) <Rochelle.Ross@hhs.gov>

Subject: ***NEW CASE*** 24-03515; (b)(6); (b)(7)(C) 23cv5925

Received Plaintiff's Motion Under Civil Local Rule 79-5 and Complaint in the OGC/IO via USPS Certified Mail on November 27.

Respectfully,

Rochelle Ross

U.S. Department of Health and Human Services

Office of the General Counsel

200 Independence Avenue, S.W., Room 737F.2

Washington, DC 20201

(202)690-5558, Office

(b)(6) Work Cell

Rochelle.Ross@hhs.gov

Sender: Allen, Marc (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CC610A88E103410889DA97B4A20E69B8-ALLEN, MARC <Marc.Allen@hhs.gov>

Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>;
Recipient: Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>;
Mars, Chayhann (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=752ca150aa9949cc842f533553763eec-Mars, Chayh <Chayhann.Mars@hhs.gov>

Sent Date: 2023/12/05 13:27:17

Delivered Date: 2023/12/05 13:27:18

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act

From: Seeger, Rachel (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=3090EF9B170D45969ADD4FF475A95583-RACHEL SEEGER <Rachel.Seeger@hhs.gov>

Pino, Lisa (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90674352c007441b96f0f199cdd550c2-Pino, Lisa <Lisa.Pino@hhs.gov>;

Akpa, Stephanie (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c984ba53af54d46b78d185808aee48c-Akpa, Steph <Stephanie.Akpa@hhs.gov>;

Frohboese, Robinsue (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b8853f66da4cb99818c9e2632f77f8-Frohboese, <Robinsue.Frohboese@HHS.GOV>;

To: Brett-Turner, Jacob (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=03fbc6fd57da4e1f97a2a7ad8b012e79-Brett-Turne <Jacob.Brett-turner@hhs.gov>;

Gerald, Mary (HHS/OCR) (CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5366970ff15d4fb78f241c897b62845d-Gerald, Mar <Mary.Gerald@HHS.GOV>;

Householder, Donna (HHS/OS) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e182a735cf74a5cb50edc7b2a5a58a1-Householder <Donna.Householder@hhs.gov>

Noonan, Timothy (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=12eb3ee8ced84516902ac690558270ef-Noonan, Tim <Timothy.Noonan@hhs.gov>;

CC: de Kervor, Dylan (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-Dekervor, D <Dylan.deKervor@hhs.gov>;

Lopez, Onelio (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user541e91e4 <Onelio.Lopez@HHS.GOV>

Subject: 3/4 Media Monitoring Report – Gender Affirming Care as of 4pm

Date: 2022/03/04 17:33:28

Priority: Normal

Type: Note

My thanks to Onelio for his assistance in compiling this report:

Social Media/Web Analytics – March 4, 2022 as of 4pm

OCR Twitter	
Likes: 3,259	+74
Retweets: 746	+17

Media Activity - March 4, 2022 as of 4pm [Total: 19 New Outlets]

- **Biden administration rips Abbott order on transgender care, vows to act if needed:** In response to Abbott's directive, the HHS issued guidance telling all 50 states that it is illegal to deny health care

based on gender identity and to restrict how doctors provide care because of a patient's gender identity. "The Texas government's attacks against transgender youth and those who love and care for them are discriminatory and unconscionable," Secretary Xavier Becerra said Wednesday night in releasing the guidance. Becerra said those denied access to gender-affirming health care could file a complaint with his agency's Office for Civil Rights. In a separate statement by OCR said gender-affirming care improves the physical and mental health of minors." As a law enforcement agency, OCR is investigating and, where appropriate, enforcing Section 1557 of the Affordable Care Act in cases involving discrimination on the basis of sexual orientation and gender identity," the office said. [Austin American Statesman, 03/03/2022]

- Biden Administration Issues Statements Against New Texas Directive to Treat Gender Transition as Child Abuse: In following decisions at the state level to treat gender transition procedures as abuse when performed on children, the Biden administration responded on March 2 with several statements aimed at Texas. In the same statement, Biden said HHS "announced several actions to keep transgender children in Texas and their families safe." HHS Secretary Xavier Becerra released a concurrent statement to remind families that the Affordable Care Act prohibits discrimination on the basis of sex, a clause that the HHS interprets to include chosen gender identity. [The Texan, 03/03/2022]
- 'A cynical and dangerous campaign': President Biden rebukes Texas' transgender directive: President Joe Biden on Wednesday issued a lengthy statement in which he condemned Texas Gov. Greg Abbott's directive mandating that, among other things, parents of transgender children who permit them to undergo some gender-affirming procedures be investigated, calling it "government overreach at its worst." Biden said the federal government is taking steps to shield transgender children and their families from Abbott's directive. "Today, the Department of Health and Human Services has announced several actions to keep transgender children in Texas and their families safe—putting the state of Texas on notice that their discriminatory actions put children's lives at risk," Biden wrote. [Spectrum News 1, 03/02/2022]
- Is Abbott Using Transgender Kids As Political Pawns: The new HHS OCR guidance calls for Texans to file a federal complaint with OCR if they experience any discrimination on the basis of gender identity or disability while seeking gender-affirming care. [Reform Austin, 03/03/2022]
- President Biden says Texas trans children's investigations are 'dangerous': President Joe Biden and HHS say they're taking steps to support transgender children, families, and health care providers in the wake of Texas' recent plan to investigate some parents of transgender children. [FOX8 WGHP, 03/03/2022]
- TX Governor's Plan To Woo Voters By Bullying Trans Kids Blocked By State Judge: The Biden administration is threatening to do more than condemn Texas's cruelty, although they've done that, too. HHS OCR issued a Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy will enforce the administration's non-discrimination standards for federally subsidized state agencies and that "HIPAA prohibits disclosure of gender-affirming care that is PHI without an individual's consent except in limited circumstances. [Above the Law, 03/03/2022]
- Court Issues Restraining Order On Texas' Investigation Into Transgender Surgeries Among Children: HHS said it is working to ensure that child welfare systems know that they must use their resources to support LGBT youth and provide them with gender-affirming care. HHS said it shall also remind health care providers that they are not required to provide patient information related to this kind of care. [Christianity Daily, 03/04/2022]
- Transgender Teens and Their Families Prepare to Flee Texas: The TX governor's directive baffled medical experts around the country. In his legal opinion, AG Paxton incorrectly described gender-affirming medical treatments as a form of sterilization. No court in the United States has ever found

that gender-affirming care constitutes abuse, according to attorneys who study transgender policies. On Wednesday, HHS released a guidance saying that, despite the order in Texas, doctors are not required to disclose private patient information regarding gender-affirming care. The department encouraged families in Texas who are investigated because of the governor's directive to contact the department's civil rights office for assistance. [Mother Jones, 03/04/2022]

- Judge Temporarily Stops Texas From Investigating The Parents Of A Transgender Child: The President excoriated Abbott's directive as "a cynical and dangerous campaign targeting transgender children and their parents" in a statement. Additionally, the President noted that the Department of Health and Human Services announced several actions "to keep transgender children in Texas and their families safe — putting the state of Texas on notice that their discriminatory actions put children's lives at risk." [Talking Points Memo, 03/03/2022]
- Federal officials condemn Texas' investigations of child transgender therapies: Xavier Becerra, Health and Human Services (HHS) Secretary, said in a statement the same day that the HHS is prepared to "take immediate action" to "protect trans and gender diverse youth in Texas." The statement also included a separate sheet explaining that under federal law, parents or caregivers who believe their child has been denied health care, including "gender-affirming care," on the basis of that child's gender identity, may file a complaint with the Office of Civil Rights. [Angelus news, 03/03/2022]
- President Biden responds to Texas directive targeting transgender kids, framing care as 'child abuse': As part of the president's statement, he said his administration and HHS are taking action to support LGBTQ+ youth by "putting the state of Texas on notice that their discriminatory actions put children's lives at risk." Part of those actions include releasing guidance that reinforces that denying health care based on gender identity is illegal and that providers are not required to disclose private patient information. [KHOU 11 news, 03/03/2022]
- Biden administration releases trans-supportive guidance to child welfare agencies: Becerra also released guidance on patient privacy, clarifying that health care providers are not required to disclose private patient information related to gender-affirming care, and additional guidance making clear that denials of medically necessary health care based on a person's gender identity are illegal under Section 1557, as is restricting doctors from providing such care or prescribing gender-affirming treatments for youth struggling with gender dysphoria. Becerra promised HHS would use "every tool at our disposal" to protect transgender youth, parents, and caretakers from malicious prosecution, and pledged to ensure that families and medical providers are aware of resources available to them if Texas attempts to enforce Abbott's order, urging them to contact HHS's Office for Civil Rights or file a complaint through HHS's online portal if they find themselves targeted. [DC Metro Weekly, 03/03/2022]
- Judge blocks Texas from investigating transgender teen's parents over gender-confirmation treatments: HHS on Wednesday encouraged anyone targeted by a child welfare investigation because of Abbott's order to contact the agency's civil rights office. The department also released guidance saying that, despite the order in Texas, health care providers are not required to disclose private patient information regarding gender confirming care. [Chicago Tribune, 03/03/2022]
- Biden slams 'dangerous' Texas trans children investigations: The HHS says it's working to make sure state child welfare systems understand they should be using their resources to support queer youth, including gender-affirming care. Additionally, HHS says it's reminding health care providers they aren't required to give over patient information related to this care. HHS Sec. Xavier Becerra urged anyone in Texas who is being targeted or investigated under this directive to report it to the federal Office for Civil Rights. [NBC News, WCMH Channel 4, 03/03/2022]
- The most pro-trans president ever? Biden doesn't shy from fight over transgender rights: Since taking office last year, Biden has offered an unequivocal defense of transgender Americans, taking action

that — in the White House's view — protects their rights while forcefully rebutting Republican-led legislative efforts against them. The president used his State of the Union address to reiterate his support of transgender people. His HHS also issued new guidelines designed to thwart the Texas investigations, a policy rollout timed with Biden's statement. This news clip syndicated [The Charlotte Observer, 03/04/2022] [Raleigh News & Observer, 03/04/2022]

- The Texas Tribune: Texas Can't Investigate Family Of Trans Teen As Feds Move To Shield Others: A state judge blocked Texas' child protection agency from investigating the parents of a transgender teenager who received gender-affirming medical care, citing the "irreparable injury" they would likely suffer. And U.S. Health and Human Services Secretary Xavier Becerra said his agency is looking into tools that would shield transgender Texans from the state's attempts to hinder access to gender-affirming care. [KHN, 03/02/2022]
- Biden slams 'attacks' on transgender children by Texas officials: "Today, the Department of Health and Human Services has announced several actions to keep transgender children in Texas and their families safe - putting the state of Texas on notice that their discriminatory actions put children's lives at risk. These announcements make clear that rather than weaponizing child protective services against loving families, child welfare agencies should instead expand access to gender-affirming care for transgender children." [CoventryLive, 03/03/2022]
- Texas Judge Halts 'Egregious' Investigations Into Parents of Trans Kids: HHS also clarified that "despite the Texas government's threat, healthcare providers are not required to disclose private patient information related to gender-affirming care." "HHS will take immediate action if needed," said HHS Secretary Xavier Becerra. "I know that many youth and their supportive families are feeling scared and isolated because of these attacks... Any individual or family in Texas who is being targeted by a child welfare investigation because of this discriminatory gubernatorial order is encouraged to contact our Office for Civil Rights to report their experience." [Common Dreams, 03/03/2022]
- Texas Judge Blocks State-Run Investigation Into Family With Transgender Teen: In addition to the potential for Meachum to block the enforcement of Abbott's order, the federal government may step in to protect the civil rights of transgender youth in the state. On Wednesday, Health and Human Services Secretary Xavier Becerra released guidance from his department saying that "refusing to provide treatment to an individual based on their gender identity is prohibited discrimination." [Truthout, 03/03/2022]

Sender: Seeger, Rachel (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=3090EF9B170D45969ADD4FF475A95583-RACHEL SEEGER
<Rachel.Seeger@hhs.gov>

Pino, Lisa (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=90674352c007441b96f0f199cdd550c2-Pino, Lisa
<Lisa.Pino@hhs.gov>;

Akpa, Stephanie (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3c984ba53af54d46b78d185808aee48c-Akpa, Steph
<Stephanie.Akpa@hhs.gov>;

Frohboese, Robinsue (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57b8853f66da4cb99818c9e2632f77f8-Frohboese,
<Robinsue.Frohboese@HHS.GOV>;

Recipient: Brett-Turner, Jacob (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=03fbc6fd57da4e1f97a2a7ad8b012e79-Brett-Turne
<Jacob.Brett-turner@hhs.gov>;

Gerald, Mary (HHS/OCR) (CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5366970ff15d4fb78f241c897b62845d-Gerald, Mar
<Mary.Gerald@HHS.GOV>;

Householder, Donna (HHS/OS) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4e182a735cf74a5cb50edc7b2a5a58a1-Householder
<Donna.Householder@hhs.gov>;

Noonan, Timothy (OS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=12eb3ee8ced84516902ac690558270ef-Noonan, Tim
<Timothy.Noonan@hhs.gov>;
de Kervor, Dylan (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=0bdec12ad0974eacababe032f2b37c91-Dekervor, D
<Dylan.deKervor@hhs.gov>;
Lopez, Onelio (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group
(FYDIBOHF23SPDLT)/cn=Recipients/cn=user541e91e4 <Onelio.Lopez@HHS.GOV>

Sent Date: 2022/03/04 17:33:27

Delivered Date: 2022/03/04 17:33:28

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From: LaCheen, Cary (OS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=702CB75708C24B96B0BAE6CFC454A7BF-LACHEEN, CA <Cary.LaCheen@hhs.gov>

To: Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>

Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>;

Allen, Marc (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cc610a88e103410889da97b4a20e69b8-Allen, Marc <Marc.Allen@hhs.gov>;

CC: Mars, Chayhann (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=752ca150aa9949cc842f533553763eec-Mars, Chayh <Chayhann.Mars@hhs.gov>;

Hiatt, Abraham (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16122c2a062b42a2ab184ff49351def2-c379d9cd-05 <Abraham.Hiatt@hhs.gov>

Subject: RE: (b)(5)

Date: 2023/12/27 15:14:55

Priority: Normal

Type: Note

(b)(5)

From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Sent: Wednesday, December 27, 2023 3:02 PM

To: LaCheen, Cary (OS/OGC) <Cary.LaCheen@hhs.gov>

Cc: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Allen, Marc (HHS/OGC)

<Marc.Allen@hhs.gov>; Mars, Chayhann (HHS/OGC) <Chayhann.Mars@hhs.gov>; Hiatt, Abraham

(HHS/OGC) <Abraham.Hiatt@hhs.gov>

Subject: RE: (b)(5)

Thank you! (b)(5)

(b)(5)

From: LaCheen, Cary (OS/OGC) <Cary.LaCheen@hhs.gov>

Sent: Wednesday, December 27, 2023 3:00 PM

To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Cc: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Allen, Marc (HHS/OGC) <Marc.Allen@hhs.gov>; Mars, Chayhann (HHS/OGC) <Chayhann.Mars@hhs.gov>; Hiatt, Abraham (HHS/OGC) <Abraham.Hiatt@hhs.gov>

Subject: RE: (b)(5)

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From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Sent: Wednesday, December 27, 2023 2:56 PM

To: LaCheen, Cary (OS/OGC) <Cary.LaCheen@hhs.gov>

Cc: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Allen, Marc (HHS/OGC) <Marc.Allen@hhs.gov>; Mars, Chayhann (HHS/OGC) <Chayhann.Mars@hhs.gov>; Hiatt, Abraham (HHS/OGC) <Abraham.Hiatt@hhs.gov>

Subject: RE: (b)(5)

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From: LaCheen, Cary (OS/OGC) <Cary.LaCheen@hhs.gov>

Sent: Wednesday, December 27, 2023 2:07 PM

To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Cc: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Allen, Marc (HHS/OGC) <Marc.Allen@hhs.gov>; Mars, Chayhann (HHS/OGC) <Chayhann.Mars@hhs.gov>; Hiatt, Abraham (HHS/OGC) <Abraham.Hiatt@hhs.gov>

Subject: FW: (b)(5)

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Recipient: Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfcb5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>;

Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>;
Allen, Marc (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cc610a88e103410889da97b4a20e69b8-Allen, Marc <Marc.Allen@hhs.gov>;
Mars, Chayhann (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=752ca150aa9949cc842f533553763eec-Mars, Chayh <Chayhann.Mars@hhs.gov>;
Hiatt, Abraham (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=16122c2a062b42a2ab184ff49351def2-c379d9cd-05 <Abraham.Hiatt@hhs.gov>

Sent Date: 2023/12/27 15:14:54

Delivered Date: 2023/12/27 15:14:55

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From: Savage, Tonya (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=89851CFFBF1A4A0DAD61715BF585ADA4-SAVAGE, TON <Tonya.Savage@hhs.gov>

To: Jones, Andre (HHS/OGC) (CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=25cc90253e954d44b96e28cb26f9961a-Jones, Andr <Andre.Jones@hhs.gov>; Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfcb5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>

CC: Belcher, DebbieAnne (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cdfa752330054f1597a249ae34da1093-Belcher, De <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usera64a5143 <Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user8862b55a <Christopher.Maxwell@HHS.GOV>

Subject: RE: (b)(5)

Date: 2023/06/05 09:25:04

Priority: Normal

Type: Note

Good morning,

Thank you.

Thanks,

Tonya E. Savage
Acting Deputy Chief Counsel

“The DOD defends our country, but HHS defines it.”

From: Jones, Andre (HHS/OGC) (CTR) <Andre.Jones@hhs.gov>
Sent: Monday, June 5, 2023 8:21 AM
To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>; Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) <Christopher.Maxwell@HHS.GOV>
Subject: RE: (b)(5)

Good morning All,

This meeting is scheduled for today at 1:30.

Best,
Andre'

From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Sent: Sunday, June 4, 2023 7:27 AM
To: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) <Christopher.Maxwell@HHS.GOV>; Jones, Andre (HHS/OGC) (CTR) <Andre.Jones@hhs.gov>
Subject: RE: (b)(5)

Good morning Tonya,

(b)(5)

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I look forward to hearing more tomorrow. Hope you enjoy the rest of the weekend!

Stephanie

From: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Sent: Friday, June 2, 2023 8:16 PM
To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>
Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) <Christopher.Maxwell@HHS.GOV>; Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>
Subject: (b)(5)

Greetings, Stephanie.

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<< File: (b)(5); (b)(7)(C) pdf >> << File: TX AG Request to Examine.pdf >>
Regards,

Tonya E. Savage
Acting Deputy Chief Counsel
U.S. Department of Health and Human Services
Office of the General Counsel, Region VI

“The DOD defends our country, but HHS defines it.”

<< OLE Object: Picture (Device Independent Bitmap) >>

1301 Young Street, Suite 1138, Dallas TX 75202

☎ 214-767-3822 | 📱 Mobile: (b)(6) | ✉ tonya.savage@hhs.gov

Sender: Savage, Tonya (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=89851CFFBF1A4A0DAD61715BF585ADA4-SAVAGE, TON <Tonya.Savage@hhs.gov>

Jones, Andre (HHS/OGC) (CTR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=25cc90253e954d44b96e28cb26f9961a-Jones, Andr <Andre.Jones@hhs.gov>;

Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfcb5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>;

Recipient: Belcher, DebbieAnne (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cdfa752330054f1597a249ae34da1093-Belcher, De <Debbie-Anne.Belcher@HHS.GOV>;

Gant, Nigel (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=usera64a5143 <Nigel.Gant@HHS.GOV>;

Maxwell, Christopher (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=user8862b55a <Christopher.Maxwell@HHS.GOV>

Sent Date: 2023/06/05 09:25:02

Delivered Date: 2023/06/05 09:25:04

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From: Dixon, Megan (HHS/OGC) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=322DA27D81844C6DB73AAA33DB7DE257-DIXON, MEGA <Megan.Dixon@hhs.gov>

To: Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>;
Schuham, Aaron (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4b426dc641841c0b8fc53bcc4f4b5a2-Schuham, Aa <Aaron.Schuham@hhs.gov>

Subject: RE: (b)(5)

Date: 2023/06/05 13:25:33

Priority: Normal

Type: Note

Appreciate it. See you in 5.

From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Sent: Monday, June 5, 2023 10:23 AM

To: Dixon, Megan (HHS/OGC) <Megan.Dixon@hhs.gov>; Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>

Subject: RE: (b)(5)

All sounds good. Wanted to make sure you all are tracking. Thank you!

Stephanie

From: Dixon, Megan (HHS/OGC) <Megan.Dixon@hhs.gov>

Sent: Monday, June 5, 2023 1:17 PM

To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>; Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>

Subject: RE: (b)(5)

Thanks, Stephanie. I'll join, although I haven't read the attachments yet so I'll just be in listening mode. I think Aaron is at (b)(6) now.

From: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Sent: Monday, June 5, 2023 10:08 AM

To: Schuham, Aaron (HHS/OGC) <Aaron.Schuham@hhs.gov>; Dixon, Megan (HHS/OGC) <Megan.Dixon@hhs.gov>

Subject: FW: (b)(5)

Sharing the initial email with attachments.

From: Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>

Sent: Friday, June 2, 2023 8:16 PM

To: Akpa, Stephanie (HHS/OGC) <Stephanie.Akpa@hhs.gov>

Cc: Belcher, DebbieAnne (HHS/OGC) <Debbie-Anne.Belcher@HHS.GOV>; Gant, Nigel (HHS/OGC) <Nigel.Gant@HHS.GOV>; Maxwell, Christopher (HHS/OGC) <Christopher.Maxwell@HHS.GOV>; Savage, Tonya (HHS/OGC) <Tonya.Savage@hhs.gov>

Subject: (b)(5)

Greetings, Stephanie.

(b)(5)

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<< File: (b)(5); (b)(7)(C) pdf >> << File: TX AG Request to Examine.pdf >>

Regards,

Tonya E. Savage
Acting Deputy Chief Counsel
U.S. Department of Health and Human Services
Office of the General Counsel, Region VI

“The DOD defends our country, but HHS defines it.”

<< OLE Object: Picture (Device Independent Bitmap) >>

1301 Young Street, Suite 1138, Dallas TX 75202

214-767-3822 | Mobile (b)(6) | tonya.savage@hhs.gov

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Recipient: Akpa, Stephanie (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1f1e9ae735674cfc5c8bd2cfadd647-04c57c0b-f2 <Stephanie.Akpa@hhs.gov>;
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TAPED PROCEEDINGS
IN RE: PROPOSED RULE 59G-1.050
HELD ON JULY 8, 2022

Transcribed by:
CLARA C. ROTRUCK
Court Reporter

1 TAPED PROCEEDINGS

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

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

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

25 I was unknowingly physically cutting off my

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

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

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

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

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

23 A VOICE: Thank you for your comment.

24 (Applause.)

25 A VOICE: The next speaker will be Sophia

1 Galvin.

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

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

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

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

1 A VOICE: Thank you for your comments.

2 (Applause.)

3 A VOICE: The next speaker is Katie Caterbury.

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

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

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

25 Affirming the false notion to a child that it

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

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

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

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

19 (Applause.)

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

23 Next speaker will be Jeanette Cooper.

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

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

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

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

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

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

25 Families are desperate to find actual support.

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

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

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

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

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

7 (Applause.)

8 A VOICE: Thank you for your comments.

9 Next speaker, Donna Lambart.

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

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

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

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

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

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

1 action.

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

4 MS. LAMBART: Yes.

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

11 Thank you for your support and your time.

12 (Applause.)

13 A VOICE: Thank you for your comments.

14 The next speaker is Gerald Buston.

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

1 themselves or allowing to be done to themselves.

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

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

14 (Applause.)

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

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

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

25 Physically healthy, gender-confused girls are

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

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

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

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

21 (Applause.)

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

24 Next speaker is Sabrina Hartsfield.

25 MS. HARTSFIELD: Good afternoon. My name is

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

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

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

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

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

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

1 providers.

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

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

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

22 Please block proposed Rule 59G-1.050.

23 (Applause.)

24 A VOICE: The next speaker is Simone Chris.

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

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

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

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

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

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

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

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

4 Thank you.

5 (Applause.)

6 A VOICE: Matthew Benson.

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

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

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

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

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

13 Thank you for your time.

14 (Applause.)

15 A VOICE: Next speaker, Karen Shoen.

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

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

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

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

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

17 (Applause.)

18 A VOICE: Next speaker, Bill Snyder.

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

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

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

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

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

3 (Applause.)

4 A VOICE: Next speaker, Ingrid Ford.

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

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

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

21 Thank you.

22 (Applause.)

23 A VOICE: Next speaker, Richard Carlins.

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

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

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

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

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

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

15 (Applause.)

16 A VOICE: Amber Hand. Amber Hand.

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

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

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

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

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

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

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

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

14 (Applause.)

15 A VOICE: Shauna Peace.

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

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

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

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

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

25 Thank you very much.

(Applause.)

A VOICE: The next speaker, Leonard Lord.

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

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

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

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

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

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

9 A VOICE: Thirty seconds.

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

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

19 (Applause.)

20 A VOICE: Pam Olsen. Pam Olsen.

21 A VOICE: Dan or Pam?

22 A VOICE: Pam.

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

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

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

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

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

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

25 (Applause.)

1 A VOICE: Jon Harris Maurer.

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

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

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

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

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

12 A VOICE: Thirty seconds.

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

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

21 A VOICE: Fifteen seconds.

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

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

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

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

13 (Applause.)

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

17 A VOICE: Next speaker, Anthony Verdugo.

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

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

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

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

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

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

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

24 A VOICE: Thirty seconds.

25 MR. VERDUGO: -- have been discredited.

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

13 Thank you.

14 (Applause.)

15 A VOICE: Next speaker, Roberto Rodriguez.

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

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

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

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

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

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

24 (Applause.)

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

1 All right. Michael Haller, M.D.

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

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

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

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

1 dysphoria.

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

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

14 A VOICE: Thirty seconds.

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

21 Second, the state's use of --

22 A VOICE: Fifteen seconds.

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

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

6 A VOICE: Wrap it up.

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

12 (Applause.)

13 A VOICE: Next speaker, Robert Yules.

14 Jason, did you want to comment?

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

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

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

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

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

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

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

25 (Applause.)

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

2 DR. HALLER: I would also --

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

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

10 A VOICE: Robert Yules.

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

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

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

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

19 A VOICE: Thirty seconds.

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

1 engineering --

2 A VOICE: Fifteen seconds.

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

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

6 (Applause.)

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

13 A VOICE: Flaugh. Keith Flaugh.

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

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

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

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1 materials are actually designed for pre-K.

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

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

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

21 (Applause.)

22 A VOICE: Robert Roper.

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

1 treatments. The most important aspect of this rule
2 is that it serves to protect the children of the
3 state of Florida.

4 Gender confusion is the only disorder that
5 comes with a false assertion that a child can
6 actually be born in the wrong body. They are led
7 to believe that some day they'll actually become a
8 member of the opposite sex. That's impossible.
9 Maybe that's why they call it "transgender." You
10 never actually arrive at the desired outcome.

11 Gender confusion is the only disorder that the
12 body is mangled to conform to the thoughts of the
13 mind.

14 Gender confusion is the only disorder that the
15 child actually dictates his or her medical care to
16 medical and -- medical professionals and
17 counselors, instead of the other way around.

18 Gender confusion is the only disorder that the
19 parent can be completely excluded from determining
20 what is best for their own child.

21 Gender confusion is the only disorder that the
22 treatment takes the child down a dead-end road
23 literally. What we are seeing in Florida and
24 across the nation is a social media-driven epidemic
25 manufactured by social media influencers making a

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

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

9 A VOICE: Thirty seconds.

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

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

17 A VOICE: Fifteen seconds.

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

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

24 A VOICE: (Inaudible).

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

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

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

9 (Applause.)

10 A VOICE: Carl Charles.

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

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

1 dysphoria.

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

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

21 A VOICE: Thirty seconds.

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

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

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

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

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

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

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

16 (Applause.)

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

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

1 one of those organizations. Thank you.

2 A VOICE: Speaker Ed Wilson.

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

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

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

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

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

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

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

6 A VOICE: Thirty seconds.

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

9 (Applause.)

10 A VOICE: Speaker Suzanne Zimmerman.

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

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

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

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

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

7 A VOICE: Thirty seconds.

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

11 (Applause.)

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

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

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

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

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

3 (Applause.)

4 A VOICE: Next speaker, Ezra Stone.

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

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

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

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

1 which is a fundamental human need.

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

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

16 Passing this change to Medicaid --

17 A VOICE: Thirty seconds.

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

23 (Applause.)

24 A VOICE: Jason. Speaker Peggy Joseph.

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

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

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

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

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

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

1 A VOICE: Thirty seconds.

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

7 A VOICE: Fifteen seconds.

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

10 (Applause.)

11 A VOICE: Next speaker, Jack Barton.

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

22 A VOICE: Go ahead.

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

1 counseled, among them I've counseled lesbians,
2 gays, and bisexuals. I believe in First
3 Corinthians 6:9, that people can escape from that
4 life. Unfortunately for the transgender, they
5 suffer. These young people have made that clear.

6 I believe that gender dysphoria should be
7 labeled as child abuse, it is not something that
8 should be happening to our children, and with the
9 doctors that will participate in this, it's not so
10 unlike the doctor who tears a child apart in
11 abortion and calls it health care.

12 These are the issues: The puberty blockers,
13 the hormone manipulations, that's not science. The
14 only name that was left out before was Anthony
15 Fauci. I kept waiting to hear them to say that.

16 Every -- any procedure like this should be
17 labeled criminal. You have a child that at that
18 age doesn't know if they like vanilla ice cream or
19 if they like chocolate ice cream, and yet they're
20 going to let them march in and either make that
21 decision to be led down that path. Nearly
22 90 percent of those that escape from that life do
23 it by the time they reach the end of puberty
24 because they come back to their senses that they
25 were created male and female by God.

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

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

12 A VOICE: Thirty seconds.

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

19 A VOICE: Fifteen seconds.

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

22 (Applause.)

23 A VOICE: Jose Martin.

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

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

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

15 (Applause.)

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

22 Next speaker, Bob Johnson.

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

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

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

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

4 A VOICE: Thirty seconds.

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

7 (Applause.)

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

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

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

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

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

8 A VOICE: Thirty seconds.

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

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

14 (Applause.)

15 A VOICE: Gail Carlins.

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

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

1 It's an impossibility to change from one to the
2 other. That cannot be done. And so no matter what
3 kind of mutilation or anything is done to a person,
4 they can't change it.

5 So, again, I am in support of this bill and I
6 thank you for your time.

7 (Applause.)

8 A VOICE: Dorothy Berring.

9 MS. BERRING: Good afternoon. My name is
10 Dorothy Berring, also with the Christian Family
11 Coalition. I also live in The Villages, Florida.

12 First of all, I would like to thank our brave
13 governor once again for bringing this to the
14 forefront. We are -- Florida definitely is going
15 to make change, and thank you to these brave people
16 and to Amber for not going along with what you were
17 trying to be brainwashed into believing.

18 Again, it's strange, you know, they're
19 definitely targeting our -- our youngest. We can't
20 seem to find baby formula anywhere, but yet
21 Medicaid can fund this nonsense.

22 Again, this has to be left up to the parents.
23 Whatever you choose to practice in the privacy of
24 your own home is your business. I'm not
25 discriminating against any genders or whatever. I

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

7 A VOICE: Thirty seconds.

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

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

11 (Applause.)

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

15 Troy Peterson.

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

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

1 that we need this rule.

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

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

12 A VOICE: Thirty seconds.

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

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

18 A VOICE: Fifteen seconds.

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

22 Thank you for your time.

23 (Applause.)

24 A VOICE: Janet Rath.

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

1 mother, a grandmother, and a new great-grandmother.
2 And I think 50 years ago as parents, we were
3 smarter than what is going on today. Parents are
4 left out of their children's lives. Some of it is
5 the parents' fault, and some of it's the teachers'
6 faults.

7 I have a granddaughter that's a teacher who
8 has said that if she has a child that comes in and
9 identifies as a cat, she must have a litter box
10 there and a bowl of water.

11 We are as a country going absolutely insane,
12 absolutely insane. We all bought into Dr. Fauci,
13 who was nothing but a money-grabbing liar -- pardon
14 my French -- and we have been hoodwinked ever
15 since. We have got to stop this.

16 Chinese children in third grade are learning
17 advanced calculus. Our third graders are learning
18 which bathroom to use. I'm sorry, but I do not
19 want my great granddaughter growing up in this
20 world if this is what it's going to turn into. We
21 have got to change, and we had best do it now.

22 Thank you.

23 (Applause.)

24 A VOICE: Gerald Loomer, L-o-o-m-e-r, Gerald.

25 MR. LOOMER: Good afternoon. My name is

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

6 (Applause.)

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

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

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

23 A VOICE: Thirty seconds.

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

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

4 A VOICE: Fifteen seconds.

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

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

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

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

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

18 Thank you.

19 (Applause.)

20 A VOICE: Pastor Marta Marcano.

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

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

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

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

13 A VOICE: Thirty seconds.

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

16 As a pastor --

17 A VOICE: Fifteen seconds.

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

21 A VOICE: Time. Please complete your comment.

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

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

1 (Applause.)

2 A VOICE: Paul Arrans.

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

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

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

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

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

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

12 A VOICE: Thirty seconds.

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

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

20 A VOICE: Fifteen seconds.

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

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

3 A VOICE: Time.

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

6 Thank you for the opportunity to testify.

7 (Applause.)

8 A VOICE: Thank you for that comment. I'm
9 going to refer for further comment to Dr. Van.

10 VANMOLE, VANMO, VENMO?

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

19 A VOICE: Hold on.

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

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

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

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

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

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

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

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

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

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

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

8 Thank you.

9 (Applause.)

10 A VOICE: January Littlejohn.

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

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

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

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

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

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

21 A VOICE: Thirty seconds.

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

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

3 A VOICE: Fifteen seconds.

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

10 A VOICE: Time. Please finish your comment.

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

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

18 Thank you.

19 (Applause.)

20 A VOICE: Next up, Kendra Paris.

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

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

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

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

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

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

7 A VOICE: Thirty seconds.

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

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

15 A VOICE: Fifteen seconds.

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

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

23 A VOICE: Time.

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

25 (Applause.)

1 A VOICE: Nathan (inaudible).

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

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

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

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

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

8 A VOICE: Thirty seconds.

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

14 A VOICE: Fifteen seconds.

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

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

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

23 (Applause.)

24 A VOICE: Nathan Bremmer.

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

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

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

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

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

7 (Applause.)

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

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

14 A VOICE: Nathan Brumer.

15 Dotty McPherson.

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

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

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

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

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

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

20 A VOICE: Thirty seconds.

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

1 (Applause.)

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

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

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

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

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

21 (Applause.)

22 A VOICE: James Caulkins.

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

FOR THE RECORD REPORTING, INC. 850.222.5491

1 ban Medicaid funding for transgender surgery and
2 treatment.

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

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

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

19 (Applause.)

20 A VOICE: Tuana Aman.

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

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

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

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

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

4 A VOICE: Thirty seconds.

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

12 A VOICE: Fifteen seconds.

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

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

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

23 (Applause.)

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

25 A VOICE: Just very quickly. We appreciate

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

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

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

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

1 comments of everybody else.

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

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

10 (Whereupon, the hearing was concluded.)

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C E R T I F I C A T E

STATE OF FLORIDA)

COUNTY OF LEON)

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

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

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

Dated this 19th day of July, 2022.



CLARA C. ROTRUCK

Notary Public

State of Florida at Large

Commission Expires:

November 13, 2022

Commission NO.: GG 272880

From: (b)(6) (b)(6) (b)(6) (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0BDEC12AD0974EACABABE032F2B37C91-(b)(6)
(b)(6)

To: Kumar, Vatsala (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc510606a9034939ac2eb2c237dd8cf3-Kumar, Vats <Vatsala.Kumar@hhs.gov>

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Date: 2022/08/14 21:34:45

Priority: Normal

Type: Note

So sorry I missed this! Thank you!

(b)(6) (b)(6) (b)(6) Esq., MSW (she/her)

Phone: (b)(6) (b)(6)

Email: (b)(6)

From: Kumar, Vatsala (HHS/OCR) <Vatsala.Kumar@hhs.gov>

Sent: Wednesday, August 10, 2022 3:25 PM

To: (b)(6) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Hi (b)(6)

I'd requested a transcript of the hearing on the Florida rule back when I first started drafting the memo, and I just finally received that. There shouldn't be much in here that isn't in my original appendix, but I'm attaching it anyway in case it's useful for us or CMS.

See you soon!

Vatsala

From: Kumar, Vatsala (HHS/OCR)

Sent: Friday, August 5, 2022 12:44 PM

To: (b)(6) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Hi (b)(6)

(b)(5)

(b)(5)

Have a good weekend!

Best,
Vatsala

From: Kumar, Vatsala (HHS/OCR)

Sent: Wednesday, August 3, 2022 3:01 PM

To: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

(b)(5)

Have a safe flight!

Best,
Vatsala

From: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Sent: Wednesday, August 3, 2022 3:00 PM

To: Kumar, Vatsala (HHS/OCR) <Vatsala.Kumar@hhs.gov>

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Thank you! I sent this to myself to read also!

(b)(5)

(b)(6) (b)(6) (b) (b)(6) Esq., MSW (she/her)

Phone: (b)(6) (b)(6)

Email: (b)(6)

From: Kumar, Vatsala (HHS/OCR) <Vatsala.Kumar@hhs.gov>

Sent: Wednesday, August 3, 2022 2:58 PM

To: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Hi (b)(6)

Vice published this [article](#) today where 10 authors of studies cited in the Florida Medicaid Report said that their work was distorted, misrepresented, etc.

Would it be worth updating the memo with this? I'm not sure when we're meeting with CMS or if the memo has been disseminated already. (If yes, happy to turn to this tomorrow as well).

Thanks!

Best,
Vatsala

From: Kumar, Vatsala (HHS/OCR)
Sent: Monday, August 1, 2022 4:33 PM
To: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)
Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

(b)(5)

Best,
Vatsala

From: Kumar, Vatsala (HHS/OCR)
Sent: Monday, August 1, 2022 3:39 PM
To: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)
Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

(b)(5)

Best,
Vatsala

From: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)
Sent: Monday, August 1, 2022 3:36 PM
To: Kumar, Vatsala (HHS/OCR) <Vatsala.Kumar@hhs.gov>
Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Hi Vatsala,

(b)(5)

FL medical board to weigh blocking treatments for transgender youth
CBS News Miami, 08/01/2022

The FL Board of Medicine posted 1,113 documents related to gender-dysphoria treatment in preparation for their meeting. The state Department of Health filed a petition asking the board, which regulates medical doctors, to start a rulemaking process on the proposal by Gov. Ron DeSantis' administration to bar physicians from providing

treatments such as hormone therapy and puberty-blocking medication to transgender youths.

Thank you!

(b)(6)

(b)(6) (b)(6) (b)(6) Esq., MSW (she/her)

Phone: (b)(6) (b)(6)

Email: (b)(6)

From: Kumar, Vatsala (HHS/OCR) <Vatsala.Kumar@hhs.gov>

Sent: Friday, July 22, 2022 2:58 PM

To: (b)(6) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Hi (b)(6)

Please find attached a memo about the Florida proposed rule. While the document is pretty long, note that the memo itself is only the first six pages, and the rest is a rundown of the public hearing that was held.

This focuses primarily on public and written comments I was able to find and some of the major issues that have come up therein, but I'm keeping an eye on the news to see if there are any other developments.

Please let me know if I can do any follow-up on this today or next week!

Have a great weekend!

Best,
Vatsala

From: (b)(6) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Sent: Wednesday, July 20, 2022 11:15 AM

To: Kumar, Vatsala (HHS/OCR) <Vatsala.Kumar@hhs.gov>

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Yup!

(b)(6) (b)(6) (b)(6) Esq., MSW (she/her)

Phone: (b)(6) (b)(6)

Email: (b)(6)

From: Kumar, Vatsala (HHS/OCR) <Vatsala.Kumar@hhs.gov>

Sent: Wednesday, July 20, 2022 11:14 AM

To: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Subject: RE: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Hi (b)(6)

Yes! Can do. Is Friday an okay timeline for this?

Best,
Vatsala

From: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Sent: Wednesday, July 20, 2022 11:12 AM

To: Kumar, Vatsala (HHS/OCR) <Vatsala.Kumar@hhs.gov>

Subject: FW: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Hi Vatsala,

We are meeting with CMS to discuss the below FL proposed rule next week; are you able to do some research to find out the latest? Maybe there is a transcript or recording of the public hearing as well?

If you can draft up the information as a briefing memo for the Director, that would be great. I have attached a sample for format of the header, and for the body you can include the headers of Background, Current Status, and maybe next steps? Also if there is any information about organizations working in FL on the issue that would be good to know.

Once we have a time, I'll send you the invite.

Thank you!

(b)(6)

From: (b) (b)(6) (b)(6) (HHS/OCR) (b)(6)

Sent: Tuesday, June 21, 2022 9:32 AM

To: Rainer, Melanie Fontes (OS/IOS) <Melanie.Rainer@hhs.gov>; Jee, Lauren (HHS/OCR) <Lauren.Jee1@hhs.gov>; Katch, Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>

Cc: Barron, Pamela (HHS/OCR) <Pamela.Barron@hhs.gov>

Subject: FL proposed rule - banning FL Medicaid coverage of gender-affirming care

Good morning all,

(b)(5)

(b)(5)

Best,

(b)(6)

(b)(6) (b)(6) (b)(6) Esq., MSW (she/her) | Section Chief

Office for Civil Rights

U.S. Department of Health & Human Services

200 Independence Ave. S.W., Room 532E

Washington, D.C. 20201

Phone: (b)(6) (b)(6)

Email: (b)(6)

Please note I will be out of the office with no email access July 4 – 18, 2022.

Sender: (b)(6) (b)(6) (HHS/OCR) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0BDEC12AD0974EACABABE032F2B37C91 (b)(6)

Recipient: Kumar, Vatsala (HHS/OCR) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc510606a9034939ac2eb2c237dd8cf3-Kumar, Vats <Vatsala.Kumar@hhs.gov>

Sent Date: 2022/08/14 21:34:44

Delivered Date: 2022/08/14 21:34:45

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act

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Withheld pursuant to exemption

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of the Freedom of Information Act

CLOSE HOLD

DATE: August 5, 2022

TO: (b)(6) Section Chief

FROM: Vatsala Kumar, Intern

SUBJECT: Frequently-Cited Anti-Transgender Sources and Critiques

I. Background

In April 2022, the Florida Department of Health (FDOH) posted a bulletin (“Florida bulletin” or “bulletin”) regarding the treatment of gender dysphoria in children and adolescents.¹ The bulletin cited to reviews and studies to conclude that gender-affirming care should not be provided to minors due to the “lack of conclusive evidence” and the “potential for long-term, irreversible effects.”²

Following this, in June 2022, FDOH published a report (“Florida report” or “report”) titled *Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria*.³ The report likewise cites to scholarship in support of its conclusion that “[a]vailable medical literature provides insufficient evidence that sex reassignment through medical intervention is a safe and effective treatment for gender dysphoria.”⁴ It states that “the available evidence demonstrates that these treatments cause irreversible physical changes and side effects that can affect long-term health.”⁵

This memorandum will focus on the works cited in the bulletin and report. Some authors have stated that their work was misrepresented or misused, as reported in a VICE article from August 2022.⁶ Other authors have known ties to anti-transgender advocacy groups or have had their expertise questioned.⁷ This memorandum will first touch on concerns about studies cited in these two documents, both by summarizing the VICE article and by touching on other controversies around the studies. It will then note other concerns about some authors cited in these two documents. For ease of future reference, it is organized by the cited study or the author as appropriate.

¹ Fla. Dep’t of Health, *Treatment of Gender Dysphoria for Children and Adolescents* (Apr. 20, 2022) [“Florida Bulletin”].

² *Id.*

³ Fla. Dep’t of Health, *Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria* (June 2022) [“Florida Report”].

⁴ *Id.* at 2.

⁵ *Id.*

⁶ Sam Greenspan, *How Florida Twisted Science to Deny Healthcare to Trans Kids*, VICE (Aug. 3, 2022).

⁷ Note also that many of the authors and works cited in the bulletin and report have also been cited in comments opposing HHS’s 2019 NPRM on Section 1557, and continue to be cited by anti-transgender advocates.

II. Cited Works

This section will focus on works cited in the bulletin and/or report. It will briefly summarize the work itself and the way the work was cited before discussing any problems therewith: either the author's response to how their work was used, or other critiques and controversies around the work.

a. Hormonal Treatment in Young People with Gender Dysphoria: A Systematic Review

One study cited in the bulletin was co-authored by Dr. Kenneth Pang.⁸ *Hormonal Treatment in Young People with Gender Dysphoria*, published in 2018, was “celebrated as a vital contribution” because it was one of the first large-scale reviews of gender-affirming care for children when it was published.⁹ The study concluded that “hormonal treatments for transgender adolescents can achieve their intended physical effects, but evidence regarding their psychosocial and cognitive impact are generally lacking.”¹⁰ It notes that further research is needed to offer the best possible care to children with gender dysphoria.¹¹

The Florida bulletin linked to Dr. Pang's article, quoting the same conclusion mentioned above.¹² Dr. Pang was “shocked” to find that FDOH had used his research to support denying gender-affirming care to minors.¹³ He said that the quotation used in the bulletin is taken out of context—it meant that the results are promising and further research is needed, not that there is no evidence—and that it is “rather disingenuous” for the bulletin to use an “out-of-date statement to support a blanket ban on gender-affirming care.”¹⁴ Dr. Pang further noted that this area of research is “fast-moving” and that more literature continues to emerge, and that, “increasingly, the evidence shows that the provision of gender-affirming medical care is helpful.”¹⁵

b. Not Social Transition Status, but Peer Relations and Family Functioning Predict Psychological Functioning in a German Clinical Sample of Children with Gender Dysphoria

The Florida bulletin also cites to a German piece which considers the relationship between social transition status and psychological functioning outcomes in children with gender dysphoria.¹⁶ The study found that children with gender dysphoria may experience impaired psychological functioning, but that social transition did not significantly affect emotional or

⁸ Denise Chew et al., *Hormonal Treatment in Young People with Gender Dysphoria: A Systematic Review*, Pediatrics, April 2018.

⁹ Greenspan, *supra* note 6.

¹⁰ Chew et al., *supra* note 8, at 1.

¹¹ *Id.*

¹² Florida Bulletin, *supra* note 1.

¹³ Greenspan, *supra* note 6.

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ Elisabeth Seivert et al., *Not Social Transition Status, but Peer Relations and Family Functioning Predict Psychological Functioning in a German Clinical Sample of Children with Gender Dysphoria*, 26 Clinical Child Psych. 79 (2021).

behavioral problems.¹⁷ The bulletin cited to this in support of the idea that “[s]ocial gender transition should not be a treatment option for children or adolescents.”¹⁸

All five authors of this study issued a statement stating that Florida had egregiously misused their work.¹⁹ They said they were not contacted by FDOH to ensure that their work was summarized accurately.²⁰ They noted that their sample was very small—only fifty-four children—and therefore “cannot be generalized to every child diagnosed with gender dysphoria.”²¹ Their study also did not consider long-term effects.²² The lead author, Elisabeth Sievert, said that the study does not show that social transition is *unhelpful* in aiding in children’s mental health, but that peer and parental support can be *more* important.²³ The authors recommend that “every child should have the opportunity to explore their gender, which for some children may entail transitioning socially.”²⁴

c. *Gender Dysphoria in Childhood*

Thomas Steensma’s publications were cited in both the bulletin and the report. The bulletin links to a 2015 piece titled *Gender Dysphoria in Childhood*, which discusses treatment and counseling approaches to gender dysphoria in the context of the literature about children with gender dysphoria.²⁵ The bulletin cites this piece in support of the contention that 80 percent of individuals seeking gender-affirming care “will lose their desire to identify with the non-birth sex.”²⁶

Steensma, a leading expert on the medical care of transgender children who helped to develop the “Dutch protocol,”²⁷ says this figure is taken “wildly out of context.”²⁸ It relates only to a specific population of prepubescent children in the Netherlands.²⁹ Steensma said that even if the 80 percent figure were accurate, “[i]f you have 20 percent, why does that mean you should not explore [gender identity] with a child?”³⁰

¹⁷ *Id.* at 91.

¹⁸ Florida Bulletin, *supra* note 1.

¹⁹ Greenspan, *supra* note 6.

²⁰ *Id.*

²¹ *Id.*

²² *Id.*

²³ *Id.*

²⁴ *Id.*

²⁵ Jiska Ristori & Thomas D. Steensma, *Gender Dysphoria in Childhood*, Int’l Rev. Psych., Jan. 2016.

²⁶ Florida Bulletin, *supra* note 1.

²⁷ The “Dutch protocol” are guidelines on how to administer puberty blockers to children with gender dysphoria. See Donna M. D’Alessandro, *What is the Dutch Protocol for Gender Dysphoria?*, Pediatric Ed. (Nov. 5, 2018); Greenspan, *supra* note 6.

²⁸ Greenspan, *supra* note 6.

²⁹ *Id.*

³⁰ *Id.*

d. *Rapid-Onset Gender Dysphoria in Adolescents and Young Adults: A Study of Parental Reports*

The Florida report also cites to a piece by Lisa Littman from 2018 in support of the notion that “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.”³¹ After initial publication, the study was heavily critiqued, removed, and then re-posted with corrections.³²

The study focused exclusively on parent’s reflections regarding their children’s transitions, which “might attract parents who are more likely to question their child’s gender self-identification and the current best healthcare approaches.”³³ No youth were involved in the study, and there is a “low correlation between parents’ and children’s self-evaluation in several domains of mental health.”³⁴

III. Biased Authors

The bulletin and report both cite to works by authors who have been criticized as unqualified or for their anti-trans advocacy. This Section will lay out those authors, the works they’ve been cited for, and their lack of experience or problematic advocacy.

Dr. William J. Malone is cited in both the bulletin and the report for different pieces. The bulletin links to *Commentary: The Signal and the Noise—Questioning the Benefits of Puberty Blockers for Youth with Gender Dysphoria—A Commentary on Rew et al.*, while the report cites to a letter to the editor published in the *Journal of Clinical Endocrinology and Metabolism*.³⁵ Dr. Malone is the co-founder of the Society for Evidence-Based Gender Medicine (SEGM), which advocates against gender-affirming care for youth.³⁶ The Yale School of Medicine published an article criticizing SEGM for being an “ideological organization without apparent ties to mainstream scientific or professional organizations.”³⁷

Dr. Paul Hruz is also cited in both the bulletin and the report. Both cite to a piece titled *Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria*, and Dr. Hruz is also a co-author of the letter to the editor written by Dr. Malone.³⁸ Dr. Hruz is affiliated with

³¹ Florida Report, *supra* note 3, at 5, 13, 42 (citing Lisa Littman, *Rapid-Onset Gender Dysphoria in Adolescents and Young Adults: A Study of Parental Reports*, PLOS One, Aug. 2018).

³² See Lisa Littman, *Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset Gender Dysphoria*, PLOS One, Mar. 2019; Brown Univ., *Updated: Brown Statements on Gender Dysphoria Study* (Mar. 19, 2019); see also Tulika Bose, *How Junk Science Is Being Used Against Trans Kids*, Sci. Am. (Apr. 8, 2022).

³³ Angello Brandelli Costa, *Formal Comment On: Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria*, PLOS One, Mar. 2019.

³⁴ *Id.*

³⁵ Florida Bulletin, *supra* note 1; Florida Report, *supra* note 3, at 42.

³⁶ Greenspan, *supra* note 6.

³⁷ Susan D. Boulware et al., *Biased Science: The Texas and Alabama Measures Criminalizing Medical Treatment for Transgender Children and Adolescents Rely on Inaccurate and Misleading Scientific Claims* 28–29 (Apr. 28, 2022).

³⁸ Florida Bulletin, *supra* note 1; Florida Report, *supra* note 3, at 41, 42, *passim*.

the Alliance Defending Freedom, which has been designated by the Southern Poverty Law Center as a hate group.³⁹ St. Louis Pride issued a statement condemning Dr. Hruz in 2020.⁴⁰ Dr. Hruz claims to have “participated in the care of children” with gender dysphoria throughout his career, but he does not currently do so.⁴¹

Dr. Quentin Van Meter is also cited heavily throughout the report.⁴² Dr. Van Meter has been found by a court unqualified to be an expert on the subject of gender-affirming care.⁴³ He is also the president of the American College of Pediatricians, an advocacy group whose primary focus is to advocate for conservative policies in medicine, which has also been categorized by the Southern Poverty Law Center as a hate group.⁴⁴

Dr. Andre Van Mol is also a co-author of the Malone and Hruz letter to the editor, and is also cited in the report for a piece titled *Gender-Affirmation Surgery Conclusion Lacks Evidence*.⁴⁵ Dr. Van Mol is also a member of the American College of Pediatricians.⁴⁶

Dr. Michael Laidlaw also co-authored both pieces Dr. Van Mol has been cited for in the report, as well as a third piece titled *The Right to Best Care for Children Does Not Include the Right to Medical Transition*.⁴⁷ Dr. Laidlaw is also a member of the American College of Pediatricians⁴⁸ and is associated with Heritage Foundation, a Christian lobbying group.⁴⁹ Dr. Laidlaw has co-signed a letter in support of conversion therapy.⁵⁰

³⁹ Greenspan, *supra* note 6; *Alliance Defending Freedom*, Southern Poverty L. Ctr. (last visited Aug. 5, 2022).

⁴⁰ Greenspan, *supra* note 6.

⁴¹ *Id.*

⁴² Florida Report, *supra* note 3, *passim*.

⁴³ See Stephen Caruso, *A Texas Judge Ruled This Doctor was Not an Expert. A Pennsylvania Republican Invited Him to Testify on Trans Health Care*, Penn. Capital-Star (Sept. 15, 2020).

⁴⁴ *American College of Pediatricians*, Southern Poverty L. Ctr. (last visited July 22, 2022).

⁴⁵ Florida Report, *supra* note 3, at 42, 44.

⁴⁶ *Andre Van Mol*, Pub. Discourse (last visited July 22, 2022).

⁴⁷ Florida Report, *supra* note 3, at 42.

⁴⁸ See Am. Coll. Pediatricians, *Board of Directors Meeting Minutes* (Oct. 5–6, 2018).

⁴⁹ See Brianna January, *The Heritage Foundation Has Been Promoting Discredited and Harmful Conversion Therapy for Years*, Salon (July 28, 2019).

⁵⁰ See Calif. Fam. Council, *Response to California Assembly Concurrent Resolution 99 (ACR 99) by Assembly Member Low Which Seeks to Take Away the Freedom to Give or Receive Assistance for Sexual Attraction or Gender Identity Change* (last visited Aug. 5, 2022); see also TransSafety Network, *Uncovered: Our Duty* (Jan. 17, 2021).

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<https://freedomforallamericans.org/legislative-tracker/anti-transgender-legislation/> [<https://perma.cc/T9TA-TGWH>]
(last visited July 22, 2021).

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DATE: July 22, 2022 (updated August 1, 2022)

TO: Melanie Fontes Rainer, Director, Office for Civil Rights

CC: (b)(6) Section Chief

FROM: Vatsala Kumar, Intern

SUBJECT: INFORMATION MEMO – Florida Proposed Rule 59G-1.050

1. Background

In June 2022, the Florida Agency for Health Care Administration proposed amendments to Florida Administrative Code Rule 59G-1.050, the General Medicaid Policy. 48 Fla. Admin. Reg. 2461–62 (June 17, 2022). The proposed rule states that certain gender-affirming procedures are not covered under Florida Medicare. *Id.*

This memorandum will first detail the content and timeline of the proposed rule, as well as the report used to justify promulgation. It will then explore the current status of the proposed rule and developments since its original publication. It will also note the work of Florida organizations on this rule, before turning to next steps on the proposed rule.

a. Timeline and Contents

The Florida Agency for Health Care Administration proposed an amendment to the Florida General Medicaid Policy in June 2022. The proposed amendment adds the following text:

(7) Gender Dysphoria

(a) Florida Medicaid does not cover the following services for the treatment of gender dysphoria:

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.

48 Fla. Admin. Reg. 2461–62 (June 17, 2022). As rulemaking authority for promulgating this amendment, the agency cites Florida Statute § 409.919 and § 409.961, which some commenters have challenged as being insufficient for this proposal. *See infra* Appendix. Sections 409.919 and 409.961 both include the same language surrounding agency rulemaking. Both state that the agency “shall adopt any rules necessary to comply with or administer” Medicaid “and all rules necessary to comply with federal requirements.” Fla. Stat. § 409.919 (2021); Fla. Stat. § 409.961

(2021).

The Florida Agency for Health Care Administration held a hearing on this proposed rule on July 8, 2022. Written comments were due to the agency on July 11, 2022, and they reportedly received approximately 1,200 total public comments. Forrest Saunders, *Agency for Health Care Administration Set to Decide on Medicaid Coverage of Gender Dysphoria Therapies*, WPTV (July 11, 2022). No further developments have yet ensued on the rule.

b. Florida Medicaid Report

In order for services to be covered under Florida Medicaid, they must be “medically necessary.” Agency for Health Care Admin., *Florida Medicaid: Definitions Policy* 7 (2017). Part of this definition includes being “consistent with generally accepted professional medical standards” and not being “experimental or investigational.” *Id.*

Shortly before the proposed rule was published, the Division of Florida Medicaid issued a report (“Florida Medicaid Report”) concluding that gender-affirming care is not medically necessary because it is not “consistent with generally accepted professional medical standards” and it is “experimental or investigational.” *See* Div. of Fla. Medicaid, *Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria* (June 2022). In making this conclusion, the report opened the door for the Medicaid exclusion. The Florida Medicaid Report incorporates literature reviews on the etiology of gender dysphoria, desistance of gender dysphoria and puberty suppression, cross-sex hormones as a treatment for gender dysphoria, sex reassignment surgery, and the quality of available evidence and bioethical questions. *Id.* at 1. It also explores coverage policies domestically and in western Europe, and includes several attachments, including articles in support. *Id.* at 1–2.

The Florida Medicaid Report claims that “[a]vailable medical literature provides insufficient evidence that sex reassignment through medical intervention is a safe and effective treatment for gender dysphoria” and that studies focusing on the benefits “are either low or very low quality and rely on unreliable methods.” *Id.* at 2. It claims that current evidence around gender-affirming care shows that it “cause[s] irreversible physical changes and side effects that can affect long-term health.” *Id.* From the literature reviews conducted, the report states that “Florida Medicaid has determined that the research supporting sex reassignment treatment is insufficient to demonstrate efficacy and safety.” *Id.* at 3.

Numerous critiques have been levied against the Florida Medicaid Report, both in public comments as described *infra* Part 2 and in external documents. Most comprehensively, faculty members from Yale and other universities¹ drafted a report reviewing the Florida Medicaid Report (“Critical Review”). *See* Meredith McNamara et al., *A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria* (July 8, 2022). The Critical Review states that the Florida Medicaid Report “purports to be a review of the scientific

¹ Faculty members were from Yale Law School, Yale School of Medicine Child Study Center, Yale School of Medicine Department of Psychiatry, Yale School of Medicine Department of Pediatrics, University of Texas Southwestern, and University of Alabama at Birmingham. *See* Meredith McNamara et al., *A Critical Review of the June 2022 Florida Medicaid Report on the Medical Treatment of Gender Dysphoria* (July 8, 2022).

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and medical evidence but is, in fact, fundamentally unscientific” as it “makes false statements and contains glaring errors regarding science, statistical methods, and medicine.” *Id.* at 2. The Critical Review is structured in five parts. It argues that “medical care for gender dysphoria is supported by a robust scientific consensus, meets generally accepted professional medical standards, and is neither experimental nor investigational”; that the Florida Medicaid Report is “a flawed analysis that ignores the scientific evidence and relies instead on pseudo-science” including experts who have been disqualified in court; that the Florida Medicaid Report “makes unfounded criticisms of robust and well-regarded clinical research and . . . cites sources with little or no scientific merit”; that the Florida Medicaid Report’s “linchpin” is an analysis which is “extremely narrow in scope, inept, and so flawed it merits no scientific weight at all”; and that the Florida Medicaid Report “erroneously dismisses solid studies as ‘low quality,’” which if followed regularly would mean that widely-used medications and common medical procedures would also have to be denied coverage. *Id.* at 3.

The Florida Agency for Health Care Administration responded to the Critical Review, stating that it is “another example of the left-wing academia propaganda machine arrogantly demanding you follow their words and not the clear evidence-based science sitting right in front of you” and that it is a “hodgepodge of baseless claims” without authority or credibility. Dara Kam, *Expert Report Condemns Florida’s Plan to Ban Medicaid Coverage for Transgender Care*, Palm Coast Observer (July 17, 2022).

2. Current Status

While no further actions have yet been taken on the proposed rule, several other developments have ensued. First, the Florida Agency for Health Care Administration held a public hearing and accepted public comments on the proposed rule, both of which are discussed below and in the Appendix.

Additionally, the Florida Department of Health submitted a petition to the Florida Board of Medicine, urging them to bar physicians from providing gender-affirming care to minors. See *Florida Medical Board to Weigh Blocking Treatments for Transgender Youth*, CBS Miami (Aug. 1, 2022). The change would create a standard of care prohibiting individuals under the age of eighteen from receiving gender-affirming surgeries and hormones; it would also mandate a consent form and waiting period for older individuals. *Id.* The petition relied on guidance issued by the Florida Department of Health which stated that gender-affirming care should not be a treatment option for minors, Off. of State Surgeon Gen., Fla. Dep’t of Health, *Treatment of Gender Dysphoria for Children and Adolescents* (Apr. 20, 2022), as well as the Florida Medicaid Report discussed *supra* Part 1-b. *Florida Medical Board to Weigh Blocking Treatments for Transgender Youth*, CBS Miami (Aug. 1, 2022). The next steps in this process are for the Board of Medicine to draft a proposed rule and take public comment. *Id.*

a. July 8, 2022 Hearing

The Florida Agency for Health Care Administration held a lively public hearing on July 8, 2022 on the proposed rule. The hearing consisted mostly of public comments, a comprehensive summary of which is attached in the Appendix. The full hearing can be viewed online. [7/8/22](#)

Agency for Health Care Administration Hearing on General Medicaid Policy Rule, Fla. Channel (July 8, 2022).

The hearing included a “panel of experts” consisting of Dr. Andre Van Mol, Dr. Quentin Van Meter, and Dr. Miriam Grossman. Dr. Van Meter has been found by a court unqualified to be an expert on the subject of gender-affirming care. *See* Stephen Caruso, *A Texas Judge Ruled This Doctor was Not an Expert. A Pennsylvania Republican Invited Him to Testify on Trans Health Care*, Penn. Capital-Star (Sept. 15, 2020). He is also the president of the American College of Pediatricians, an advocacy group whose primary focus is to advocate for conservative policies in medicine, which has been categorized by the Southern Poverty Law Center as a hate group. *See American College of Pediatricians*, Southern Poverty L. Ctr., (last visited July 22, 2022). Dr. Van Mol is also a member. *Andre Van Mol*, Pub. Discourse, (last visited July 22, 2022). The panelists spoke at several times during the hearing, primarily to point the audience towards the Florida Medicaid Report. *See* Appendix.

Over the two-hour hearing period, fifty public commenters spoke. Forty-two of those commenters supported the proposed rule and eight opposed it. Of the forty-two in support, two formerly identified as transgender but have since detransitioned, eight were representatives of the Christian Family Coalition, and at least ten mentioned God or the Bible as part of their rationale. Many supporters also raised concerns that children and teenagers are not mature or knowledgeable enough to choose these procedures, or that they are being unduly influenced by their peers and may later regret transitioning. Notably, the proposed rule would apply to gender-affirming care for individuals of all ages, not only youth. 48 Fla. Admin. Reg. 2461–62 (June 17, 2022). Several supporters also cited the Florida Medicaid Report as being well-researched and providing a strong basis for the rule; some opponents of the rule noted criticisms of the report including those raised by the Critical Review.

b. Florida Organizations and Individuals

The university faculty who wrote the Critical Review also wrote a significant public comment on the proposed rule. *See Letter from Anne L. Alstott et al. to Simone Marstiller & Tom Wallace re Rule No. 59G-1.050: General Medicaid Policy* (July 8, 2022). The letter highlights similar concerns, noting that the “complete absence of scientific foundation for the Proposed Rule renders it an arbitrary and capricious use of rulemaking power” and that it “cannot [be] characterize[d] . . . as a valid interpretation of the existing Florida regulations on generally accepted professional medical standards, because the [Florida Medicaid] Report fails to satisfy Florida’s own regulatory requirements for scientific review.” *Id.* at 2. It reiterates concerns about the Florida Medicaid Report, including the cited experts’ bias and lack of expertise, errors about scientific research and medical regulation, and lack of scientific weight. *Id. passim*, 20.

Disability Rights Florida submitted a comment also opposing the proposed rule. *See Letter from Peter P. Sleasman to Simone Marstiller re Proposed Amendments to Rule 59G-1.050*. The letter focuses primarily on how this proposed rule “will cause unnecessary and disproportionate harm to individuals with disabilities living in Florida,” especially those who are low-income. *Id.* at 1. It notes that transgender individuals “are more than twice as likely as the general population to live in poverty,” and transgender individuals with disabilities are four times as likely. *Id.* at 2.

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Disability Rights Florida goes on to raise concerns about the agency’s “apparent failure to take even minimal steps to ensure that the rulemaking workshop . . . is accessible to the very people with disabilities it will directly impact,” citing to the lack of accommodations, contact information for seeking accommodations, and response regarding livestreaming. *Id.* at 3.

As did the Endocrine Society. See Letter from Ursula Kaiser to Agency for Health Care Administration re 59G-1.050: General Medicaid Policy (July 8, 2022). They note that their guidelines, “while not standards of care that clinicians are legally bound to follow, . . . provide a framework for best practices, and deviations must be justified.” *Id.* at 1–2. They expound on how their guidelines were developed—using a “robust and rigorous process that adheres to the highest standards of trustworthiness and transparency” and with a “systematic review of the evidence that supports [clinical] questions”—in contrast to the Florida Medicaid Report, which “did not include endocrinologists with expertise in transgender medicine,” “makes sweeping statements against gender affirming medical care that are not supported by evidence or references provided,” and “does not acknowledge the data showing harm reduction and improvements in behavioral health issues” that result from gender affirming care. *Id.* at 2–3. The letter goes on to state that this proposed rule would cause irreparable harm to transgender youth, including putting their lives at risk. *Id.* at 6.

Equality Florida advocated against the rule as well. Equality Florida, Press Release, Equality Florida Decries Proposed Rule to Eliminate Medicaid Coverage for Gender Affirming Care (June 17, 2022). They note that this will affect approximately 9,000 transgender Floridians insured with Medicaid, and that “major medical and mental health associations recognize the critical importance of gender affirming care.” *Id.*

The Florida Coalition for Trans Liberation has also put together a short policy brief around the proposed rule. See Fla. Coal. for Trans Liberation, Stop Rule 59G-1.050 (2022). They note that this proposed rule contravenes all major medical advice, pushes a political agenda, and can be life-threatening. *Id.*

Florida Policy Institute also submitted a comment. See Letter from Anne Swerlick to Thomas Wallace re Proposed Rule 59G-1.050, Florida Administrative Code (July 7, 2022). They note that the proposed rule would “bar transgender patients from accessing essential care and reverse current Medicaid policies which have been in effect for years. *Id.* at 1. They also point out that this is counter to established standards of care, inconsistent with antidiscrimination laws, and exacerbates the challenges that transgender individuals already face. *Id.* It closes by noting that this rule seems to be “weaponiz[ing] [the Medicare program] as a tool for promoting a particular political agenda.” *Id.*

While the majority of public comments during the July 8 hearing were in support of the rule, few comments posted online seem to be, and Florida Medicaid has not made all of the comments publicly available. Christian Family Coalition, who was also heavily represented at the July 8 hearing, did make a public statement, stating that this rule was “important and necessary” to protect Floridians, “especially minors, from harmful transgender surgeries, hormone blockers, and other unnatural therapies.” CFC Florida to Testify in Support of DeSantis Administration Rule Banning Medicaid Funding for Transgender Surgeries and Puberty Blockers, Best Things

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Fla. (July 8, 2022).

3. Next Steps

Several nonprofit groups in Florida are prepared to push back against the proposed rule. Lambda Legal, the National Health Law Program, the Florida Health Justice Project, and Southern Legal Counsel issued a statement criticizing the Florida Medicaid Report and stating that they “stand ready to defend the rights of transgender people in Florida.” *LGBTQ Groups to Fight Florida Over Medicaid Ban for Trans Treatments*, CBS Miami (June 6, 2022).

One potential avenue for doing so may be seeking an administrative determination. Florida law says that any person “substantially affected by a . . . proposed rule may seek an administrative determination of the invalidity of the rule on the ground that the rule is an invalid exercise of delegated legislative authority. Fla. Stat. § 120.56 (2022). If a complaint is properly filed, the state must assign an administrative law judge (ALJ) to conduct a hearing within thirty days. *Id.* at (1)(c). The ALJ may declare the proposed rule wholly or partially invalid, and the rule then may not be adopted unless the judgment is reversed on appeal. *Id.* at (2)(b).

Appendix: Summary from July 8, 2022 Hearing

This appendix will detail the public comments made at the July 8 hearing regarding the proposed changes to 59G-1.050. There is no readily available transcript of the proceedings, so please note that names below may be missing or misspelled. Each speaker was met with audience applause at the end of their remarks, but any audience reactions during remarks are noted below.

The meeting opened with introductions of the panelists and representatives and a brief summary of the rule before opening the floor for public comments. Public commenters were asked to state their name and organization and to limit comments to two minutes, focusing only on the proposed rule language. The agency also noted that comments could be submitted via email.

The first speaker was Chloe Cole, a 17-year-old detransitioner from California. Cole began medical transition at the age of 13. In retrospect, she states that she was not becoming a man, but was just “fleeing from the uncomfortable feeling of being [a] wom[a]n.” Chloe states that she “really didn’t understand all of the ramifications of any of the medical decisions that [she] was making” when she chose to undergo a double mastectomy at the age of 15. She lamented that she will never be able to breastfeed, has blood clots in her urine, cannot fully empty her bladder, and does not know if she can ever give birth.²

The next speaker was Sophia Galvin, also a detransitioner. She states that she had a history of mental illness, including self-harm and suicidal ideation, and that her desire to transition was “all in an effort to escape the fear of being a woman in this society.” Galvin stated that she had no support when she chose to detransition; her doctor told her to stop taking hormones but she did not see a mental health counselor. She said that “this is not good for children” and she “was harmed by this, and it should not be covered under Medicaid.”

Next, the mother of a transgender boy spoke. She said that a physician gave her son testosterone at the age of 16 without her consent or knowledge, and that Medicaid covered her son’s double mastectomy, hysterectomy, and vaginoplasty. She states that her son had private insurance but it was bypassed. She said that it is “impossible to change one’s biological sex” and that doctors should not be affirming the “lie that biological sex is changeable.” She characterized these lies as “child abuse,” at which point the crowd began to applaud, and said that “amputating the healthy body parts of a child whose brain has not reached full decision-making maturity is simply criminal.” This led to more applause. She further characterized gender-affirming care as a “medical experiment.”

The next speaker, Jeanette Cooper, spoke on behalf of Partners for Ethical Care. Cooper stated that “we need to make space in the public sphere for ethical therapists by removing the medical treatment option” and characterized gender identity affirmation as a “poisoned bandage on the

² Several news sources also reported on Chloe and her testimony. See, e.g., Tyler O’Neil, *California Ex-Trans Teen Backs Florida Ban on Medicaid Funds for Transgender Medical Interventions*, Fox News (July 10, 2022), <https://www.foxnews.com/health/california-ex-trans-teen-backs-florida-ban-medicaid-funds-transgender-medical-interventions>. In one article, she urged individuals to “wait until you are a fully developed adult” prior to transitioning. *Id.* Notably, the Florida proposed rule is not only a prohibition on gender-affirming procedures for minors, but prohibits Medicaid funding for any gender-affirming procedures regardless of age.

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skin of children causing permanent psychological and physical harm.” The audience applauded when Cooper said “everyone knows what a woman is, but some people are afraid to say it.” Cooper went on to state that “the state has no business using taxpayer funding to turn children into permanent medical patients” and “assisting doctors in selling disabilities to vulnerable suffering children.” She further said that gender-affirming care is “not real healthcare” and that the state should instead fund “legitimate care” that addresses trans children’s “actual needs.” She likened the satisfaction children get from gender-affirming care to “a street drug that needs to be injected every day.” Cooper closed by stating that the medical is “failing these families” and that her organization supports the proposed rule.

Donna Lambert, on behalf of Concerned Parents, also supported the rule. She said that “the healthcare professionals are presenting many [parents] with a false and painful choice: accept what we know will permanently harm our children, or lose them to suicide.” She stated that “there is no data to prove that medically transitioning minors prevents suicide” and that parents lose their children down this “dangerous medical path permanently harming their healthy bodies with off-label drugs and experimental surgeries.” Lambert said that transgender children “become angry and hostile and resentful; they begin lashing out at anyone who will not agree with their newfound identity.” She described this as a “destructive social phenomenon” which “cuts parents out of the equation.”

A Christian pastor spoke next, stating that the Bible teaches that “God makes people made and female” and to try and transition people “is a sin” and “should be a criminal abuse of children, especially when they’re not at the age when they can properly process what they’re doing to themselves.” He said that the “one goal” of doctors who provide gender-affirming care is to “cut[] back on the birth rate.” He supported the proposed rule and said Florida should “go further” and classify aiding in this case as “extreme child abuse.”

Brandy Hendricks stated that gender-affirming procedures “have been shown to be extremely harmful, especially to minors.” She lamented that children are being allowed to “change their genders before they’ve even reached puberty or shortly after.” She said that pharmaceutical companies are advertising puberty blockers to children and unethically enriching themselves. She too characterized gender-affirming care as “child abuse” and as “experimental.”

Sabrina Hartsfield, an alumna of Florida State University and a born-again Christian, spoke against the rule. Hartsfield said that “without gender-affirming healthcare, transgender and gender nonconforming individuals will die.” She said that, “according to every major legitimate medical organization, gender-affirming care is the treatment for gender dysphoria.” She said gender affirming care is “medically necessary and lifesaving treatment” that should not be decided by big government overreach. An audience member shouted something indiscernible at this point in Hartsfield’s comment. Hartsfield went on to state that the proposed rule violates the Affordable Care Act and Medicaid Act’s nondiscrimination provisions. She noted that denying gender-affirming care can be life-threatening.

Simone Chris, an attorney and the director of the Transgender Rights Initiative at Southern Legal Council, “vehemently oppose[d]” the proposed rule. She stated that her organization’s experience working with hundreds of transgender individuals has evinced “the tremendous

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benefits that access to [gender-affirming] care provides.” Chris went on to state that “the insidiousness of this rule is exacerbated by the fact that it places in its crosshairs the individuals in our state who are already disproportionately likely” to face poverty, homelessness, poor health outcomes, and limited access to healthcare. She noted that every major medical association supports gender-affirming care, and that the proposed changes would “cause significant harm” by depriving individuals of “critical, lifesaving medical care.” Chris went on to state that the changes to the rule substitute the state’s judgment for that of the patient and their doctor, and that it is a “shameful waste of state resources.” She cited to nationwide litigation which has struck down similar laws as inconsistent with the guarantees provided by the Medicaid Act, the Equal Protection Clause of the Fourteenth Amendment, and the Affordable Care Act, and noted that Florida will undoubtedly face similar challenges, wasting taxpayer money.

The next speaker, Matthew Benson, a pediatrician and pediatric endocrinologist, agreed with the proposed changes, stating that the data used to support gender-affirming care “is not scientific.” He cited to a Swedish study from 2016 which found that the mortality rates of transgender individuals who received gender-affirming care were three times that of the general population, and that they attempted suicide five times more often than the general population. He also cited a similar study from Denmark wherein 10 percent of the study population died over the 20-year study period. Benson said we need better data and longer-term trials “to justify these kinds of very aggressive therapies.”

Karen Schoen, a former teacher, spoke on behalf of Florida Citizens Alliance. She opened by stating that she would like to know “why 0.03 percent of the population is dictating to 99.97 percent of the population” that their elective surgeries should be paid for. This was met with audience applause. Schoen said that “kids change their minds” and that they become fearful of maturing. She lamented that thirteen-year-olds cannot drive a car, have a drink, or shoot a gun, but are “in charge” when it comes to changing their gender. This was met with audience laughter and applause.

The next speaker was Bill Snyder. Snyder first told a story about “reality disease,” stating that “the further we move from reality, the further we move from morality” and that “the further we move from virtue, the more secular we become.” Secularity leads to less freedom, he said, and then urged Florida to approve the changes to the rule.

Avery Fork with Christian Family Coalition, a college counselor, also spoke in support of the proposed rule. She characterized gender-affirming procedures as “unnatural therapies being promoted by radical gender ideals and with no basis in science.” She said the proposed rule would prevent taxpayers from having to pay for “highly unethical and dangerous procedures.”

Richard Carlins also spoke in support of the rule. He said that our Constitution was founded on “biblical principles.” Carlins said children are being indoctrinated through commercials, Disney World, Coca-Cola commercials, and restaurants, and that gender-affirming procedures are a “horrendous evil.” He said that “God raises up nations and he brings down nations,” which was met with audience vocal support, and that this is a recent phenomenon. He said we’ve been “living in Judeo Christian principles” for 1500 years, and “it’s just recently that we’re throwing any mention of God [or] the Bible under the bus.”

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Amber Hand with the Body of Christ grew up with two queer parents. She said she had been considering gender transition for most of her life, but that “we have to teach these kids right from wrong” and that it is wrong to teach children they can make these decisions. Hand said that she is glad she never transitioned because she recently realized she wanted children. She went on to quote the Bible and that it’s “not okay to change your identity.”

The next speaker, Ms. Hazen, also supported the rule. She said that children are being pressured at a young age to identify as transgender, and that much of the pressure comes from the internet. She cited a follow-up study of individuals who transitioned, which found that the suicide rate in those individuals was twenty times the general population. She said that this evinces the “deep regret” they face after “mutilating” their bodies. She said that children “don’t understand that they will never be able to procreate ever again” when we “mutilate these children’s bodies at an early age.”

Leonard Lord also spoke in favor of the proposed changes. He said that he was also uncomfortable in his body as a child but was able to get comfortable by becoming closer with God. The audience murmured in approval. He said that “either we’re playing games, or we really believe there’s a God and the Bible is true,” and that this “problem” happens because we don’t believe in God. Lord said that, with regard to mental health issues, “God’s spirit is the answer to what’s missing in their lives,” again leading to audience applause and cheers. He said that by taking God, the Bible, and prayer out of schools, we are removing ourselves of power, love, and a sound mind. The audience again applauded. He said the “devil is the author of confusion” (the audience cheered) and that “if you spend your life trying to figure out if you’re a man or a woman you’ll never know why you’re here” (again, audience applause).

The next speaker, Pam, also supported “stopping Medicaid from paying for children and teenagers to have such changes.” She said that children are “confused” and likened gender-affirming procedures to “paying for [children] to have furry animal body parts,” to which the audience cheered. She said she is thankful that Florida will “stop the madness” for “the sake of the children.”

Jon Harris Maurer, the public policy director for Equality Florida, spoke next against the proposed rule. Maurer said that the proposed changes are without scientific or legal basis and are “clearly discriminatory.” He cited to numerous experts and organizations who endorse gender-affirming care. Maurer also said that the agency “lacks the specific delegated rule-making authority to adopt the proposed rule” and that the statute cited “grants no authority” for the agency to usurp the role of healthcare providers. He said the rule is discriminatory and targets the transgender community, and that it would harm the 9,000 transgender Floridians on Medicaid. An audience member began to shout, and the audience began to speak over Maurer. He said that the proposed rule is politically calculated and urged them to reject the rule.

Anthony Verdugo spoke on behalf of the Christian Family Coalition as the Executive Director. Verdugo supported the rule. He said that “they call it gender-affirming care” but “they don’t care, and it’s not affirming.” He called Chloe Cole and Sophia Galvin “heroes,” and said that this is a “war on children and this is a crime against humanity.” Verdugo said that “groomers” are pressuring children to undergo gender-affirming procedures. He cites to the warning label on a

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package of hormones which states that emotional instability is a side effect. He said that the organizations Maurer listed “have been discredited” and cited to “more renowned” organizations who believe that “the suppression of normal puberty, the use of disease-causing cross sex hormones, and the surgical mutilation and sterilization of children” are “atrocities” and “not health care.”

The next speaker, a veteran and police officer, said that doctors, parents, teachers, and scientists have been wrong before, but that detransitioners are the “evidence” we need. He said we need to “stop being ignorant” and that churches are bigger than any organization and in support of the proposed change. The audience met this with cheers and applause throughout.

Michael Haller, a doctor and professor of medicine at the University of Florida, spoke on his own behalf. After establishing himself as an expert, he said that this proposed rule makes “numerous false claims, uses biased reviews of the literature, and relies on more so-called experts who actually lack actual expertise” in caring for transgender youth. He said that the state’s assertion that gender-affirming care is not safe or effective is “patently false” and that nearly every major medical organization supports this care. He says the state is “either unwilling or willfully chooses to ignore the totality of evidence for gender-affirming care.” He said that the state’s experts are unqualified. Haller noted that the proposal is “poorly-conceived,” likely to cause harm, and should be rejected.

At this point, a member of the panel, Dr. Van Meter, made a comment. He said that the Endocrine Society guidelines are not standards of care, but merely guidelines, drafted by “ideologues” from the World Professional Association for Transgender Health. He said that this group excluded “world renowned experts in the field” and did not include their input “on purpose.” He said that we “have to stop using the term ‘standards of care’ when there are absolutely no standards of care in this instance that have been addressed.”

Robert Youelis spoke next, lamenting that gender-affirming care was not on anyone’s radar even five years ago. He said that this is man “proclaim[ing] himself as God” and that there is only one truth. Youelis said we are “philosophically and morally” going down a slippery slope when we start considering gender-affirming care. He said that brains are not fully developed until the age of twenty-five, and children cannot make other decisions in life, so we should not be educating anyone about gender identities until they are in twelfth grade.

The next speaker, Keith Claw of Florida Citizens Alliance, spoke next. He said that children in public schools are “purposefully confused, desensitized, and even pressured into abnormal sexual behavior” and that “gender ideologues are coaching kids to be into this dysphoria.” He said that there is ongoing debate as to whether gender dysphoria is biological or psychological. He said that taxpayers should not have to pay for gender-affirming care.

Robert Roper spoke next, also in support of the rule. He said that it “serves to protect the children.” He said “gender confusion is the only disorder that comes with a false assertion that a child can be born in the wrong body” and that it is “impossible” to become the opposite gender. He went on to say that gender dysphoria is the only “disorder [where] the body is mangled to conform to the thoughts of the mind” and where “the child actually dictates his or her medical

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care . . . instead of the other way around.” He called this a “social media epidemic manufactured by social media influencers making a lot of money off the very vulnerable element of our society.” He likened gender-affirming procedures to giving drugs to a drug addict or alcohol to an alcoholic and cited to a Reddit post where 35,000 individuals expressed regret of transitioning.

Karl Charles of Lambda Legal spoke against the proposed rule. He said that this care is “essential and in some cases lifesaving,” “clinically effective,” “evidence based,” and “widely accepted.” Charles said that exclusions such as this one cause “serious immediate and irreparable harm” to those who already experience “well-documented and pervasive stigma” and barriers to healthcare. He said that he is particularly concerned by the agency’s characterization of this care as “experimental and ineffective,” and that this is contrary to available medical evidence and misrepresents studies. He notes that the so-called experts relied on have been discredited and do not treat transgender patients. He noted that no one on the panel was a transgender Medicaid recipient in Florida, and that singling out transgender Medicaid participants violates Equal Protection and ACA § 1557.

A panelist at this point referred everyone to the appendices to the Florida Medicaid Report, including Dr. Cantor’s reports cited to on page thirty-nine, which discusses each organization that has supported gender-affirming care.

Ed Wilson spoke in support of the proposed rule, saying that it would “protect children who are not mature enough to be comfortable in their own bodies” from “making mistakes that will destroy their lives.” He said that taxpayer money should “never be used to destroy innocent lives” and that gender-affirming care “never actually succeed[s]” but does cause harm. He characterized it as “mutilation” and an “atrocit[y]” to be banned, “not healthcare.”

Suzanne Zimmerman, a relative of a gender dysphoric youth, spoke next. She “pray[ed]” that the state “not make it easy” for this youth’s parents to be persuaded towards gender-affirming care. She pointed to the testimony of detransitioners to state that “God doesn’t make mistakes” (the audience said “amen”). She urged them to support the changes.

Jean Halloran also supports the changes. She said that Medicaid should not be supporting or paying for gender-affirming care. She likened gender-affirming care to cosmetic changes to make her look younger, receiving audience applause and laughter.

Ezra Stone, a clinical social worker, pointed to research that medical transition is safe and effective. They pointed to clients who have “expressed tremendous relief” and an increased sense of safety when they are able to access medical care. They said that “understanding and being seen as [one’s] true self[f] creates a sense of belonging, which is a fundamental human need.” They pointed to the political climate in Florida as causing harm and anxiety to “transgender, nonbinary, questioning, and gender-diverse Floridians.” Their patients “worry about their access to medical care” and experience fear of violence daily, which supports the minority stress model that says that expecting harm and violence has a negative impact on mental health and well-being. They said that this proposed change will create an atmosphere of fear and take away medically necessary care.

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Peggy Joseph shared the thoughts of Ryan T. Anderson, author of *When Harry Became Sally*. She cited to the Obama Administration's refusal to mandate coverage of gender-affirming surgeries under Medicaid, which said that there was "not enough evidence" to determine whether it improved health outcomes. She said that studies with positive outcomes were exploratory, without follow-up, which "could be pointing to suicide." She cited to the Swedish study regarding suicide rates, as well. She said the "minimal standard of care should be with a standard of normality" and that gender dysphoric thoughts are "misguided and cause harm."

A panelist again interjected to note that the report on pages 35–36 and 42–45 discusses the international consensus.

Jack Walton with the Christian Family Coalition is a pastor. He said he has counseled queer individuals for thirty-seven years. He believes that "gender dysphoria should be labeled as child abuse" and the doctors who prescribe gender-affirming care are "tear[ing] the child apart and call[ing] it health care." Walton says that gender-affirming care is "not science" and that any such procedures "should be labeled criminal." He said that "nearly 90 percent of those that escape from that life do it by the time they reach the end of puberty because they come back to their senses that they were created male and female by God." Walton expressed that suicide happens when a transgender person transitions but "still do[es]n't find the completion that they thought they felt." He said that many individuals transition because of child abuse they faced as children or because they were not accepted by others. He closed by saying there are "two genders, male and female; women bear children, women breastfeed, women have menstrual cycles, men do not." He said he "would not provide the anorexic with food and [he] would not say give money to do something that would harm a child."

Another member of the Christian Family Coalition, Jose, also supported the changes. He characterized gender-affirming care as "mutilation" and said that transgender individuals need "counseling" and should not be given a "destructive choice." He said that everyone will have to "stand before our living God and give account for where we stand on this and other issues." He thanked Chloe Cole and Sophia Galvin for their testimonies.

The panel then asked that members of the same organization be mindful of their time.

Bob Johnson, an attorney, spoke next. He thanked the agency for putting together the report, noting that it is "thorough," and said the "case is compelling." He strongly supports the rule change, and this is in large part due to the report making the case. He noted that the "FDA does not approve any medication as clinically indicated for gender dysphoria" and lamented the lack of randomized controlled trials and long-term data for puberty suppression medication.

Sandy Westad also spoke on behalf of Christian Family Coalition. She said that her heart is "breaking for what these kids are going through" and that "the parents need to stay in control." She said that kids "play house" and "pretend," but they "don't want to be or understand or even know what it is to change from one sex to another." She said, "children cannot make those kinds of decisions" and "cannot decide who they are."

Gayle Carlins also spoke from Christian Family Coalition. She said her beliefs are based on the

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Bible, which is “the only truth that there is,” and which says that “God created male and female.” She went on to “bring science into it,” stating that females have two X chromosomes and males have an X and a Y chromosome, and that “it’s an impossibility to change from one to the other” “no matter what kind of mutilation or anything is done to a person.”

Dorothy Barron spoke next, also from Christian Family Coalition. She first thanked Florida’s “great governor,” eliciting audience cheers and applause, and thanked Chloe Cole and Sophia Galvin for not “going along with what you were trying to be brainwashed into” (also eliciting audience cheers and applause). She said “they’re definitely targeting our youngest,” and lamented that “we can’t seem to find baby formula anywhere but yet Medicaid can fund this nonsense.” Barron said it “has to be left up to the parents,” and that “whatever you choose to practice in the privacy of your own home is your business”; she is “not discriminating against any genders or whatever.” She said that it needs to be “taken out of the schools.” She said Michael Haller’s testimony was “shameful” and is “why we’re in this bloody mess right now,” to which the audience also cheered and applauded.

The panel reminded the public to be focused on the rule and respectful of other speakers.

Troy Peterson, the president of Warriors of Faith, supported Christian Family Coalition, and came from the Tampa Bay area. He said that he represents “thousands that stand in agreement” with the proposed change. He thanked the doctors for the report and said that “when [he] saw the evidence, [he] could clearly see that we need this rule.” He quoted from Genesis and said that God created male and female, and he is opposed to Michael Haller as well. He said that “if [he] had any authority in the medical field, [he] would have [Michael Haller’s] license revoked.” The audience whistled and verbally approved. He said that the most thorough follow-up of transgender individuals in Sweden said that “the suicide rate is twenty times that of the comparable peers” and that “50 percent of the gender identity confused children have thoughts of suicide.”

Janet Rath spoke next. She said that “fifty years ago, as parents, we were smarter than what’s going on today,” and that parents are being left out of their children’s lives. She said some of this is the fault of parents and some is the fault of teachers. She said her granddaughter, a teacher, has told her that “if she has a child that comes in and identifies as a cat, she must have a litterbox there and a bowl of water.” Rath said that our country is going “absolutely insane,” and the audience murmured in agreement. She said that Dr. Fauci is “nothing but a money-grabbing liar” and “we have been hoodwinked ever since.” Rath went on to say that “Chinese children in third grade are learning advanced calculus” but “our third graders are learning which bathroom to use.”

Gerald Lomer drove 3.5 hours to attend the hearing. He supported the proposed rule and “the best governor in the United States,” to which the audience cheered and applauded. He told “stories” of a girl who wanted to spend more time with her father and thought that being a boy was the best way to do so and a boy who wanted to spend more time with his mother and thought that being a girl was the best way to do so. He said that thirteen-year-olds cannot drive a car, drink a beer, or smoke a cigarette, but are able to take hormones and obtain surgeries for gender-affirming care. He characterized gender-affirming surgeries as “mutilating.”

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A pastor from Florida spoke next on behalf of Protect Our Children Project, Duval County Charter House, and Christian Family Coalition. She supported the rule prohibiting funding for “unnatural therapies” and does not want taxpayers to subsidize transgender care. She said that “transgenderism is driven by unethical pharmaceutical companies enriching themselves with puberty blockers” and that this is child abuse. She cited to Swedish psychiatrist Dr. Christopher Gillberg, who has said that “pediatric transition is possibly one of the greatest scandals in medical history.”

Paul Aarons, a physician, spoke next. He said he has transgender patients and friends. He said that he opposes the proposed change, because it “conflicts with the preponderance of medical science and practice and would do irreparable harm” to transgender Floridians of all ages. He said that the American Academy of Pediatrics and its Florida chapter have directly refuted the agency’s report. Aarons said that, “contrary to an earlier comment, the Endocrine Society has stated, ‘medical intervention for transgender youth and adults, including puberty suppression hormone therapy, and medically indicated surgery, has been established as their standard of care. Federal and private insurers should cover such interventions as prescribed by a physician.’” He said gender dysphoria is “very real” and that people should meet and speak to transgender individuals, which will help them realize that denial of care “at any age would be inhumane and a violation of human rights.” He said that gender-affirming care is “generally accepted professional medical standards” and that this rule would put the health and lives of transgender people in danger. He said that “it feels like Medicaid is crossing into a political lane by seeking to preempt provider/patient/family decision-making.” He said that, if the agency still wants to address this topic, they should “at least convene an appropriate panel of experts including transgender community members to inform yourselves and the public about the overwhelming evidence against denying coverage for gender affirming care.”

A doctor on the panel then encouraged everyone to read the report and its attachments. He said that the report focuses on studies which have been brought up, and “specifically the flaws” in those studies. He also encouraged audience members not to interrupt when others are speaking. He went on to say that the Endocrine Society’s 2017 guidelines “are guidelines, just that,” and they “do not guarantee an outcome” and “do not establish a standard of care.” He also referred to international reviews which “all came to the same conclusion” that “this should not be going on in minors at all,” to which the audience applauded. He said that children need “strong psychological support” and that four decades of literature point to the “overwhelming probability of mental health problems after these childhood events” and “problems like autism spectrum disorder.” He said that in other nations, having “psychological instability . . . blocks you from the transition pathway” and that “those things be taken care of first because transition simply won’t fix them.” He said that the report is a “very well-researched document” and addresses a lot of the concerns raised in comment letters.

Another panelist then referred everyone to Attachment C of the report and Dr. Hruz’s *Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria*.

January Littlejohn, a mental health counselor, spoke next. Her child expressed that they were experiencing gender dysphoria in 2020, shortly after three of their friends had started identifying as transgender. She said that the middle school had “socially transitioned [her child] without

their knowledge or consent”³ and that her child’s “mental health spiraled.” She said that she has worked with a psychologist to help address her child’s low self-esteem and anxiety, and has “given [her child] more one-on-one time, in-person activities away from trans influences, limited [her child’s] internet use, and declined to affirm [her child’s] newly-chosen name and pronouns.” She said that they set “appropriate boundaries” and allowed her child to choose hairstyle and clothing but “denied harmful requests such as breast binders, puberty blockers, cross-sex hormones, and surgeries.” She said it was “clear from [their] conversations” that her child was uncomfortable with their developing body and had “an intense fear of being sexualized.” Littlejohn said that her child was “filled with self-loathing and was in true emotional pain,” but “had been led by peers and influencers to believe that gender was the source of [their] pain.” She said that her child needed to be “remind[ed] that hormones and surgeries can never change [their] sex or resolve [their] issues.” She said that she “shudder[s] to think what could have happened if [they] had affirmed [her child’s] false identity and consented to medical treatment” as opposed to “lovingly affirm [her child] as [they are], beautifully unique and irreplaceable and undeniably female.” She said that her child has “desisted and is on a path to self-love” but unfortunately gender dysphoric children are “being encouraged to activism peer pressure to disassociate from their bodies and to believe their body parts can be simply removed, modified, or replaced.” Littlejohn said that “the irreversible consequences of medically transitioning, including loss of sexual and reproductive function, cannot be fully understood by children or teens who lack the necessary maturity or experience.”

Kendra Barris, a mental health attorney, spoke next. She first addressed the comment about the lack of peer-reviewed standards of care, saying that this lack means that “a lot of people who are harmed or experience bad outcomes from these surgeries or other interventions have no ability to sue.” She said that “they have had decades to create peer-reviewed standards of care and they have not,” and she suspects that some people do not want to standards because it would open them up to lawsuits, which is not currently happening. She went on to say that “when you put a female on testosterone, within about five years [they are] going to have to have a hysterectomy,” which for teens could mean a potential hysterectomy before the age of twenty. She said that “hysterectomy is correlated with negative mental health outcomes and cognitive decline” and that this is worse the earlier a hysterectomy is performed. She said that “essentially, the earlier you do the hysterectomy, the earlier the onset of dementia.” She is “very concerned about” how in a few decades “we’re going to have an absolute wave of young females, 40–50 years old, with early-onset cognitive decline” in assisted-living facilities. She said that “some people who are trans and have dementia forget that they’re trans” and if they don’t have written consent to continue their transition, they “might be cut off.” She worries that “we have not considered all of the implications of this.”

The next speaker was Nathan Bruemmer, Florida’s LGBTQ Consumer Advocate. He opposed the proposed rule “on behalf of healthcare consumers,” saying that consumers “must be provided with accurate information, education, choice, safety, representation, and regress.” He said that

³ Note that news organizations have reported that Ms. Littlejohn was aware of her child’s choice to change names and pronouns at school and told the school she would not stop them from doing so. She later filed a lawsuit against the school. See, e.g., Leyla Santiago, *Fact Check: Emails Show One of Desantis’s Stories Backing the Rationale for So-Called ‘Don’t Say Gay’ Law Didn’t Happen as the Governor Says*, CNN Politics (Apr. 6, 2022), <https://www.cnn.com/2022/04/06/politics/fact-check-desantis-dont-say-gay-family-narrative/index.html>.

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“documented, well-researched standards of care have been established, are based on a wide range of evidence, and conclude that gender-affirming medical care is medically necessary and safe and effective.” In other words, “gender-affirming care *is* the standard of care.” Bruemmer said that the proposed rule would “deny health care consumers . . . access to the standard of care.” He said that agencies must defend the rights of all Floridians, including transgender Floridians, and that this includes the right to non-discriminatory healthcare coverage. He said we should work to increase access to healthcare, not lessen or remove it. Bruemmer said that he is “one of . . . tens of thousands of transgender Floridians” who have had access to gender-affirming care, and who are “happy, and successful, and thriving.” He said that transgender Floridians “deserve the rights and benefits afforded to all.”

The next speaker’s name was inaudible, but he also spoke in support of the proposed rule. He told examples of his fifteen-year-old son making bad decisions, including speeding on his dirt bike and wanting to leave home, as proof that “these kids can[’t] make a decision on what they want that’s going to be with them for the rest of life.” He said that the doctors who spoke previously “are despicable,” “need to have their licenses taken away,” and “are a disgrace to the human race.”

A panelist thanked him for his comment and said, “we respect everybody’s comments, including the doctors that you referenced.”

Dottie McPherson spoke next on behalf of the Florida Federation of Republican Women. She said that even at the age of eighteen “children don’t have the maturity to handle certain responsibilities given them” like driving and alcohol, and that “even older adults don’t.” She said that state programs include “programs for abused and neglected children, but not gender decisions.” She urged the panel to “prevent funding the destruction of children’s genitalia and hormonal balance.” McPherson urged the panel to consider unintended consequences, such as “taxpayer money that will need to be used for lawsuits by those whose lives were ruined from surgeries that they got while they were immature or too young to understand,” parents whose “parental rights were denied to protect their children’s future.” She said that “life isn’t fair” and we have to “stop giving in to the ‘poor pitiful me’ syndrome.” McPherson said that government “has no business funding these things.”

Maria Caulkins spoke next in support of the proposed rule. She said that taxpayer money should not be spent on funding surgeries that are “unnecessarily and tremendously harmful.” She said that there is “a war on our children” and that we need to “protect our children” and “support our governor” by being on the “right side” of this war.

James Caulkins also spoke in support of the rule, saying that we’re “in a battle in this country.” He said that the people of Florida “have spoken” by electing “the greatest governor in the United States,” to which the audience cheered and applauded. Caulkins said that we “don’t need this stuff, this evil, this Medicaid funding for transgender surgery” and that Florida should lead other states against “this evil.”

The final speaker, whose name was also inaudible, spoke in support of the proposed rule. She said that, years ago, she was told by a doctor that she needed to undergo hormone therapy, but

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she “saw the risks involved.” She said that hormone therapy is an attempt to “prevent . . . natural things from occurring,” such as menstruation, and we can’t expect it not to have any problems. She cited to Bill Maher, who pointed out that transgender procedures were only occurring in major cities where “social engineering is happening and where people are being influenced” but not in the rest of the country. She lamented that she can’t go to the media and say anything against transgender individuals because it will be “criticized and condemned” which “isn’t fair.” She said that “the government should not be involved in supporting any kind of procedure to these young kids.”

A panelist thanked everyone for their comments and then clarified the purpose of the rule. He said that it is *not* “a ban on treatment for gender dysphoria,” but rather lack of Medicaid coverage for services mentioned in the proposed rule. He also said that “there are other comprehensive coverage of services for gender dysphoria currently in the Florida Medicaid program” before reading some of those services (community-based services, psychiatric services, emergency services and inpatient services, and behavioral health services in schools).

Withheld pursuant to exemption

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of the Freedom of Information Act

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information Act